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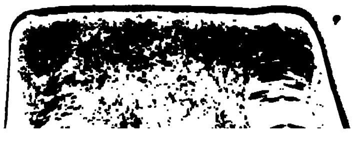

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ORIGINAL LECTURES.

◆

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH.

By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

LECTURE I.—INTRODUCTORY—*Objects and Method of Clinical Teaching in General—Nature and Position in Medical Art of Physiognomical Diagnosis—Its Subdivisions — Visceral or Nosological—Constitutional—Importance of Diagnosis of Constitutions in Practice—Melancholia—Imbecility—Dementia—Diathetic Diagnosis—Its Relations to Modern Pathology—Need of a Scientific Method of Diathetic Diagnosis—Physiognomy in General.*

GENTLEMEN,—In an Introductory Lecture the Professor or teacher usually advises his class and announces his arrangements for teaching. I propose to advise you on the study of a method of diagnosis not sufficiently cultivated in this country, even empirically, and, I believe, not systematically cultivated at all. In so far as your general duties as clinical students are concerned, I have little to say in addition to what I am sure you have often been told, and what your own judgments must suggest. I may remind you, however, that Clinical Medicine is the practice of Medicine at the bedside. It is, therefore, the culmination of your Medical studies—the very point upon which all your other labours as students concentrate. So that if you neglect it, you virtually render these useless. Our clinical studies will be necessarily conducted in the Clinical Wards; but it would be a mistake to suppose that attendance there exclusively would be sufficient to make good Practitioners. Home practice, such as a Dispensary affords, or what the Germans call a *policlinic*, is needed to make you practically acquainted with the duties and difficulties of your future career. Your Hospital practice will be more systematic, and, perhaps, will supply you best with general principles and methods, but Dispensary practice will better familiarize you with the details of actual work.

In so far as my duties are concerned, I would only observe that I consider the method of clinical teaching much more important than the doctrines of practice. If you will follow my advice and example, you will accept no man's dogmas, but consider carefully and conclude for yourselves. To accept dogmas with little or no inquiry is doubtless far easier than this, especially if they be propounded confidently and without reserve; but the true scientific man examines for himself, and you should therefore form the habit of independent thought and inquiry. This is more needful in Medicine than perhaps any other science or art, because it is essentially conjectural. The true Practitioner feels this, and is always a clinical student. These are some of the reasons why the method of clinical study appears to me of much greater importance than methods of treatment. The one will influence your whole professional career, whereas the other will be evanescent. My plan is this:—

1. I shall invite you to the study of physical diagnosis in small evening classes of six or eight.

2. During visits the more advanced student will be practised in the examination and cross-examination of the patient; in physiognomical, physical, and general diagnosis; and in determining the influences of causes and remedies. In this way the practice in the wards will be made the most like that of ordinary professional routine. We shall not omit, however, the use of the microscope, stethoscope, and chemical reagents, when necessary; we shall only avoid giving them undue prominence as means of clinical investigation.

3. We will discuss causes, symptoms, and the operation of remedies at the bedside, but special cases or groups of cases will have our attention in the more general or bi-weekly discourses, in their relations to physiological laws and structural changes, or the order of phenomena, and to diagnosis and therapeutics. By this plan each of the leading departments of practice will have their share of attention, while undue prominence will not be given to any.

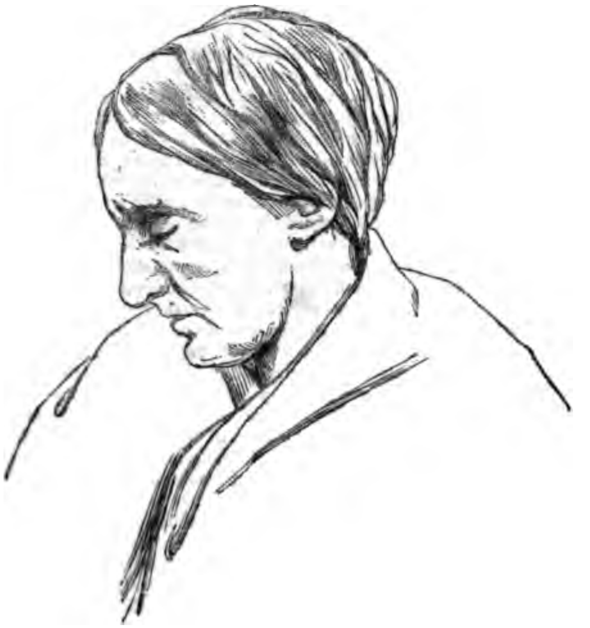
4. A competitive examination will be held for the appointment to clerkships, of which there are eight. Every clerk thus appointed will be expected to be always in attendance at the bedside of the patient under his charge during visits, and to take note of all changes either in symptoms, or treatment, or otherwise.

I will now call your attention to the special subject of my Lecture—namely, a development of the method of physiognomical diagnosis. This method is that by which we endeavour to discover the kind of disease we have to treat, and its nature, course, and therapeutical indications, from the appearance of the patient. This kind of diagnosis is the first and most general in use. It is, indeed, instinctive in its character. Any person of ordinary intelligence can decide in this way whether an individual is well or ill, and to what extent. Not unfrequently, indeed, the appearance of the patient is more diagnostic than his feelings. This is the case in some very grave diseases, in which that portion of the nervous system which subserves to the feeling of bodily well-being,—termed, in psychological phrase, euphoria—is morbidly modified as to function. And, in like manner, the countenance and gestures of the patient will indicate, in the course of a disease, whether there is aggravation or remission of the morbid state; or whether death or recovery will be the result. The *facies Hippocratica* is a well-known group of changes of this kind shown in the face when death is imminent.

This method of physiognomical diagnosis may be variously divided and subdivided, according to the objects aimed at; but it may be stated generally that it becomes more positive and special in proportion as Medicine becomes more scientific. In the early stages of Medical art, the method was limited to general symptoms, without reference to either anatomical or physiological knowledge, or to diseases of special viscera. And even now general diseases, such as fever, are diagnosed in this way. With the advance of anatomy and physiology, the method has been rendered more minutely available, so that there is both a physiognomical diagnosis of diseases of the viscera, and of particular forms of disease of each viscus. The trained eye readily distinguishes the physiognomy of pneumonia from that of asthma; or of delirium tremens from that of phrenitis, just as readily as it distinguishes a head affection from a lung or heart disease. This kind of diagnosis (which is very useful) can only be studied at the bedside; and it is there consequently that I will point out to you the physiognomical characters of visceral diseases. As all our works and text-books give abundant information regarding it, I need not treat it systematically.

Another division of physiognomical diagnosis is that by which the constitution of the patient is determined, that is to say, the particular mode, in or by which things or conditions specially influence his health or recovery from disease. This kind of diagnosis is the foundation of Rational Medicine as opposed to Empiricism, and has always had the attention of the most eminent Physicians in every age, from that of Hippocrates downwards. For it is the most common observation, that the same exciting cause of disease, or the same remedy, operates very variously upon different individuals, even of the same age and sex. Now, as this difference of action can only depend upon differences in the individuals, the cause being the same, it soon becomes an object of inquiry in what respects individuals differ, and to classify them according to their resemblances and differences. Dr. Rutherford, the first clinical teacher in this University, dwelt upon this point in his opening lecture delivered in 1748, as I find from a manuscript copy of his lectures in my possession; for in his "Prolegomena" he sets forth the necessity of knowing the "constitutions" of patients, or their natural tendencies to modes of morbid action. After dwelling upon the duties of the Physician as the minister of Nature, and the propriety of adopting her as his guide, he remarks,—"'Tis evident the same diseases in different persons, will produce [or be manifested by] different effects and symptoms, and require different methods of cure. From this reasoning and practice he may be called a Rational Practitioner and Physician." But he adds, "An empiric undertakes the cure of diseases in a much easier manner. He despises all learning, and practices by rote [or routine], and does not adapt the remedies to the nature of the disorder. He takes all his intelligence from their names, barely asking whether 'tis a fever, colic, etc., and without considering the constitution of the patient and other circumstances, he gives medicines which he only imagines to be good in such and such disorders. Thus he goes on until his patient either dies or recovers, paying no regard to the different constitutions and diversity of shapes which disorders put on, whence arise so many indications and contra-indications. This is a ready way to cure disease by the lump, and a much easier method than the former. I wish," he adds, "for the good of mankind, that none but itinerant quacks practised them;" and then he diverges into a hit at those "regulars" who disparage science and reason as applied to Medicine, and set up experience as the sole guide, which he acutely says, "is an artful way of concealing their ignorance." This special consideration of each individual case is, in fact, one of the most important rules of practice, plainly for the reason that, as no two individuals are alike in all respects physiologically, neither are they alike pathologically. Perhaps an illustration may be drawn from the physiognomical differences presented by persons having encephalic disease and imperfection. Here are photographs of three such patients. The first is that of a woman of the melancholic temperament, and having the peculiar bistre tint of true melancholia. She has the hallucination that she is that "old serpent" that, by its cunning, "brought death into the world, and all our woe;" and she unceasingly bewails her fearful fate, with unavailing tears.

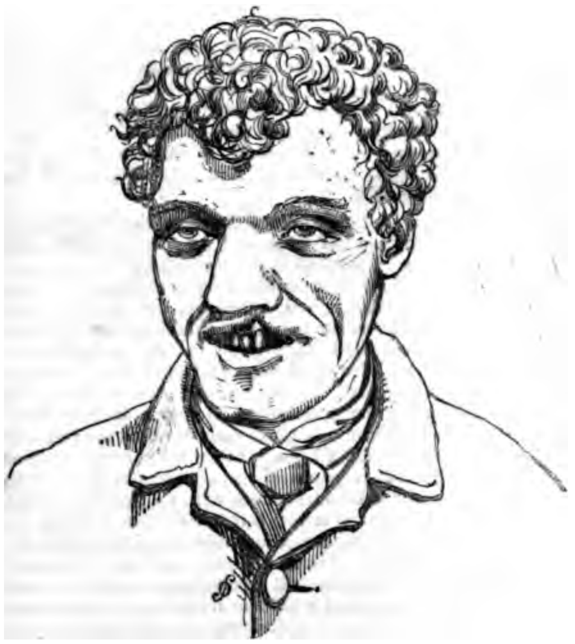
FIG. 1.



Case of melancholia: Clinic of Mental Diseases—The melancholic temperament—short upper lip—lobe of ear confluent.

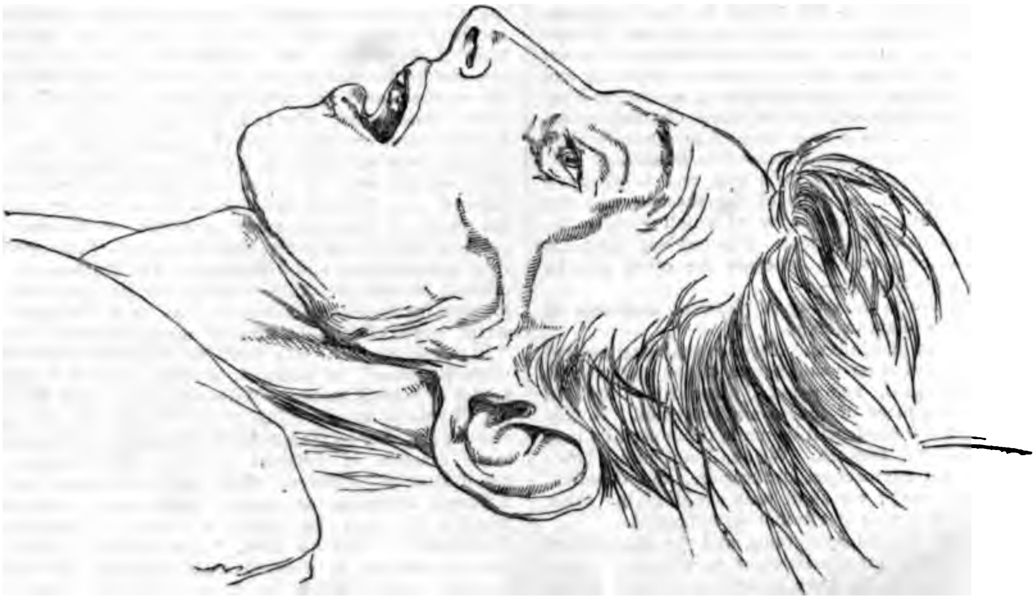
Compare this case with this of congenital imbecility, in which imperfect encephalic development coincides, not only with imperfect intellect, but with imperfect facial development. No hallucinations trouble him, and no drugs will minister to his help.

FIG. 2.



Hare-lipped Idiot: Clinic of Mental Diseases—Nose monstrous—Palate defective.

Here is a third example, resembling, yet differing, from the other two. It is a photograph taken after death of a case of dementia.(a) The previous history of this case, if we could



Dementia: Alæ nasi atrophied, and septum exposed—Ear lobeless—Upper jaw contracted.

(a) I am indebted to one of our University students, Mr. Macfarlan, who has successfully directed his attention to the use of photography in Medicine, for these three and other photographs.

read it, would probably tell us of a life of great sensibility and excitability, of much suffering mentally, then, perhaps, of mania, and at last dementia. The physiognomy is typical of a certain numerous class of persons who are not either idiots or imbeciles congenitally, but who have hereditarily a tendency to disorder of the encephalic functions, and to diseases of the viscera of a definite kind. Allied as to functional disorder to the case of melancholia, it may be classed with that of the hare-lipped idiot as to hereditary imperfection. Why do they resemble each other? we ask, and why do they differ? What relation is there in the one between melancholia with the pigment deposit and the temperament? How does it happen that in the other the encephalic function and development are so modified *ab ovo* that idiocy and semi-cretinism result? In what way are the nutrition and transformation of tissues thus modified, so that the whole temperament or constitution of these individuals is altered from that of healthy, vigorous life?

There is another subdivision of this method of diagnosis which is perhaps still more important than even that of the temperament. Of late years pathology has greatly extended its sphere of research by means of the microscope and chemical re-agents, so as to include within it not only visceral diseases, but morbid changes in the blood and nerve-centres, and in the glandular, mucous, vascular, and other tissues. Scrofulosis or tuberculosis, atheroma, fibroid and amyloid degeneration, cancer, syphilitic and gouty deposits, leukæmia, and the like, are examples; but these are diathetic or constitutional diseases as distinguished from visceral, and physiognomical diagnosis has long been directed to them in an empirical, imperfect way. You have, consequently, on the one hand, the most conflicting statements as to the physiognomies of persons of the scrofulous or atheromatous or cancerous diathesis; while, on the other, doubts are entertained whether such a kind of diagnosis is possible; by some men it is positively denied. All this doubt and uncertainty would diminish if the method itself were brought to the general level of modern pathological research by a systematic working up of the multitudinous facts observed into a coherent whole, with its general principles and rules. In short, what has been done for physical diagnosis requires to be done for the physiognomical diagnosis of constitutional and diathetic states. Such a scheme involves the consideration of great general laws of development and transmission of tendencies, in their relations to these special modes of vital activity, and the elucidation of those laws by clinical observations. Now this is what I propose to begin in a few systematic Lectures as to the temperaments, diatheses, and constitutional predispositions to diseases of the nervous system, tuberculosis, phthisis, gout, atheroma, and the like. And perhaps it will be well to explain to you at the outset that this physiognomical diagnosis of diseases of the tissues, as compared with that of diseases of the viscera, or general diseases, like fevers, implies a much higher series of generalizations, and a more complete knowledge of principles. A man with a diathetic tendency to diseases of certain tissues, as the vascular or sero-fibrous, is liable to that kind of tissue-disease wherever the tissue enters into the composition of a viscus or organ; so that, whatever the local or visceral symptoms may be, the general or constitutional treatment of all is according to the same principles —*i. e.*, is based upon a generalization of the influence of causes and remedies upon the tissue. As it is to these generalizations that modern pathology is tending in the hands of the scientific observers, so it will be with practice. It is probable, therefore, that when the Practitioner has learnt from pathological research what morbid changes the blood and the fundamental tissues undergo, he will be anxious to diagnose them in the living patient, with the view of both determining the fact of their occurrence and the conditions under which they have occurred. Anatomical research (I need hardly say) is of little or very limited use in the living patient otherwise; hence we must be prepared to state what kind of physiognomical characters and symptoms are diagnostic of particular kinds of morbid tendencies, or of actual morbid changes. In this way we shall be able to observe their origin and modes of progress in the living, and so be qualified to lay down general rules for their prevention and cure—the two great ends of Medical art. Now, if we would make Medicine really scientific, we must, I think, adopt this course. The science of pathology is incomplete so long as we seek to know merely the *results* of morbid actions, as manifested in the dead body, to the neglect of the *order of events* by which these results are reached in the living. The observation of this is at least necessary to make pathology complete as a scientific foundation for the practice of Medicine, and give our art the position of a true art, as opposed to empiricism, which only endeavours to find a remedy for a given disease irrespective of its nature and origin.

The physiognomical art has long been practised as the art of forming an opinion of the moral and intellectual nature and tendencies of a man by the observation of his corporeal characteristics. In like manner, the method I propose to develop is intended to form an opinion as to his pathological nature and tendencies, with special reference to all our most recent discoveries in physiology, pathology, and pathological anatomy. It is founded on the generalization of experience, that no two cases are influenced alike by the same morbific agencies or the same remedies, but often diversely, because of diverse modes of action of the vital forces or of the general tissues, in virtue of which each patient has a pathological as well as a mental and social individuality, *i. e.*, his peculiar constitution, diathesis, temperament. There is not, however, diversity as to the physiological and pathological modes of action in the same individual; on the contrary, they are in close, indeed, inseparable, relation, so that each diathesis is a unity. Every Practitioner must, therefore, be a physiognomist in general. Now, there are various kinds of the physiognomical art available to his uses. Lavater (the most eminent of recent inquirers) made a distinction between physiognomy the art (*φύσις*, nature, *γνώμη*, an opinion), and physionomy, the subject-matter of the art,—a term meaning literally the laws of Nature (*φύσις*, nature, *νόμος*, law). Why the features, gesture, and general expression, by his movements, of the thoughts and feelings of a man should be thus designated is not explained by the followers of Lavater; but it is as well that you should know the fact that with some, physiognomy and physionomy are distinct terms, and not the same, as is not uncommonly stated in dictionaries, as Walker's and others. There is nothing of science in Lavater; that is to say, there are no principles deduced from observation and research,—no laws of development of the physionomy. Gall, who recognised this defect in Lavater's system, raised it into cranioscopy, or the art of discovering a man's character and tendencies by the form of his skull, as well as by his corporeal characteristics in general. Both these attempted also to discriminate the fundamental modes of vital activity peculiar to individuals, known as temperaments. An individual being a unity, other qualities can be observed. Cheiromancy, as formerly practised, professed to arrive at physiognomical knowledge by an examination of the lines or wrinkles in the palms of the hand—that ever-active instrument of the human intellect and will. The more modern quackery of "graphiology" has superseded cheiromancy; it deduces the character from the style of the handwriting, which undoubtedly varies as much in individuals, or even in the same individual under different conditions mentally and corporeally, as the gestures, tone of voice, or facial expression, and which may, therefore, be observed *inter alia* by the Practitioner. None of these modes of physiognomical diagnosis of the character or mental nature of a man has ever proved satisfactory. No one could deny that we are all physiognomists by instinct, and that there was a true art of physiognomy, but then it was equally clear that scientific principles were wanting to correct the multitudinous errors of experience, and these were not forthcoming, for the obvious reason that physiology was too imperfect to supply them. The principles of this subject you will find discussed in my lately published work (b) and also the relations of the vital powers to mental character and manifestation. These principles I shall take as my guide in developing a method of diagnosing physiognomically the tendencies to diseases of tissues and the actual occurrence of structural changes in them. Before, however, entering upon special tendencies, I will in my next Lecture give some general rules for your better guidance in observation and generalization.

THE Council of the Royal Medical and Chirurgical Society of London, at a special meeting held on Thursday, the 19th ult., resolved: That an Address of Condolence to Her Most Gracious Majesty be prepared and submitted to a Special General Meeting of the Society, held on the 31st ult.

(b) "Mind and Brain." Vol. ii. P. 157.

ORIGINAL COMMUNICATIONS.

◆

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

Obstetric Physician to the London Hospital, etc.

I TRANSCRIBE the following from my note-book, and merely premise that these constitute the whole of the cases of unavoidable hæmorrhage that occurred under my notice during the year 1840. I propose to continue to publish a history of all the same kind of cases that I saw from the commencement of 1840 to the end of 1844; and afterwards, if circumstances permit, the other obstetrical cases of interest which I attended in the same interval. I have chosen to detail the cases of this kind of flooding first, because new modes of treating them have engrossed much of the attention of the Profession lately; and the results of the new practice may be contrasted with those of the old. The period selected is quite irrespective of any particular circumstances; each five years of my practice would give nearly the same average returns:—

Partial Placenta-Presentation at Eight Months.

Case 1.—At 4 p.m. on January 23, 1840, I was sent for by a Medical friend to Mrs. P., Bethnal-green-road, in labour of her fifth child near the end of the eighth month of gestation. She had suffered occasional attacks of hæmorrhage for between two and three months. On that morning uterine action commenced, and a large and sudden gush of blood occurred, producing faintness. The discharge continued in a trifling degree throughout the day, with slight pains. I found her very much depressed; os uteri dilated to a size larger than a crown piece; the membranes still whole; fully a third of the placenta hanging in the vagina; head presenting. I ruptured the membranes, hoping that the pains would come on more actively, and that the head being pressed strongly against the os uteri would plug the bleeding vessels, and thus put a stop to, or at least materially diminish, the draining that was going on. Ergot was also given with brandy to excite increased action. These means not producing the desired effect, I determined to deliver by turning, and did not expect to experience much difficulty. In this again I was disappointed. Though the os uteri was so widely open, the cervix resisted the introduction of the hand, and I never fully passed it into the cavity. I managed, however, to get down a foot, and was thus enabled to "turn." The delivery occupied half-an-hour; the chief difficulty consisted in bringing the head through the os uteri, which part of the operation took up twenty minutes. The child was dead. The placenta was expelled immediately, and the woman recovered without a bad symptom.

N.B.—I have often experienced much difficulty in endeavouring to introduce the hand into the uterus, for the purpose of turning the child, when the case has been premature by one or two months, from a constricted ring within the os uteri, although that organ itself has appeared sufficiently flaccid to admit it easily. And this I have attributed to the undeveloped state of the cervix; especially since I have found that the farther from the end of gestation the labour has come on, the greater has been the resistance opposed.

Breech Presentation with Unavoidable Hæmorrhage.

Case 2.—On January 24, 1840, at 2·30 a.m., I was called to Mrs. H., John-street, Minories, a patient of my own, who had been seized with a very large loss of blood suddenly, while in bed, without any pain, at the close of her third pregnancy. I found her recovering from a state of fainting; os uteri dilated to the size of a shilling; pains coming on gradually. The breech and a foot were clearly distinguishable at the pelvic brim, and a portion of the placenta over the os uteri. I ruptured the membranes; the draining ceased, and pains came on strongly. In an hour the os uteri was almost entirely dilated. I, therefore, brought down the presenting foot, and delivered the child in two minutes. It was a full-timed boy, alive. The placenta was thrown off in ten minutes, and the lady recovered well.

N.B.—It is an uncommon thing for a woman to go to the full term of pregnancy without suffering any loss of blood from the uterus until the supervention of labour, when the placenta is over, or even close to the os uteri, as was the case here. This lady had been in society, attending to her domestic duties, and going out as usual, even to the day before she was seized simultaneously with hæmorrhage and labour-pains.

Unavoidable Hæmorrhage.

Case 3.—On March 8, 1840, at 9 p.m., I was requested by one of the most able midwives of the Royal Maternity Charity, to see Mrs. D., Mile End New Town, in labour of her thirteenth child. Her labours had always been lingering, in consequence of her possessing a narrow pelvis at the brim. Two hours before I saw her she had been seized suddenly with a violent hæmorrhage. The midwife told me she must have lost two quarts of blood; she fainted, and remained in a state of syncope for a considerable time. She had rallied when I arrived; the os uteri was dilated to the size of a shilling; head presenting; and the placenta was distinctly to be felt at the back part of the pelvis. I ruptured the membranes, and ordered her ergot. She remained perfectly free from discharge till 3 a.m., when she again suddenly lost about a pint, and became rather faint. She soon recovered, having taken a little brandy-and-water, and pains came on after that actively. The os uteri opened very slowly, and owing to the diminished size of the pelvic brim the child was not born till 9 p.m. of the 9th. It was dead. The placenta was not expelled until nearly an hour, and both before and after its expulsion a quantity, sufficient to fill a pint basin, of black fœtid semi-coagulated blood passed, "like thick blacking." She gradually recovered. I was not with her at the time the child was born, or I should probably not have allowed the placenta to remain so long, and had I been quite aware of the child's death, I should have delivered by craniotomy as soon as the os uteri was sufficiently open to prevent the chance of its becoming injured in the operation. This woman had suffered for some weeks from occasional slight losses of blood, of which she took no heed, and that putrid fluid which came away with the placenta proved that some had collected, and had remained within the uterine cavity for at least a few days.

Placental Presentation.

Case 4.—On March 12, 1840, at 9 a.m., I was called by the late Mr. Richard Pater to Mrs. W., at Stepney, seven months advanced in her second pregnancy. She had suffered a sudden attack of hæmorrhage five weeks before, without any assignable cause, and a slight draining had continued, almost constantly, ever since. Just before I was sent for, she had experienced another very copious loss. I was shown a chamber utensil into which the blood had been received; there could not have been less than between two and three pints, and a large solid coagulum had been formed, which was floating in the surrounding serum. I found her recovering from a state of deep faintness, for which brandy had been given freely. There were some slight occasional pains; the os uteri was dilated to the size of a sixpence, and the placenta was entirely covering it. To attempt delivery under that condition of the os uteri was out of the question; the common means were resorted to for the purpose of staying the hæmorrhage, and at 4 p.m. I was sent for again. The os uteri was now the size of a crown-piece, the membranes were protruded into the vagina, and a considerable portion of the edge of the placenta was hanging below the os uteri. There had been very little discharge since I had left, and the pains had been gradually increasing, so that I found them perfectly established. I ruptured the membranes, and the child was born in about half-an-hour alive. The placenta was soon expelled, and the woman recovered perfectly well.

N.B.—If at my first visit I could have detected the edge of the placenta, I should have ruptured the membranes then; my impression was that it was more centrally implanted over the uterine mouth, and that delivery by turning would be ultimately necessary.

Hæmorrhage before Delivery.

Case 5.—On April 4, 1840, Mrs. R., who had been under my constant superintendence during the whole of her pregnancy, fell into labour with her fifth child. The pains were very irregular throughout the day, and continued so through the night and the next day. At 8 p.m. on the 5th she was suddenly seized with a profuse discharge of blood, so as to occasion faintness. The os uteri was then dilated to the size of a crown-piece: no part of the placenta could be felt by the finger. I immediately ruptured the membranes, the discharge as immediately ceased, and pains came on more actively and efficiently. The head was entirely within the pelvis in half-an-hour, and remained twenty minutes on the perineum without any pain. I then gave her a dose of ergot, and in three minutes a strong contraction occurred which expelled the head. As the child did not attempt to breathe, I withdrew the shoulders and chest by gentle traction. Even now the child made no attempt at respiration, although the heart was acting powerfully, and the funis pulsating strongly. The breech having remained within the pelvis for ten minutes, I gave another dose of ergot, and in two or three minutes another strong pain came on which expelled the breech and legs; the placenta was also thrown down into the vagina by the same pain. There was not more blood accompanying the placenta than usual, and the uterus contracted well. The child never breathed, notwithstanding that resuscitating means were used unremittingly for some time. This lady for the last three or four months had been troubled with cracked and ulcerated nipples, which no kind of treatment appeared to alleviate; and there was formed in the right breast a copious milky secretion, which ran out freely. This stopped suddenly about three weeks before her labour, and from that time the breast began to inflame; it was very large, hard, and painful; it suppurated rapidly, and on the morning of the 5th, the day she was delivered, I opened the abscess and let out two or three ounces of pus. She recovered from the effects of her labour very well, but the cyst healed slowly, and she was not able to be removed into the country until the end of June. She had nursed all her previous children satisfactorily, as she did also the only one she subsequently bore. Her constitution was good, though delicate; and I could in no way account for the want of efficient action which the uterus displayed during the labour, nor for the state of the nipples and breast. I may remark that it is a very uncommon thing, indeed, for a breast to suppurate during pregnancy. I have only seen one other instance; and in conversing with my late friend, Sir Charles Clarke, on this case, he told me that he only recollected having met with one instance of a like nature.

Placental Presentation, with Deformed Pelvis.

Case 6.—On July 23, 1840, at 5 a.m., I was sent for to Mrs. W., Commercial-road East, where I found two Medical friends awaiting me. She was 42 years of age, and in labour of her first child, at full time. She had suffered a severe attack of flooding a month before; and had also had a slight return about a week ago. Before I arrived, she had lost an immense quantity of blood, and was very much depressed. The os uteri was dilated to the size of half-a-crown, and flaccid; the placenta was entirely covering it; the external parts were very rigid; and the brim of the pelvis was not more than two and a-quarter inches in the conjugate diameter. I passed my hand without much difficulty through the contracted brim, and got down a foot; but I was more than half-an-hour in bringing the breech through the pelvis; the shoulders also gave me much trouble; and I was obliged to perforate the skull. Altogether, the delivery occupied an hour and a-half; but all that time there was no hæmorrhage. The placenta came away readily. I had not the least expectation of her rallying; and she died in the course of the morning. I was compelled to give brandy freely during the operation.

Placental Presentation, with Foot at Brim.

Case 7.—On July 30, 1840, at 6.30 p.m., I was requested by a Medical friend to visit Mrs. B., Bethnal-green-road, in labour of her second child, in the eighth month of pregnancy. She had had three or four attacks of flooding during the last six weeks, and early yesterday morning was seized with pain and hæmorrhage. Mr. M—— was summoned, who directed an anti-hæmorrhagic mode of treatment. The membranes broke spontaneously at 11 a.m., and the discharge was greatly mitigated. During this day, however, the pains continuing, the discharge returned freely; and when I saw her, she was much depressed, though she had taken a good quantity of stimulants. The os uteri was the size of a crown-piece; the cervix was undeveloped and rigid, and part of the placental edge was hanging in the vagina. The flooding had ceased. There was a foot at the pelvic brim. I brought it down at once, but had great difficulty in drawing the breach through the os uteri, in consequence of the undeveloped state of the cervix; the shoulders, too, gave me much trouble; and I was obliged to perforate the head. The fœtus was very putrid. She lost no blood during the delivery; the placenta was soon expelled; the uterus contracted well, and she speedily recovered.

Placental Presentation, with Foot at Brim.

Case 8.—On August 5, 1840, at 7.30 a.m., two friends requested my assistance in the case of Mrs. L., a few miles from town. She was nearly eight months advanced in her second pregnancy, during the whole of which she had been the subject of more or less loss of blood, coming on in slight gushes, remaining as a draining for a few hours, and then ceasing for a time. A fortnight ago she lost a considerable quantity; and the same occurred again a week since. At three this morning a violent hæmorrhage took place suddenly: she lost more than half a chamber utensil full of blood very rapidly. When I arrived, she had recovered from the faint state into which she had fallen; and there was no flooding then going on; but she was very pale; the uterus was acting feebly; the os uteri was larger than a crown-piece, and the placenta was almost entirely covering it; but at the back part of the pelvis I could feel a foot through the membranes, which were still whole. My examination produced a return of the flooding. Having given a dose of ergot and some brandy, I broke the membranes, and brought down the foot. This undeveloped state of the cervix occasioned great difficulty in the passage of the breech, shoulders, and head; so that I was nearly half an hour in extracting the child. There was no loss of blood at all during the operation; the uterus acted well. The placenta was soon expelled; and she recovered speedily. The child was dead.

Partial Placenta-Presentation.

Case 9.—On August 13, 1840, at twelve o'clock at night, I was summoned by one of the Surgeons to the Royal Maternity Charity, to Mrs. J., Hackney-road, a patient of that Institution, the mother of a large family. She had had occasional discharges of blood during the last few weeks, had gone to her full time, and was seized with labour pains and hæmorrhage in the evening. On the midwife being sent for, she called the district Surgeon to her assistance. He found the woman faint, from having lost a very considerable quantity of blood. A large portion of the os uteri was covered by the placenta; but he felt the membranes, and the head presenting through them. There was sufficient dilatation to admit of the ready passage of the hand; therefore after the administration of a little ergot and some brandy, he proceeded to deliver by "turning." He got his hand well into the uterine cavity and brought a foot down to the pelvic brim; but the woman was so ungovernable, made such a noise, and the friends also were so clamorous, that he desisted from farther attempts, and sent for me. When I arrived she was still faint; there was the foot with a noose round the ankle at the upper part of the vagina and the head above the brim of the pelvis. The flooding had then ceased. By drawing down the foot, through the assistance of the tape with the right hand, and at the same time pushing up the head by the fingers of the left hand, introduced into the vagina, I had very little difficulty in effecting the version, and extracting the child, which was living—the placenta followed soon. I remained with her until she had recovered from the faintness, to assure myself there was no after hæmorrhage; and I afterwards learned that she had recovered satisfactorily.

Partial Placenta-Presentation.

Case 10.—On the morning of October 3, 1840, I was requested by a Medical friend to see Mrs. T., Old Gravel-lane, Shadwell, in labour with her first child, at full time. She had suffered four or five attacks of hæmorrhage during the last two months; and at one o'clock on the day before I saw her, she lost so much blood that she fainted. I found there had been a trifling draining ever since; but the woman had quite recovered from the first shock. The os uteri was dilated to the size of a sixpence, very soft. and almost covered by the placenta; at one part, however, the membranes were perceptible, and the child's head was felt presenting; the pains were trifling. I ruptured the membranes, and gave some ergot. The pains soon increased, both in frequency and power, the discharge almost entirely ceased; the uterus continued to act well through the day and night; and the child was expelled, dead, at 8.30 on the 4th, while the husband was on his way for me. She recovered perfectly.

Partial Placenta-Presentation.

Case 11.—At 8 a.m., on November 2, 1840, I was sent for by a Surgeon to the Royal Maternity Charity, to Mrs. N., in Shoreditch, one of the patients. It was her eighteenth child, and she had been flooding more or less for two months. He had seen her late the night before, but could not then introduce his finger within the os uteri. At that time there was no pain nor anything to call for interference beyond the ordinary anti-hæmorrhagic system. Indeed the woman herself, as she had had so many attacks of the same kind, thought little of it. Early in the morning, however, pains came on, and she again lost a considerable quantity of blood; the Surgeon being again sent for, requested my assistance. I found her much depressed; the os uteri was dilated to the size of half-a-crown; and about two-thirds of its disc was covered by the placenta. Head presenting. Fearing to deliver her in her exhausted state, I ruptured the membranes, and gave ergot and small quantities of brandy. After waiting some time I left her under the Surgeon's care. There was no return of hæmorrhage after the liquor amnii was evacuated, and labour pains came on actively. My friend looked after her all the day with great solicitude. At 5 p.m. the head was in the pelvis, the pains were strong, and her general strength wonderfully improved. In half-an-hour, however, she began to flag, and the pains altogether ceased. He then delivered her by the forceps without delay, and with perfect ease. The placenta came away readily. She continued to lose ground, and died in an hour, although there was no more hæmorrhage. The child was born dead.

N.B.—This was a very disappointing case. When the uterus began to act with some degree of vigour, after the rupture of the membranes, and the discharge of blood ceased, there was good reason to expect a fortunate termination. Indeed until she suddenly relapsed at half-past 5, everything seemed to be progressing as favourably as could be. It is a question whether if the membranes had been ruptured earlier in the morning some blood might not have been saved to her, and it is also doubtful, whether if she had been delivered by the forceps at 5 p.m., before she began to fall back, she might not have been preserved; though the probability is she would even then have sunk.

Partial Placenta-Presentation.

Case 12.—At 10 a.m. on November 4, 1840, I was called by the same gentleman, to Mrs. C., a patient in the same Charity, living in Spitalfields, in labour at full time. She was the mother of a family, and had suffered occasional losses of blood for the last six weeks. During the night before uterine action had come on with a profuse hæmorrhage, under which she had fainted. I found her recovered from the faintness. The os uteri was the size of half-a-crown, and to the extent of one-third it was covered by the placenta. I ruptured the membranes and ordered ergot; the flooding ceased immediately, and she was delivered of a dead child, naturally, at 2 p.m. The placenta was soon expelled, and she recovered well.

N.B.—It is rarely that the infant is born alive after any profuse hæmorrhage at the commencement of the labour. This is to be attributed, not to any loss of blood from its own system, but to its deprivation of oxygen during the period when the woman remains faint; at which time there is either a complete suspension of the circulation through the uterine vessels; or the circulation is so languidly carried on, that the blood is not determined to the placenta in sufficient quantity or with sufficient vigour to sustain its life.

It will be seen that out of these twelve cases of placental presentation, in three the breech and feet were at the brim. Indeed preternatural presentations of the fœtus are comparatively often complicated with placenta prævia.

8, Portman-square.

(To be continued.

"DUMB-BELLS" OF OXALATE OF LIME, FROM A CLINICAL POINT OF VIEW.

By LIONEL S. BEALE, M.B., F.R.S.,
Physician to King's College Hospital.

OXALATE of lime, as is well known, occurs in human urine in two different forms:—1. In well-defined octohedral crystals. 2. In the form of spherical or oval masses more or less resembling a "dumb-bell" in their general appearance, and spoken of as "dumb-bell" crystals. In very rare instances, this salt crystallizes in other forms than those above-mentioned, but these need not now engage our attention.

The octohedral crystals of oxalate of lime are not generally present when the urine is voided, and they do not commonly make their appearance until some time after the secretion has left the bladder. In not a few instances this urinary deposit actually results from changes occurring in the urates after the urine has been allowed to stand for some time. Minute octohedra having once made their appearance, may be seen in some specimens of urine to increase in size during some days. In other specimens, however, no such alteration takes place. The minute octohedra are most frequently met with, and they form one of the most common urinary sediments.

The presence of octohedral crystals of oxalate of lime in the urine does not necessarily depend upon the existence of any peculiar habit of body or diathesis; indeed, in the great majority of cases in which the deposit occurs, no special symptoms are associated with it.

There is reason to believe that the crystals are not discovered in very many cases in which they are present, from the attention not being directed to an examination of the urine, owing to the absence of any symptoms indicating a morbid condition of this secretion. But little assistance in the diagnosis of many cases is afforded by the presence of this deposit in the urine; and one may even go so far as to say that, as a general rule, it is of no clinical importance whatever. It is found in the most opposite conditions of the system, being common enough in the urine of poor, broken-down subjects, and in that of well-nourished country gentlemen. It often appears if we live too well and take too little exercise. It is common enough in chronic pulmonary affections, as chronic bronchitis and emphysema. In dyspepsia, in jaundice, in general debility and over-fatigue, and in persons who have over-worked their minds it is generally found. Like the urates, it probably indicates that the processes connected with oxidation are not performed to their fullest extent. I have found it, however, and on several occasions, in very large quantity, in the urine of men who appear in all other respects in perfect health. Mineral acids, tonics, fresh air and exercise, and attention to the action of the skin and careful regulation of the diet, especially as to quantity, will generally cause the formation to cease in those cases in which it is desirable to interfere at all. There are, however, cases where oxalate of lime is found in the urine which are characterised by the presence of most important symptoms requiring active interference on the part of the Practitioner; but in such instances he is influenced in the view he takes by the general character of the symptoms rather than by the fact of the presence of the oxalate of lime in the urine.

"Dumb-bell" Crystals.—The presence of the dumb-bell crystals in the urine is by no means unimportant clinically. These crystals do not increase in size after they have been allowed to remain in the urine. They are always present when the urine is first passed. They never result from any changes occurring in any constituents of the urine after the secretion has left the bladder. Dumb-bell crystals are occasionally present in the casts of the uriniferous tubes, and have been found impacted in the tubes of the kidney. There can be no doubt that these peculiar crystals are formed in the secreting tubes.

I have seen small collections of dumb-bells in the urine, and have specimens of small oval calculi not more than the $\frac{1}{200}$th of an inch in length (a). The latter, like the former, consist of oxalate of lime, and seem to have been formed in the same manner. In some specimens, several dumb-bells which are connected together to form a small compound mass, are seen to vary much in size. A few of the largest crystals seem to be increasing at the expense of the smaller ones, and at last the entire mass consists of only one or two comparatively large crystals.

These dumb-bell, spherical, and oval masses of oxalate of lime formed in the secreting tubes of the kidney, are, in truth, microscopic calculi, and they frequently form the nuclei of larger concretions. I have examined several specimens of small calculi, and in the great majority have actually found dumb-bell crystals in the centre. In the small uric acid calculi which are not unfrequently formed in great number, it is easy to demonstrate this point. If the uric acid be very carefully dissolved away by solution of potash, the dumb-bells will be found in the slight residue which has resisted the action of the alkali. I have now repeated these observations on more than ten specimens from different persons, and think that dumb-bells very generally form the true nuclei of uric acid and oxalate of lime calculi. Dumb-bells are sometimes passed in considerable number in the urine of patients who are suffering from the formation of small uric acid calculi, and I have now under my care a patient who has for months been passing large quantities of blood in the urine with several masses of a brownish colour looking like shreds of fibrinous matter. Upon examination these were found to consist of pus and blood corpuscles, probably fibrinous matter, crystals of hæmatin, numerous fungi, and hundreds of dumb-bell and spherical crystals of oxalate of lime.

(a) "Urine, Urinary Deposits, and Calculi," 1861. Pp. 297, 338; figs. 54 and 55.

Treatment.—From the above facts it seems important that we should endeavour to get rid of these dumb-bell crystals or minute calculi when we know they are formed, and employ means to prevent their formation in cases in which the tendency exists. The first object is attained by making the patient take once a week large quantities of fluid during a few hours of the day. Vichy and other alkaline waters, or a solution of bitartrate of potash, may be given. Thus the quantity of urine secreted is very much increased, and these crystals are washed out of the tubes. To diminish the tendency to the formation of this urinary deposit, attention must be paid to the general health, and especially to the state of the digestive organs. Iron, quinine, and other tonics may be given according to the general state of the patient, but air, exercise short of fatigue, and a diet regulated as to quantity according to the proportion of nutrient material required by the system, are of the first importance.

61, Grosvenor-street, W.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

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AND BY

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SYPHILITIC DISEASES OF INTERNAL ORGANS.

Some of the most important of recent advances in our knowledge of the nature of disease have reference to the remote effects of the venereal poison. Partly by clinical and partly by post-mortem researches, a not inconsiderable number of frequent forms of disease have come to be reckoned in this category, the true cause of which was formerly not suspected. The gain, in a practical point of view, is very great, for there is, perhaps, no class of diseases against which we possess better remedies. Sir Astley Cooper, in his lectures on Surgery, used to assert, "Some parts of the body are incapable of being acted upon by the venereal poison, as the brain, heart, and abdominal viscera, indeed, this poison does not appear to be capable if exercising its destructive influence on the vital organs or those parts most essential to the welfare and continuance of life." This is now well proved to be far from true. A large volume has been published on Syphilitic Affections of the Nervous System, and the concurrent testimony of many observers avers that syphilitic disease of the liver is very common, and that the lungs and heart are also not unfrequently attacked. M. Ricord had, indeed, in his well known Atlas of Plates, long ago given an excellent illustration of syphilitic muscular nodes of which, in one instance, the substance of the heart itself was the seat. These affections of internal and vital organs appear to occur only in remote stages of syphilitic dyscrasia, they are late tertiary symptoms and are seldom met with until from five to ten or more years have elapsed from the date of the primary contamination. This fact may, to a considerable extent, account for the fact that they were so long almost wholly overlooked.

Our Reports have recently contained numerous and very important illustrations of the above remarks. We published last week an interesting series of thirteen cases from Dr. Wilks's practice at Guy's Hospital, illustrating the benefit often derivable from iodides and bromides in the treatment of epilepsy. Amongst other explanations which Dr. Wilks offered as to the efficacy of this class of remedies was the suggestion that in certain cases this disease depends upon a syphilitic cause. It is not intended to imply that any large proportion of epileptic cases acknowledge such a cause, but still some do so, and in these specific remedies act most admirably.

The following case affords a good example of the advantages of accurate diagnosis. It might, Dr. Wilks said, be regarded as a typical case of syphilitic epilepsy cured by iodide of potassium:—

GUY'S HOSPITAL.

SYPHILITIC EPILEPSY—EXTREME CACHEXIA—CURE BY IODIDE OF POTASSIUM.

(Case under the care of Dr. WILKS.)

Robert C., aged 36. He was a carpenter, but formerly had been a soldier in India; was invalided, owing to rheumatism or pains in his limbs. Two months before admission he had a fit whilst walking in the street; and on recovery he felt his left arm and leg numb and weak. He has had about a dozen fits since, and in some of these he has not lost his consciousness, but he foamed at the mouth, and bit his tongue. Two days before admission he had a fit, followed by a great loss of power of the left arm and leg. On admission he was exceedingly ill, complained of great headache, and had partial paralysis of the left side, the arm being almost powerless, but the leg he could move a little. He soon after had three fits, in which he was convulsed all over, and screamed out. This he had done in previous attacks, and it was said "acted like a madman," although in the slighter attacks he had retained his consciousness. In the intervals he complained of pain in the right side of the head and neck, and was so weak that he could not move his head from the pillow. He was almost totally paralysed on his left side; the weakness increased since admission; sensation perfect; no paralysis of face; eyes unaffected; pupils natural; also great difficulty of swallowing, and mouth aphthous. His wife was sent for to sit up with him, as it appeared scarcely possible that he could survive long. As the patient had never been in a condition to give a good history of his case, the wife was questioned and she said that he had a fall two or three years before, also that he had long suffered from pains in the limbs, and that she had had several miscarriages and dead-born children. The patient was then again examined, and it was found that one clavicle was enlarged as well as os femoris on one side. All these circumstances suggested syphilis, and therefore iodide, in ten-grain doses, was given. He began to improve in a most remarkable manner; only one or two more fits occurred; the paralysed limbs began to get stronger, and complete consciousness returned. His general condition also improved, and at the expiration of three weeks he was able to leave his bed and walk about. At the end of another week he had only a slight dragging of the foot, and he left the Hospital convalescent at the termination of not quite a month after the commencement of the medicine. This case afforded the most remarkable recovery we have ever witnessed from a disease of this severe character.

KING'S COLLEGE HOSPITAL.

TWO CASES OF SYPHILITIC EPILEPSY CURED BY IODIDE OF POTASSIUM.

[Communicated by Dr. MURCHISON.]

Case 1.—John G., aged 47, a bargeman, came under my care, as an out-patient at King's College Hospital, on November 23, 1856. He was a robust, well-built man. Three years before, he had contracted a chancre, which was followed by bubo and cutaneous eruptions. Three months before, he began to suffer from painful nodes on the scalp, and about the same time he was attacked with epileptic fits (with unconsciousness, convulsions, biting of tongue, and foaming at mouth) for the first time in his life. The fits recurred about twice every week. When he came under my observation the only indication of disease that could be discovered was the existence of several large, very painful nodes on the head and on the tibiæ. The pain was often intense, especially at night. Iodide of potassium was prescribed, in doses of five grains, three times in the day, and this treatment was persisted in for upwards of two months. Under this treatment the pains, nodes, and epilepsy all disappeared. The last fit took place on January 7, 1857, and there was no recurrence, although the patient was kept under observation for six months.

Case 2.—Mark R., aged 43, a stout, robust man, came to consult me on September 8, 1856. Twenty years before, he had contracted a chancre, which was followed by bubo, sore-throat, cutaneous eruptions, and painful swellings in the scalp and shins. Nine years before he began to suffer from well-marked epileptic fits, which sometimes occurred as often as five or six times in the week. He had scarcely ever been a week without a fit. Occasionally, the fits were followed by temporary hemiplegia on the left side. When the man came under my notice he complained of a fixed pain in the right side of the head. Iodide of potassium was prescribed in doses of three grains three times in the day. This treatment was continued for nearly four months. The pain in the head ceased, and the fits diminished greatly in frequency. The last fit occurred on April 12, 1857, and there was no repetition during the following two months that the patient remained under observation.

THE LONDON HOSPITAL.

OBSTINATE OBSTRUCTION OF THE BOWELS—AMUSSAT'S OPERATION—RECOVERY.

(Under the care of Mr. ADAMS.)

R. S., a healthy-looking man, aged about 55, was admitted into a Medical ward, under Dr. Fraser's care, on Saturday, November 30, on account of obstruction of the bowels. The obstruction had then existed a fortnight, and the usual aperient remedies had, of course, been vigorously tried. The history given afforded no clue to the nature of the disease causing the obstruction. The man asserted that he had been in perfect health until the constipation began, had never passed blood or mucus; never suffered from dysentery, from any "inflammation of the bowels," or other abdominal ailment. His habit had been a daily evacuation, when suddenly "he became locked up and could get no passage." The symptoms at first were those simply of constipation, but by degrees he began to suffer from distention of the abdomen, and lost his appetite. He had no sickness whatever. No flatus, mucus, or fæces in even the smallest quantity escaped. Dr. Fraser adopted the usual means, profuse enemata, etc., etc., from Saturday to Wednesday, when, as the man's condition was becoming urgent, he requested a Surgical consultation. Mr. Adams had already ascertained by the use of the flexible tube that nothing could be passed higher than about eight inches from the anus. The man's belly was now greatly distended and everywhere tympanitic. There was no tenderness on pressure. In the left loin there was decided bulging, and percussion was dull. The patient's tongue was dry and brown, and his aspect pinched and anxious. He had, excepting on one occasion after taking aperient medicine, never once vomited throughout his illness, which had now lasted eighteen days. The quantity of urine voided had been moderate. All the symptoms, therefore, concurred to indicate obstruction low down in the colon or rectum. Whether that obstruction might be a twist of the bowel or malignant disease there was nothing to show. The man's age suggested the latter, but the suddenness of the attack and his good state of health were against it. The result of the consultation was to decide to wait twenty-four hours, when, if no relief had been obtained, the colon should be opened.

On the next day the man was rather worse, and it was clear that to defer the operation would be to risk his passing into a state in which such a measure would be hopeless.

December 4.—The man having been placed under chloroform, Mr. Adams made a transverse incision across the course of the colon in the left loin and divided the several layers of fascia, muscle, etc., in the usual way. The distended gut was easily found and having been hooked forwards was opened, when a large quantity of fluid fæces escaped. The gut was securely stitched to the edges of the wound and a large poultice placed over the whole.

On the following day the man was very gently relieved, the discharge of fæces had been free, and his abdomen was much reduced as to distension.

During the next fortnight he made steady improvement although at one time the wound looked unhealthy and Hospital phagedæna appeared to be threatened. At present he is able to take food well, and his abdomen is not larger than natural. The fæces escape freely by the artificial anus, but are easily restrained by the dressings so as not to occasion him any annoyance. Since the operation he has on several occasions passed a little flatus per anum, but no feculent matters have been voided. The obstruction would therefore appear to be still all but complete. There can be no doubt that the operation has saved the man's life.

HOSPITAL PHAGEDÆNA CURED BY THE SUBMERSION TREATMENT.

(Under the care of Mr. HUTCHINSON.)

In October last I had occasion to excise the elbow joint on account of destructive inflammation which had followed an injury with laceration near the olecranon. The patient was a man of nearly thirty years of age, and of feeble constitution. After the operation everything went on extremely well for a fortnight, when the wound was nearly healed. Acute Hospital phagedæna, which was at the time prevalent in our wards, now attacked the two or three small sinuses which remained, and rapidly spread. In spite of the free use of strong nitric acid and of the permanganate of potash lotion with suitable constitutional treatment, the phagedæna advanced till it had destroyed a large part of the integument at the back of the joint, and it seemed very questionable whether we should save the arm. Fuming nitric acid had been three times applied and the ulnar nerve had been destroyed. I now determined to try the submersion plan, one not unfrequently adopted in some of the German Hospitals. The entire arm was placed in a large tin bath, being rested upon a pillow, which was laid in the water. The water was kept comfortably warm and frequently changed. The man being propped up in the half-reclining position, did not find the position irksome. The advantage was most immediate and most marked. In three days the sore was clean, and in six it was covered with florid granulations and healing rapidly. The constitutional treatment had throughout been the same, and there could be no doubt that the improvement was really due to the use of the bath. The latter was continued for about ten days, when, as healing was everywhere rapidly progressing, it was laid aside. No relapse of phagedæna occurred, and a very useful arm has been obtained, though of course, with a large scar at the back of the new joint.

In any similar case I should certainly incline to adopt this plan much earlier. The comfort afforded to the patient whilst the part is submerged is very great, and by completely washing away every particle of pus as soon as formed, it prevents the spread of the unhealthy action by contagion from the morbid secretion of the sore. Its principle of action is therefore the same as that of the irrigation method largely employed at Guy's Hospital in similar cases.

SAMARITAN HOSPITAL.

MULTILOCULAR OVARIAN CYST—TWELVE TAPPINGS—OVARIOTOMY—RECOVERY.

(Under the care of Mr SPENCER WELLS.)

A. H., a cook, single, 50 years of age, was admitted on December 14, 1861, under the care of Mr. Spencer Wells.

History.—She was quite well until seven years ago. She then began to find that the abdomen was getting bigger, but she had very little pain, and did not suffer much in her general health. Three years and a-half ago she was tapped for the first time at the Salisbury Infirmary, and thirteen pints of thin fluid were removed. Up to this time the catamenia had been "pretty regular," but afterwards the quantity became less, and the intervals increased to three or four months. Seven months elapsed before a second tapping became necessary. She was then tapped by Mr. Miles, of Gillingham; and, after thirteen weeks, a third time. She has been tapped twelve times in all, the quantity increasing and the fluid becoming thicker every time. The last tapping was eight weeks ago, when thirty pints of fluid were removed.

State on Admission.—Though emaciated, the general aspect is that of a cheerful, tolerably healthy person. The abdomen measures forty-four inches in girth at the umbilicus, and twenty-two inches from ensiform cartilage to symphisis pubis. Mr. Wells examined her on the day after admission, and diagnosed a multilocular ovarian cyst, with some parietal adhesions, but without any unusual pelvic attachment. Considering that a menstrual period had ceased a week before her admission, that her size rendered immediate relief necessary, that each tapping would lessen the probability of success after ovariotomy, and that she was very anxious to have the operation performed, it was decided to operate without delay.

The Operation was performed on December 17. Mr. Parsons, House-Surgeon, administered chloroform. Dr. Marion Sims, of New York, Mr. Miles, jun., of Gillingham, and several other gentlemen were present. An incision was made five inches long over the linea alba, midway between the umbilicus and symphisis pubis, going through some of the cicatrices left by tappings. The principal cyst was so closely adherent here that careful dissection was necessary to separate it from the peritoneum, and it was opened during the process and emptied. More extensive parietal adhesions were then separated by the hand, and some groups of smaller cysts emptied by breaking them down with one hand in the empty cyst while the other hand was occupied in gradually withdrawing the mass of emptied and broken-down cysts. The peduncle was short, but was easily secured by a clamp about an inch from the right side of the uterus, and the tumour was then cut away. On examining the left ovary, it was found atrophied, but a thin-walled single cyst, as large as an orange, was observed close to the uterus, within the folds of the left broad ligament. This was laid open by an incision and emptied. The wound was then closed by silver sutures, carried through the whole thickness of the abdominal wall, including the peritoneum. The clamp had been left on, and it was secured with the stump of the peduncle at the lower angle of the wound. The cyst walls and groups of small cysts removed weighed between nine and ten pounds; and they had contained about thirty pints of fluid, so that the entire weight of the tumour was nearly forty pounds.

The Progress after Operation was most satisfactory. The patient had so little pain that not even a single dose of opium or of any other medicine was either given or required. The pulse never rose above 96, and was generally about 80. The clamp was removed on the fifth day, the slough then being quite dry and hard. The sutures were removed on the seventh day, when the wound was found to be firmly closed. The bowels acted on the ninth day, and at the last report (December 31) the patient was eating and sleeping well, and thoroughly convalescent.

Remarks.—This case shows that even in late stages of ovarian disease, in a patient past middle-age, and after repeated tappings, ovariotomy may be performed with success. The chief peculiarity in this case was the small cyst found in the opposite broad ligament, after removal of one ovarian tumour. This cyst was so closely adherent to the uterus that it could not have been removed safely; and as it is well known that thin-walled single cysts in this situation seldom refill after they have been emptied, it is not probable that, as it was freely laid open, it will lead to future trouble.

GUY'S HOSPITAL.

CASES OF FEVER (TYPHOID)—CLINICAL REMARKS.

(Cases under the care of Dr. BARLOW.)

Several cases of fever having occurred in the clinical wards of Guy's Hospital, under the care of Dr. Barlow, whilst he had charge of them during the months of October and November, he was led to remark that whilst some of them presented a close accordance with the symptoms generally received as characteristic of that form of the disease now distinguished by the term typhoid, in others there was a considerable deviation from those symptoms. For example, the first case was that of a young girl, aged 18, who had been attacked with diarrhœa and pyrexia. She was admitted on October 14, having been ill about twelve days. Distinct rose-coloured maculæ were observed on the chest and abdomen: but there was no diarrhœa whilst she was in the house: the tongue, however, showed the red tip and edges with somewhat elongated papillæ, indicative of gastric irritation. She was convalescent from the fever at the end of two weeks.

The next case was that of an old woman, who was brought into the Hospital with fever of a low type, and who only lived four days afterwards. In her case the tongue was covered with dark sordes. There was no diarrhœa, but upon inspection after death there was considerable ulceration in the lower part of the ileum.

Another case—a young married woman—presented well-marked rose-coloured maculæ, but there had been no diarrhœa previously to her admission, and while she was in the Hospital there was great difficulty in getting the bowels to act.

The next was a fatal case, occurring in a young married woman, who had suffered from diarrhœa as well as the other symptoms of fever, previously to her admission, and on whom there was observed an unusually large crop of distinct slightly elevated rose-coloured spots. On inspection after death, very extensive ulceration was observed in the lower part of the ileum; and there were also some ulcers below the ileo-cœcal valve, one of which, nearly as large as a sixpenny-piece, had denuded the muscular coat of the intestine.

Among the males, a young man was admitted, having been attacked with pyrexia and severe pain in the head, and on whom a few distinct rose-coloured maculæ were subsequently observed. He had had no diarrhœa previously to his admission, and while he remained in the house there was considerable difficulty in inducing even a moderate action of the bowels.

The next case admitted was that of an Irish boy, who had been ill about twelve days, and was admitted with a pretty large crop of distinct rose-coloured spots and rather severe bowel irritation. He had considerable delirium at night, which was allayed by a moderate dose of Dover's powder, and ultimately convalesced satisfactorily.

The next case was one commencing with diarrhœa, in which no maculæ were observed, and which assumed the form of well-marked relapsing fever.

Dr. Barlow remarked that though the above cases, with the exception of the last, were of that form of fever which is now commonly described as typhoid, there were considerable differences to be observed in their symptoms and progress. In the first case there was diarrhœa at the commencement, but subsequently none. In the second, which was fatal, there was no diarrhœa as far as the history could be ascertained; but there was the characteristic intestinal ulceration. In two other cases, one male and one female, there was no diarrhœa throughout, although there were well-marked maculæ, particularly in the case of the female; whilst in the case of the young woman who died there was an unusual number of spots, diarrhœa, and very extensive ulceration extending below the valve. In the last case but one there were abundant maculæ, diarrhœa, and delirium, which latter symptom was almost absent in the other cases. The last was one of relapsing fever, showing that these varieties of fever may present themselves at the same time. But besides this, we have grounds for believing, contrary to the generally-received opinion, that the typhus form of fever may occur contemporaneously with the typhoid, since a young man has lately been admitted into Guy's Hospital, under Dr. Barlow's care, with severe pyrexia, great oppression, and an eruption, apparently identical with that generally regarded as characteristic of typhus. Dr. Barlow subsequently learned, through the kindness of Dr. Hermann Weber, that this man had just before been the subject of typhoid fever in the German Hospital, and further, that a fever, apparently typhus, had been prevailing in the German Hospital for a short time previously to the admission of this young man into Guy's Hospital. Another fact which has become apparent during the present epidemic is, that typhoid fever may be communicated by contagion. Thus, Dr. Barlow learned that a young woman, the subject of slight ichthyosis, with some albumen in the urine, who had been a clinical patient, and very attentive to her fellow-patients who were the subjects of fever, and who was upon the point of leaving the Hospital just as he gave up the charge of the wards, was prevented going away by an attack of pyrexia, which assumed the character of typhoid fever, of which she subsequently died. A nurse, also, in one of the wards where severe cases of typhoid had been admitted, has been attacked with typhoid fever of a highly dangerous character.

HOSPITAL NOTES.

THE two following notes are reported from Dr. Andrew Clark's practice amongst the out-patients at the London Hospital:—

SULPHURIC ACID MIXTURE IN DIARRHŒA.

There is at least one advantage in dealing with large numbers of out-patients at a public Hospital. You can classify cases of particular diseases into sets, study the comparative values of different remedies, and acquire possession of broad therapeutic facts. It is objected that therapeutical experiments upon out-patients are worthless on account of the unfavourable hygienic conditions under which they are placed. But this, it seems to me, is the very reason that they are eminently *worth-full*. When you experiment upon in-patients, it is often doubtful whether the cures you get are due to the improved hygienic conditions of the patient, to Nature, or to your particular remedy. But the cures you get among out-patients, in spite of unfavourable hygienic conditions, and in the very circumstances under which the diseases are contracted, may more justly be considered criteria of the values of your plans of treatment.

I have lately had the opportunity of renewing our therapeutical experiments upon diarrhœa; and with the same results as before. Sulphuric acid has been tried in contrast with chalk, opium, nitrate of silver, copper, bismuth, lead, pernitrate of iron, and others, singly and in combination; and it has come out of the trial demonstrably as a more rapidly efficient agent than any of them in the cure of diarrhœa; but it is much less effective alone than in combination. Given in the manner prescribed below, it has succeeded in curing 74 per cent. of cases of diarrhœa within forty-eight hours.

When the stools are scanty and frequent the administration of the acid is preceded by a dose of caster-oil. When they are abundant and watery the acid is begun at once:—℞ Acid sulph. aromat. ♏ xx.; tinct. camph. comp., ʒj.; ætheris chlorici, ♏ x.; spirit. menthæ pip. ʒss.; syrupi rhœados, ʒj.; decoct. hæmatox. ad ℥j. (a). To be given every four, five, or six hours, according to the urgency of the diarrhœa. The object of the aromatics in the formula is the correction of the fæcal fermentation which is one of the chief conditions in the production of diarrhœa. In some cases the second or third dose succeeds in checking the disease, and then the patient is troubled for a day or two with pinching pains in various parts of the bowels. These are best relieved by a small dose of castor-oil with an aromatic. The acid is rarely successful in advanced phthisical or dysenteric diarrhœa, but it is so in the early stages of these complaints.

PODOPHYLLIN IN CONSTIPATION.

If after the regulation of the diet, the sufficient use of fluid, kneading and friction of the abdomen, daily exercise, and the due solicitation of Nature at regularly recurring times, the constipation remains, you must have recourse to drugs. Now the drug best fitted for the purpose, is that which will act without irritation, slowly, moderately, and by the production of a formed stool, after the manner of Nature. The objections to ordinary laxatives are almost innumerable: sometimes they act too freely to permit of subsequent spontaneous regularity for some time, distension being required to excite the contractility of the bowels; at other times the bowels are teazed by frequent ineffective actions, and mucous discharges are induced. In some cases the muscular contractility is exhausted, and the patient is afflicted with flatulent distensions of the bowels. In other cases the head is distracted with uneasy sensations; or there is a general nervous restlessness, for relief from which the patient flies to larger doses of more powerful purgatives, till at last life becomes little else than continuous suffering, complaint, and misery.

Now there is in my experience no single remedy for constipation so free from these objections as Podophyllin. It is not a specific for constipation, and it is not in all cases free from some of the objections attached to other remedies. But in the great majority of cases of simple constipation, it fulfils the conditions required of a safe and effectual remedy, by operating slowly, easily, and after the manner of Nature.

Podophyllin (b) is an amorphous resinoid powder, obtained by evaporation from an alcoholic solution of the root of the May apple (Podophyllum Peltatum). In America it is used in ten-grain doses as a cathartic, of similar characters to the resin of jalap; but for use as a natural laxative, the maximum dose is one grain. If more than this is given, it produces griping and loose stools. For most persons a grain is too large a dose. It is better to begin with half-grain doses made into a pill with extract of taraxacum, which must be taken during breakfast, that it may operate next morning after that meal. For the first few days, the operation of the drug may be accompanied by a little griping and by unformed stools. Should these continue to the fourth day, administer only quarter-grain doses, and combine them with an equal quantity of ipecacuanha. If after, the drug does not operate in the manner described, it is not likely to prove successful, and had better be relinquished. When the right dose is determined, its use may be continued without fear of injurious consequences; and instead of requiring to be increased, may after a time be diminished without affecting the success of its operation.

PODOPHYLLIN AS A CHOLAGOGUE.

Dr. Ramskill has also tried this remedy largely. He says that it is the most powerful cholagogue known, and is infinitely superior to any in the Pharmacopœia, more active, and more certain. Granted there be any healthy liver-structure remaining, it is certain to produce copious excretion of bile. It is a cathartic as well as cholagogue, but its latter effect frequently precedes the former, as proved by occasional regurgitation into the stomach and vomiting of bile before its cathartic action has commenced. First, as to its mode of administration, he has, he states, never given more than half grain doses, and after numberless combinations, he finds the following most efficacious and kindliest in action. For quick and aperient action, half a grain of podophyllin combined with an equal quantity of extract of Indian hemp, repeated every six or eight hours. Occasionally this dose causes griping. A combination he more frequently uses consists of one quarter of a grain of each with two or three grains of dried carbonate of soda. The podophyllin saponifies with an alkali, and is rendered very much more mild in its action. To give illustrative cases—where the arrested secretion of bile, or congested or sluggish liver, is a drawback to the progress of cure. In chronic dysentery, phthisis, cardiac disease, as well as in liver diseases proper, its good effects are equally manifest. Given with sedatives in small doses, it acts not only on the liver, but on the salivary glands, producing, like mercury, a copious flow of saliva, though unattended with the characteristic mercurial affection of the gums.

OXALATE OF CERIUM IN EPILEPSY.

Dr. Ramskill has used oxalate of cerium lately at the Hospital for the Epileptic and Paralysed. He says it has proved serviceable in some cases of epilepsy, having as an aura, or premonitory symptom of the attack, some commotion of the stomach or duodenum evidenced by a feeling of agitation at the epigastrium, accompanied by a sense of sinking, fainting, and disordered movement, but unconnected with palpitation. In three cases, which we shall give shortly, the epilepsy was cured. It has not proved useful in any degree in any other forms of epilepsy, where the premonitory symptoms had relation to the head, as vertigo, confusion, etc., nor to the heart, as palpitation, or feeling of cessation of the heart's action, nor, indeed, to any other variety except in the one mentioned, which seems, he believes, to have its origin in failure of action of the splanchnic ganglia. He thinks that the oxalate acts as a sedative and conserver of nervous force. The sedative action acting on the periphery of the pneumogastric, conveys this influence to the grand centre of excito-motory action, the medulla, and thus not only prevents an impending attack, but diminishes the chance of future fits by lessening morbid excito-motor sensibility.

IODIDE OF POTASSIUM.

Iodide of potassium is one of the remedies which has of late steadily increased in general favour. This may, perhaps, to some extent be explained by the fact to which we have frequently adverted, that recent researches have proved many hitherto obscure affections to be really due to remote syphilitic taint. Although very valuable in some forms of rheumatism, and in procuring the absorption of inflammatory products generally, yet it is against the tertiary forms of syphilis that this salt best shows its specific power. Of late years the customary dose has much increased, and eight to ten grains is now with many of our Hospital Surgeons an ordinary prescription. Considering the enormous quantities which are prescribed both in Hospital and private practice and the rarity of any observable ill effects, it is quite clear that for the most part it exerts no evil influence. Wasting of the breasts and testes, the bugbears of former times, are now never heard of, and anything like iodism is certainly exceptional. The addition of ammonia to all mixtures containing the iodide of potassium is now a very common practice. We mentioned it some years ago as having been strongly recommended, amongst others, by Dr. Gull at Guy's and by Mr. Paget at St. Bartholomew's. Mr. Paget used to remark that he considered five grains of the iodide with half a drachm of sal volatile equal to ten grains of the iodide alone. With some Surgeons, and especially in the treatment of syphilitic diseases of the nerves or brain, the addition of tincture of nux vomica is frequently made.

(a) Or, if the mixture is to be kept, some aromatic water.

(b) Made by Davenport, of Great Russell-street, Bloomsbury.

ARSENIC IN CHRONIC PEMPHIGUS.

A good example of the specific efficacy of arsenic in cases of the chronic form of pemphigus, occurred a short time ago in the London Hospital in a case under the care of Dr. Ramskill. The patient, a boy of about eight, had suffered very severely from pemphigus for some months. He had been treated by tonics and good diet as an in-patient for about five weeks before the arsenical was given, and without any marked result. Immediately on the latter remedy having been prescribed, he began to improve. No fresh bullæ formed. In about a week he was free from the eruption, the crusts only remaining. Soon afterwards he left the Hospital, quite well in every respect. His general health, as is almost constantly the case, had greatly benefited during the course of arsenic. We have in former years repeatedly published cases in illustration of the power of arsenic over this intractable affection. The reader may find some remarkably conclusive facts in this Journal for February 11, 1854, and March 2, 1861.

ARSENIC IN CERTAIN FORMS OF OPHTHALMIA.

Mr. Critchett has of late often prescribed arsenic in certain chronic forms of ophthalmia occurring in young persons. He speaks very highly of its efficacy. It is chiefly in intractable cases of pustular ophthalmia which have lasted far beyond the usual period, and are attended by intolerance of light and a feeble and irritable state of the system generally, that this remedy seems useful. In the same class quinine and iron are often very effectual, but the arsenic not infrequently manifests peculiar and superior powers. If desired, it may be conveniently prescribed in combination with iron. For children, the common steel wine is a very suitable vehicle. For a child of five years old a minim of Fowler's solution in a teaspoonful of steel wine, given three times daily, is an appropriate prescription, and one under which many a case of severe pustular ophthalmia will recover with great rapidity.

Medical Times and Gazette.

SATURDAY, JANUARY 4.

1862.

With the beginning of a New Year we offer our hearty greetings to our readers. As this First Number of a New Volume will be distributed to every member of the Medical Profession in the United Kingdom, so no Editor can address a circle of readers more weighty from their social position and their education, and from the degree to which the welfare of the whole community hangs upon the due discharge of their functions. Amongst them are many old friends whom we desire to keep; and many whom we hope we shall enlist as new readers and correspondents. To both classes we may say shortly what it is that we offer them in the *Medical Times and Gazette.*

Our purpose is, to show, as in a mirror, the daily life and working of the whole Profession, in all its relations. We bring before the busy Practitioner the newest facts and doctrines, sometimes in the form of Lectures delivered by the ablest teachers, sometimes in that of original Essays, or of Reviews, from which may be gathered the researches of years in half-an-hour's easy reading. We supply by means of Original Contributions, Cases, and Hospital Reports, and likewise of our Foreign Correspondence, materials for constant improvement in diagnosis, and for the constant acquisition of new remedies. We uphold that high principle of honour by which the proceedings of Professional men towards each other should be guided, and we support their privileges from all attacks, whether in the shape of crude legislation, or of official jealousy. And we supply the earliest and fullest Medical News, and notices of such of the occurrences in the world at large as have any bearing on Medicine.

As an earnest of the future we may refer to the past. The Volumes of 1861 contained a far greater quantity of matter (apart from advertisements) than any Journal which can aspire to be a rival. In style and power, the Editorial articles would stand their ground with those of any literary Journal in the English language. The events of the day were promptly laid before the reader, with short and practical commentaries. Some of the most recent researches in Experimental Physiology were presented to him. In whatever branch of Practical Medicine the greatest progress is making, he was rapidly put in possession of the improvements gained. Whenever the Profession was assailed by danger from within, or without, the best policy to be pursued was pointed out.

As has been the past, so we hope will be the future. Quackery shall be systematically counteracted. But quackery may be of two sorts. Sometimes the quack pretends to obtain results from means absurd in themselves—such as Mesmeric passes, or homœopathic globules. More frequently, he selects some agent, which may have its value in its proper place, but the use of which is absurdly erected into an exclusive system, and patients with the most opposite maladies subjected to the indiscriminate use of it. Such are the exclusive apostles of the cold-water cure, or of the Turkish baths; such are the rubbers, bandagers, botanists, galvanists, and movement doctors. Such persons bring useful remedies into discredit, even as the Harpies of old befouled what they did not devour. Besides these, are some legitimate members of the Profession, who resort to unworthy modes of obtaining notoriety, by advertisements of books, testimonials, and other kinds of puffery. Here is evidently one of the functions of Medical Corporations. No Government can be expected to do more than exact a competent knowledge from persons who intend to practise, and to protect them in their rights so long as they obey the laws of the land. But a Corporation should have a moral control over its members, and deter them from offending against Professional decorum, by acts which, though not illegal, are shabby. The Medical Practitioners who attend the Poor of the country, under the auspices of the Boards of Guardians, shall have the best defence we can give them against all attempts to convert them into mere ill-paid drudges.

But feeling how imperfect is the protection which the best Legislature can afford against ignorance, prejudice, and fraud, we give our readers such help as only a Journal can give towards placing them in a position to receive more abundantly the homage which the best part of society pays to their general shrewdness and intelligence, their skill in their own Profession, and their general integrity and benevolence. The enormous advances which have been made of late serve to show how vast are the fields which are open for future exploration. The Lectures of Claude Bernard in our last two volumes, show what a harvest awaits any one competent to investigate the relative share of nerve and blood-vessel in "vital actions." We hope to have the opportunity of showing ere long, that modern Science has invested even the dry repulsive study of anatomy with the interest of romance, and how the dreary grindings of the Anatomical Demonstrator must ere long give way to a system which shall teach the minutiæ of human anatomy more exactly, by showing its place in the whole scale of animal form. Animal chemistry is as yet in its infancy, and, much as has been done with the urine, there yet remain the whole mass of unknown substances called Extractives, out of which some of the secrets of disease may be unravelled. The account which we begin to-day of Embolism, will reveal a vast set of almost unexpected agencies in the production of local disease. Lectures on Physiognomy and on Mental Disease will assist the Practitioner in his studies of Medical Psychology, respecting which it must be recollected that the great train of unrelieved sufferings, which drive patients to quackery, are more often mental than bodily. The peculiarities of the New Pharmacopœia, and the subject of New Remedies generally, will be brought before our readers as they are set forth in Lectures by one of the ablest teachers of the day; and in this department what a mine there is for the worker! How many diseases there are (whooping-cough for example), for which we anxiously demand some remedy with specific virtues! The one solid acquisition of which practical Medicine can boast during the last quarter of a century is the iodide of potassium. Its powers over the skin, mucous membranes, and periosteum, are undoubted. Its influence in epilepsy is the subject of hope. But Nature is not exhausted, and other remedies remain to reward the experimental therapeutist. The conditions which give rise to disease, whether material, like the poisons of typhoid, or moral, like those of alcoholism and syphilis, present an equally wide and promising field. Practical Surgery ever advances where skill in minute anatomy is combined with manual dexterity. But we need yet a more exact knowledge of the conditions which render injuries and operations mortal.

There is no machinery so well adapted for creating and diffusing not merely Professional knowledge, but Professional good feeling and honour, as that of Medical Societies. To the youngest of these bodies, the Obstetrical, is due the credit of showing what vast improvements are being made in the treatment of the morbid conditions peculiar to women. The whole Obstetric Department, including the Diseases of Children, will receive special attention at our hands.

But we must not linger any longer on the threshold. We offer our readers a Journal fit for the educated Professional man, containing both that which shall cheer and amuse him during his short intervals of rest, and which shall supply a solid body of facts for reference hereafter. We trust that a kindly, genial spirit will animate our pages, and that the barrister, or clergyman, or man of letters may find that the daily life and thoughts of the Profession reflected in our pages entitle us to the respect and good will of the best classes of English society.

EMBOLISM.

The tendency to bring in gravitation, or physical force of some kind, in explanation of phenomena formerly supposed to be beyond the reach of human intelligence, is a notable and healthy sign in the popular philosophy of the present day. When we are told of visits from the resuscitated spirits of our grandmothers, of self-acting accordions, and tables affected with chorea, our thoughts refuse to obey the magician's spell, and incontinently fly off to closed rooms, darkened windows, and simpletons frightened out of their wits. The same agency which is thus narrowing the domain of the marvel-monger and the charlatan, is making itself felt with irresistible force in every branch of science. People are no longer satisfied by being told that the diseases of the living body are due to wrong "vital action." No science occupies a region more exposed to the inroads of this matter-of-fac spirit than does Pathology. Built up as it chiefly is of the fragments of past theories, its parts must perpetually be undergoing a process of demolition and re-construction, as each successive inquirer substitutes his own results for those of his predecessors. Many an author has seen, and yet wil see, even during his own life, his part of the structure pulled down and arranged after a different pattern; and the only way in which posthumous fame can be ensured is by leaving good materials wherewith those who come after may build. Hippocrates and Galen have been among the first to pass the ordeal; and though toppled down from their ancient thrones have won for themselves new and more secure pedestals among the princes of science.

In introducing Embolism to our readers' noticc, we are aware that we have no new subject to deal with. Galen himself records a distinct case of death from this cause; and several writers, from the fifteenth century downwards, have alluded to it more or less clearly. Nevertheless, when Dr. Kirkes published a paper, some ten years ago, on the mechanical occlusion of the cerebral arteries and consequent softening of the brain, the subject might be said to have been new and unheard of in England. It is to the recent rapid development of the theory, and the important part which it seems likely to play in pathology, that we desire to call attention. For if this theory succeeds in establishing itself, great will be the destruction of pre-conceived ideas and plausible modes of accounting for phenomena which must accompany its introduction. Its success will be a triumph of the matter-of fact school of inquiry to which we have adverted.

The term "Embolism" has till lately been taken to mean the impulsion of substances detached from the walls or valves of the heart into various parts of the arterial system, most of the cases noticed having to do with the cerebral arteries. But now a new class of observers, with Professor Virchow at their head, trace the offending body not only from the right or left side of the heart to its destination, but from its far-off nidus among diseased tissues whence it travels along the veins to the heart. And it is proposed thus to account as well for the deposition of morbid substances in distant and various parts of the body, as for a number of results now attributed to other causes, but which are really the effects of obstruction of the arteries. We have before us a work, extending to seven hundred octavo pages, in which the numerous bearings of the subject are discussed with German copiousness and precision. Its author, Dr. B. Cohn, of the University of Breslau, signalises his admiration of the renowned Berlin Pathology Professor, by dividing time into the epoch before Virchow, that of Virchow himself, and that of the followers of Virchow; and gives the result of six years' careful and extensive observations on Embolism as his own contribution to the literature of the last-named epoch. Our space forbids us to give at present more than a slight sketch of the points put forward and supported by a formidable array of facts in this important work.

The proof of the existence of the agency in question is grounded, first, on the presence of the conditions necessary for it in all parts of the circulation, such as the coagulability of the blood in all kinds of vessels. Next, on the facility with which solid products in the vessels, when once formed, can become detached. An endless variety of experiments on animals have confirmed its possibility; and the frequency with which identity of structure has been detected between the embolus and other substances yet undetached at distant parts of the stream, together with the fact that in some cases it has been possible to trace the intruder to the spot which it has just left, by comparison of surfaces,—as you detect a burglar by the nails in his boots,—has given additional weight to the evidence; while the absence of any appearance of pre-existing disease around the occluded vessel, and the suddenness with which the effect is produced, are circumstances which attend no other kind of arterial obstruction. But the solid substance in the blood may be of any size, from one sufficient to obstruct the pulmonary artery to that which would pass even a small capillary; therefore, among emboli we may reckon not only fibrinous clots from the heart,—polypi, as they were once called,—but fragments of decaying or suppurating tissue, and the elements of tubercle and cancer. Indeed, our author asserts embolism to be the one cause of secondary deposits in these diseases. And the vast importance of the subject, in reference to phlebitis and pyæmia, puerperal fever and phlegmasia dolens, must commend itself to all who have stumps under treatment, or are accustomed to notice the risks consequent on a slack or imperfectly-contracted uterus. The transference of entozoa and their eggs by the blood-stream has not been established with the same completeness as other effects of the same cause, but is believed to admit of similar verification.

As might be expected, in cases of the presence of the products of suppuration in the veins, the lungs are the first recipients of the mischief, as the pulmonary vessels are the first to be obstructed by any coagula originating in the venous system. But the destination of substances coming from or passing through the left side of the heart is influenced by various circumstances. The posture of the body, the exact direction or angle of the vessel, the side of the aortic orifice on which the embolus lay at starting, the size of the embolus, and the rapidity of the circulation, all have their effect in determining whether the plugging of a vessel shall take place in the brain, the left kidney or spleen, the right kidney, or farther down the stream, even in the arteries of the extremities. The results of the various combinations of circumstances in which embolism may take place are followed out in the work before us with an ingenuity and perseverance which must command respect, even if credence be denied to the doctrine. We propose to return to the subject with greater fulness in a future Number.

THE LATE SITTING OF THE CENSORS' COURT AT THE ROYAL COLLEGE OF PHYSICIANS.

The College of Physicians has lately exercised a power which it had long suffered to fall into abeyance. Our readers are probably aware that ample authority, both for judicial inquiry and for the infliction of pains and penalties, in cases of certain Professional delinquencies, is vested in the President and Censors. It is long, however since such power has been wielded. The circumstances which have recently led to an assertion of the right of judicial inquiry on the part of the College were not found, on full investigation, to permit of further proceeding, and the accused person may, therefore, be said to have obtained a virtual acquittal. As this is the case, we do not feel that we should be justified in mentioning the names of the parties concerned, but shall merely state the general facts of the case:—The brother of a man who had been for some time suffering from a chest affection, appealed, through his solicitor, to the President and Censors of the College, complaining that his relative had been under the treatment of a legally-qualified Physician, and that the latter had been paid certain fees for his Medical advice; that he had supplied the patient with two bottles containing remedies which he professed, were secret; that the bottles were unlabelled, but that the contents of one were to be taken internally, the contents of the other were for external application. He believed that his brother had been inefficiently treated, as he had been informed by a chemist that the said bottles contained nothing but water. The Censors, by the advice of the Solicitor-General, summoned the accused Physician to appear before them. On the sitting of the Court the Solicitor-General was present as Assessor. The colourless contents of the bottles had been analysed by competent chemists, who declared that they consisted of water with traces of phosphate of lime and urate of ammonia. The pleas set up by the defendant were, first, that he, the defendant, was carrying out a course of experiments, and that he was therefore entitled to use any remedy he might please; and, secondly, that he would answer the charge of using a secret remedy by a declaration of the nature of the fluids in question, which he declared consisted of a weak solution of bromine and of boa constrictor's urine. It will be seen that these pleas were such as legally to preclude any further proceeding, but we firmly believe that the moral influence of the inquiry will have far greater weight than any fine or penalty. At the same time, we congratulate both the College and the Profession,—the former that it has not been deprived of the power of interposing when charges of gross Professional misconduct are brought against any one of its Members; the latter on the fact that the present executive of the College will not shrink from expense and responsibility in a vindication of the honour of Medicine.

THE WEEK.

THE LATE PRINCE CONSORT'S ILLNESS.

There can be no objection to the publication of the details of the symptoms and treatment of the late Prince, provided it be done at such a time, and in such a manner, as not needlessly to wound the feelings of his nearest relatives. These details would probably be common-place enough. Every Practitioner knows how insidious are the symptoms at their invasion, and how, with a deranged state of the blood and concurrent debility, brain or lungs may suffer from rapid congestion, or effusion, or hæmorrhage. There is really nothing unusual in the Prince's fate, dreadful as it is,—and until the whole population are as thoroughly imbued with the dangers of sewer gases as they are with the Ten Commandments, and until all sewer systems shall be carefully and scientifically worked, so long will the most valuable lives—those of men in the prime of life—continue to be frequently in jeopardy. But it does seem a pity that insinuations and suspicions should be dropped which can but breed in the vulgar mind the notion of neglect, ignorance, or malpractice on the part of his attendants. Why may not the Queen's sorrows, under her bereavement, be held as sacred as would those of the widow of a private gentleman? Why should the children see in the papers insinuations, which might lead them to believe the calamity should have been averted? Why should their Physicians be assailed with inuendoes only fit for the gossips of a village—if they were debating of the death of the Squire, or the character of the Apothecary? One Dorsetshire newspaper uses the words "sacrifice of the Prince's life," and connects the word "sacrifice" with the "overweening confidence" of the Prince's Medical attendants. The same Bœotian authority asks—

> "Is there no eclecticism in Medicine? *Will Medical conclaves never consent to combine and modify their views, so as, were it even by some compromise, to avoid extreme theories and hazardous experiments?* The bold exhibition of stimulants we know has now succeeded the exhaustion and depletion of drastics and venesection; and, as we read the treatment of this case, so unusually responsible, the new fashion in Medicine insisted on fulfilling its functions to the letter."

Nor is this want of good taste confined to the newspapers of the Metropolis of Butter; even a London Medical Journal can say, "the official accounts are, in fact, at present contradictory to accepted facts in Medical Science:" in other words, that they are untrue; and that the Physicians even of our Royal Family are false and servile. We can only assert the contrary; and declare that the entire sad history leaves amongst Medical circles no doubt as to the nature of the illness, or the soundness of the treatment. The vulgar, in all countries and at all times, are in the habit of ascribing sudden illness to witchcraft or poison. Their favourite solace is to burn the Jews, or hang the Physicians. At the moment of our writing we hear of the blind and bigoted populace at Lisbon denouncing the alleged poisoners of the late King, ransacking the chemists' shops, and destroying every drug they think suspicious. Common fairness to the eminent Physicians concerned, common regard for the character of the Profession, and some decent respect for the griefs of the Royal Family, will, we hope, put a stop to inuendoes which may have been prompted by a thoughtless curiosity. But we are more indebted to the good sense of the English people, than to the discretion of the Journalists in question, that our Profession is not now submitted to a mediæval persecution.

WHAT IS A MAN'S LIFE WORTH?

Mr. Richard Griffin, of Weymouth, in the discharge of his honourable task of endeavouring to procure for the Poor-law Medical Officers throughout the kingdom something like a status and remuneration equivalent to their deserts, has sent us an abstract of the evidence laid before the Select Committee of the House of Commons last session, so far as it contains the arguments advanced by Chairmen of Boards of Guardians, and other non-Medical witnesses, against the permanency of the appointment of Poor-law Medical Officers. We find that it amounts to two points only. It is felt to be a grievance by Boards of Guardians that they have "no control" over their Medical Officers; and they believe that the latter are extravagant or lavish in their mode of ordering wine or beef-tea for the sick poor. As for the former point, it is abundantly evident that Boards of Guardians possess the only kind of control they ought to have,—that is, power of suspending the Medical Officer for alleged misconduct, and of having the allegations inquired into by an impartial body, such as the Poor-law Board. As for the second point, the revelations given in the evidence provoke a smile. For example, the Chairman of a Board of Guardians in a London suburb speaks to the following effect:—

"A Medical Officer at Chelsea had a dispute with the Relieving Officer about midwifery orders, and, by way of annoyance, the Medical Officer became relieving officer, and gave numbers of orders for meat and wine. To a child three years of age he ordered meat, wine, and new-laid eggs, to the extent of 16s. 8d. per week; to two children in scarlatina, meat and wine to the extent of 15s. 8d. per week; to a man aged 60, meat and wine to the extent of 29s. 10d. per week. The Board thought it exceedingly unlikely we should get any satisfaction from the Poor-law Board, and the result was we allowed the matter to go on; but instead of allowing this man to have it entirely his own way, whenever the Board found he gave too large an amount, we used to summon him over to Chelsea every time for the purpose of investigation. [Q. "You devised a scheme afterwards that effectually prevented the Medical Officer from giving this excessive relief; you caused him to come before the Board so frequently, and kept him waiting so long, that he gave way at last?"] And he found it so great an annoyance that he gave it up to a great extent. We knew that it was in our power to direct the Relieving Officer not to attend to these orders, but, of course, we were taking the risk on ourselves if anything serious turned out, which, I think, we were not bound to take."

It is with the profoundest contempt that all rational beings will read of such petty tyrannical artifices as these. A Medical Officer is not to be allowed to order what he thinks necessary for the sick poor. If he should persist, he is to be punished by being made to waste his time. And yet the Board that meanly resorts to this trick will not boldly refuse to give the supplies, "in case anything serious should turn out!" We won't actually kill a sick child, but if the Doctor dares to save its life we'll serve him out! Such would be the substance of this evidence if logically arranged. We will take the liberty of saying, that if any Board of Guardians doubt the competency or honesty of their Medical Officer,
they can get an older member of the Profession to see th
case in consultation, and advise them whether the supplies
wine be necessary or not. They can appeal to the Poor-la
Board, and if the inquiry result in the dismissal of the
officer, they would find it cheap to get the best man possib
in his place, and pay him a liberal salary. But it does see
scandalous in this country to hear solemn objections again
twenty-nine shillings' worth of meat and wine for saving
man's life. We do not advocate an extravagant expend
ture, or wish to drain the pockets of the ratepayers; bu
we insist that the Medical Officers ought to have power
order what they conceive to be necessary; first, becaus
without this power, Medical attendance and drugs are litt
worth; secondly, because it is the duty of the community
save life, and it is its interest to relieve disease as quickl
and thoroughly as possible. A weakly man, ill attended an
half-cured, can but be a burden on the community. Lastl
the poorer classes want to have set continually before the
the grand lesson of the value and sanctity of human life.
things are, life in most shapes, and particularly the lives
children, are of shamefully little moment in their eyes. L
them, then, constantly have before their eyes this practic
lesson:—A Christian community values life so highly that
taxes itself to provide the best Medical attendance, and
sorts of medicines and nourishment, sooner than let th
humblest, meanest, most worthless life be lost.

EMBALMING THE DEAD IN AMERICA.

Death is truly called the "debt of nature," and as the spi
returns to Him who gave it, so the inanimate body should
laid in the lap of Mother Earth, where it may be gently r
solved into its first elements, which shall circulate and
their work in forming future living organisms. The go
sense of modern times forbids all those costly efforts at e
balming, by which men thought formerly to preserve th
mortal remains from decay; and the experience of revolutio
has shown that the more costly and complete the entombme
the more are the remains exposed to desecration, when so
future mob shall rifle the sepulchres of princes. Forme
the processes for the embalming the body of a deceased Pri
or Bishop were regulated with the severity of Court etique
and religious ceremonial. The process of embalming e
ployed, was in all essentials like that of the ancient Egyptia
The viscera were removed, and placed in a separate urn; and t
body, drained of its liquids, was stuffed with antiseptic aroma
substances, and then most delicately wrapped in cerecloths, ev
limb, and even every finger being scrupulously bandaged
such a way as to hinder the access of air. After this, the bo
was dressed in the robes, royal or episcopal, with ring, scep
or other mark of official dignity, as the case might be,
was "chested," or coffined, and then laid to rest. Thus
body of King Edward I. was found when his tomb was ope
in 1774, richly habited, and adorned with ensigns of roya
its innermost covering being a "very fine linen cerecl
dressed close to every part of the body and superinduced w
such accuracy that the fingers and thumbs of both the ha
had each of them a separate and distinct envelope." The
member of the Royal family so embalmed was the Prin
Charlotte, upon whose remains the operation was performed
Sir Everard Home, Serjeant-Surgeon to the King. Meanwh
there is another and most rational application of the empl
ment of antiseptic substances, not for giving a kind
perpetuity to what is corruptible, but for preventing
offence to the living during that interval which elapses be
interment, and so for allowing those honours to be
the dead which natural affection and religion demand.
we read of the Abbot of Crokeston, a man *peritissimu*
medicinis, who *fecit anatomiam de corpore* even of the
honoured King John, *ut honestius portaretur*—in other wo
that it might travel the better. This is a use of embalm

which that shrewd, practical people, the Americans, readily perceive. The *Times'* correspondent tells us, writing from Washington,—

> "There is a feeling in reference to the dead which appears morbid to Europeans. A strange result of this is visible in Washington, where the walls are covered with placards from professors of 'Embalming the Dead.' In one shop in the principal thoroughfare, Pennsylvania-avenue, there is a lively representation of the process, evidently photographed, which shows how the fluid is injected into the vessels of the deceased. Metallic air-tight coffins, with glass plates through which the features may be seen, are displayed in all the undertakers' stores, and bodies are embalmed and sent to distant parts of the States, as railway freight, by dozens."

The undertakers in the United States are also largely in the habit of using ice. Thus, in the case of the late Bishop Bowman, who died suddenly on a journey in the summer, his body was, as the papers said, "secured in ice," for transport to his own parish. These are proceedings which we need not hesitate to imitate: they are done for health and convenience. The English tradesman positively will use nothing new if he can help it; but we are sure that there are many cases of death in which our Medical readers would add largely to the comfort and safety of the survivors if they directed the use of Burnett's or Ellerman's Antiseptic Liquid, or of some of the compounds of bichloride of mercury, alum, and creosote.

THE PHYSICIANS TO THE LATE PRINCE CONSORT.

We see with pleasure that Dr. Watson and Sir Henry Holland have been summoned to Osborne, to receive from the Queen, in person, Her Majesty's thanks for their attention to the late Prince Consort in his fatal illness. This is as it should be. Our readers may be assured of the truth of the apothegm, "*Principibus placuisse viris, haud ultima laus est.*" The upper classes are the readiest observers of character; the first to detect whether a man has any solid ground for self-confidence, or whether he betrays nervousness and vacillation.

VOTE OF CONDOLENCE OF THE ROYAL MEDICO-CHIRURGICAL SOCIETY.

On Tuesday, the 31st ult., a special meeting of the Society was held at their house in Berners-street, to agree upon an Address of Condolence to be presented to Her Majesty on the occasion of the Prince Consort's death. The meeting was most numerously attended. Mr. Paget occupied the chair, in the absence of the President; and the resolution embodying the sentiments of the meeting was proposed by Sir Benjamin C. Brodie, Bart., and seconded by Dr. C. J. B. Williams.

SANITARY STATE OF WINDSOR.

Mr. W. B. Holderness, F.R.C.S., Mayor of Windsor, has directed the Clerk to the Local Board of Health of that place to issue a statement in order to contradict false reports which have been spread as to the prevalence of fever in the town, and the imperfection of the drainage. It reaffirms what we stated in our Number for December 21, that but one death from fever had occurred there within the last twelve months. We would call his attention, however, to the points in which we reported the drainage to be defective, and to the necessity of guarding the outlet of the huge main sewer from the entry of wind.

Prize Question of the Leopoldine Carolinian German Naturalists' Academy.—The question for the Cothenian Gold Medal for 1863 is the Anatomy and Physiology of the Eyes of Birds. Essays to be sent to Jena by April 1, 1863.

REVIEWS.

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The Influence of Tropical Climates in Producing the Acute Endemic Diseases of Europeans, including Practical Observations on the Nature and Treatment of their Chronic Sequelæ, under the Influence of the Climate of Europe. By Sir James Ranald Martin, C.B., F.R.S., Physician to the Council of India, Surgeon Bengal Army (retired); late Presidency Surgeon, and Surgeon to the Native Hospital, Calcutta, etc., etc. Pp. 778. Second Edition. London: John Churchill, New Burlington-street.

Six years have elapsed since the first edition of this work was issued. Those years have not been lost upon an observer like Sir James Ranald Martin, with opportunities for observation such as he possesses in his established reputation and extensive connexions with the European population of our Indian Empire. The work has altogether been re-arranged, and, if not coming before us as a new book, is so altered and improved that we take it up almost with as much interest, and still find in every chapter something which if not absolutely untold before, comes to us with a freshness that leaves nothing to be desired.

The arrangement adopted is as follows:—Part I. relates to the subjects of "Climate and Statistics," opening with a sketch of the physical climate of Calcutta, and general remarks on the causes of the physical climate in Bengal. Next follows a discussion of what the Author terms the "Medical Climate," and an account of the influence of the seasons, with statistics relating to the influence of these in the production of sickness and mortality in Calcutta and Madras respectively, and lastly some physiological observations introductory to the second part. Part II. enters upon the all-important subject of the "Prevention of Disease," which is treated of by Sir Ranald Martin with a breadth of view and at the same time with a minuteness of detail, which mark him at once as a profound and practical philosopher, and as a trustworthy adviser. He tells us that the school in which he himself learned the power of external causes in the production of disease was a stern one, and that the lesson was impressed upon him by personal suffering of the most painful character. He is hence not likely himself to forget it, nor does he fail to urge it as the most necessary instruction to be obtained by the Surgeon about to proceed to service in India. He impresses the importance of "State Medicine of the Army" being regulated and established "by Order" like other rules of discipline, so that it may no longer depend upon the whim of a commanding officer whether or no the suggestions of the Medical Department shall be attended to or disregarded. His remarks upon this subject are throughout well worthy of perusal by every Medical man, and might be read with advantage by some of our would-be statesmen and legislators. It is a matter of notoriety that of late years nearly every enactment in the interest of public health has been simply *permissive*. That if it be desired to make them effective, they must be rendered *imperative*, is a view enforced by our Author on the common-sense principle that no man has a right to use his property to the injury of his neighbour, and by an appeal to our experience of the readiness with which Englishmen invariably yield obedience to Acts of Parliament, however stringent.

On the matter of tropical hygiene, much that relates to the management of the army is so purely technical in its character, that we can merely here direct attention to the evident care with which all the recommendations of the Author are drawn up, and the intimate knowledge he manifests of the exigencies of the service. But the chapter in which he lays down regulations for the mode of life of Europeans in India presents none of these difficulties to a reviewer, and besides, the subject supplies an excellent illustration of the great principles on which the purely military details are based. The chief point insisted upon is, that a newly-arrived European must not for one instant dream of imitating the practices of the older residents, or fancy that he may without risk participate in indulgences which they allow to themselves with impunity. Sir Ranald Martin here passes in review the important matters of dress, food, drink, exercise, sleep, and bathing, and, finally, offers some excellent advice on the conduct and government of the passions. The necessity as well as comfort of cotton clothing as not only cooler than linen, from the fact of its conducting to our bodies the excess of external heat more slowly, but also as warmer than linen when the thermometer sinks below the temperature of the body, are duly dwelt upon. The necessity of a simple, cooling, and mainly vegetable diet to newly-arrived Europeans is strongly enforced, as the most powerful engine in the preservation of health. He advises a plain breakfast, bread and butter with tea or coffee, a dinner in the early part of the afternoon, without stimulants, and tea or coffee at six or seven o'clock, after which he promises his reader as natural and refreshing rest as can be expected in such a climate, and that he will rise each morning with a vigour infinitely beyond that of the man who indulges in "tiffin" at one o'clock, and makes a heavy dinner at seven. As to bathing, Sir Ranald Martin advises the *healthy and temperate* European (but no other) the daily and persevering use of the cold bath from the moment of his entrance within the tropics.

The third part of the work is occupied by the consideration of acute tropical diseases and their cure. The diseases specially treated of are the remittent fever of Bengal, intermittent fever, the congestive continued fever of the cold season in Bengal, the ardent continued fever of the hot season in Bengal, heat-apoplexy, acute dysentery, diseases of the liver, endemic congestion of the spleen, epidemic cholera, yellow fever, and delirium tremens. It is sad to think that it should appear necessary to devote a special chapter to the last-named disorder. There are some interesting statistics furnished of its relative fatality in various commands, both in the East Indies and elsewhere. In the discussion of all these diseases, too, Sir Ranald Martin brings to bear, not only his own extensive experience, but an amount of erudition perfectly surprising. In respect to the precursory diarrhœa of cholera, he says, that he never attended a case of cholera in which precursory diarrhœa, of longer or shorter duration, had not been plainly manifested; but had yet seen people struck down with sudden death on the line of march during April and May in the deadly jungles of Gondwana, the relations and attendants declaring emphatically, that there had been no antecedent purging or vomiting whatever. All he himself had personally observed in such cases was, that there were no evidences about them of such discharges having taken place. Surely our Author has a right to say something about the treatment of this *plague*, and we who unhappily know something of it here, will be glad to listen to him. He writes:—

"It may appear almost beneath the dignity of Medicine to speak of cures in such a disease; yet I believe the thing is to be done, with some degree of success too, if only undertaken in time. Cholera being the most acute of all acute diseases, medicine to have any chance of success must be applied at the earliest moment of its invasion. If the first impression of the morbid cause be to depress the innervation of the ganglionic nerves and then to paralyse all the great functions of life, the indication of treatment should be to excite and restore the healthy powers of the nervous centres. In my own experience, this indication has best been fulfilled by the exhibition at the very onset of the disease of large doses of calomel and opium; and when, nevertheless the disease still proceeded, the repeated use of smaller doses of calomel with highly diffusible stimulants were persevered in, so as to rouse the nervous and vascular action. . . . . In cholera, in common with the last stages of violent fevers and dysenteria—as in fact in all diseases of great exhaustion—the patient will always owe much to the horizontal position and to careful and unremitting nursing. The most careful nursing, and the most attentive watching of the patient, are both of utmost importance in this disease; and so easily is the balance of the circulation fatally overturned, that a strict attention to the recumbent posture is absolutely necessary to success. In no other disease are these simple matters of so great importance to be attended to; and in the disease under special notice, I have seen many a life apparently lost from inattention to them."—P. 566.

The fourth and last part of the work is occupied with the "Chronic Diseases of Europeans on their return from India, and their Cure." Each disease is amply illustrated by quotations from the extended and varied experience of the Author. It is the part which we suppose above all others will interest British Practitioners at home. It opens with an introductory chapter in which the Author runs briefly over the leading physiological points bearing upon his subject, summing up in a convenient manner all that it is essential we should know respecting the alterations in circumstances and conditions of life which a return from India involves. The great difficulty appears to be in the *dampness* combined with the coldness of our climate, disturbing the balance of function between the skin and various internal organs, the former organ being in a high state of activity during the years of previous residence in India. In addition to this is the temptation to over exertion of the muscular powers, and the mental depression which almost as a necessity results from the changes a returned Indian observes to have occurred among his circle of friends and relations, in the course of his long absence from his native country. The following extract will probably be acceptable to our readers:—

"In the instance of Europeans desiring to proceed to India, or in those of officers wishing to return to their duties there, I always rest the question of their fitness to encounter the climate on the existence or otherwise of organic disease in any of the three cavities. Where on careful examination, none such is discoverable, I determine at once that such a person may proceed to a tropical climate, with an average probability of enjoying health. When any considerable degree of functional disturbance is apparent, within the cerebral or abdominal cavities especially, I call for delay, and await its removal. As a general rule, no one, well or ill, should be sent to a hot climate, who bears the heats of European countries badly. On the other hand, where there exists a hereditary or other disposition to morbid affections of the chest, I recommend such persons to proceed to India, as offering the best prospect of escape from a condition of disease which, in England, terminates too frequently in hopeless pulmonary consumption. Such, in a few words, are the principles on which I have been in the habit of resting this important question."—P. 631.

The first disorder considered is anæmia, truly an important one, resulting often from chronic marsh poisoning, the excessive perspirations of the East, or from the active depletive remedies essential to the cure of acute disease. For this condition, Sir Ranald Martin extols a sojourn in the Scotch Highlands. We hard-worked Doctors can well understand this, for the bracing effects of even a short sojourn among the mountains in the North, there are probably few of us who have not experienced in our own persons, when fagged and worn out with a year's toil. The other subjects treated of are such as might be expected, chronic diarrhœa, chronic dysentery, congestion of the liver, torpor of the liver, and chronic enlargement of the liver.

We have given thus a rapid glance at the contents of the volume. There is one drawback to its utility which we should be glad to see remedied. There is no Index. It is a want which might readily be supplied: it would add tenfold to the value of the book. As it is, it will be indispensable to every Surgeon proceeding to India.

Household Medicine, containing a Familiar Description of Diseases, their Nature, Causes, and Symptoms, the most Approved Methods of Treatment, and the Properties and Uses of Remedies, including many New and Valuable Medicines, with Directions for Preparing Them, and Rules for the Management of the Sick-Room, expressly adapted for Family Use. By John Gardner, M.D. of the Royal College of Physicians, Edinburgh. With Numerous Illustrations. London: Smith, Elder, and Co., 65, Cornhill. 1861. Pp. 520.

This is one of a class of books which, as we have often said, deserve more from the Medical reviewer than they generally receive. It is out of such books that the public are apt to acquire such Medical notions as they chance to possess, and which may be great helps or hindrances to the Medical Practitioner according as they are good or bad. The work before us aspires to give a summary of anatomy, physiology, pathology, Medical and Surgical, diet, therapeutics, Materia Medica, and Medical and Surgical treatment for the public. We regret the time and ingenuity expended in composing a work far too deep for the amateur, and too shallow for the Professional man; but we still further regret to find the Author making statements about his own brethren which must put them in a very contemptible position. Like most writers of the sort, he presents to the ignorance of amateur readers the most perilous medicines, and amongst them the comparatively untried drugs introduced by the American Eclectics. But the reason he gives for the introduction of the last-named articles is curious. It is, that new remedies are accepted with reluctance by orthodox Practitioners, and that they will be more readily adopted by us if the public are first made acquainted with them! We cannot allow such a disloyal sentiment to pass without comment.

The Study of Medicine: Its Dignity and Rewards. Being an Inaugural Address Delivered at the Commencement of the Winter Session, 1861-62, at the Grosvenor-place School of Medicine. By Francis C. Webb, M.D., F.L.S., F.S.A. Published by Request. Pp. 34. London: 1861.

Inaugural Addresses are generally composed with infinite pains, by men of large acquirements, for the purpose of giving an easy bird's-eye view of a large field of research. Whoever desires to obtain an enlarged view of the dignity of Medicine, the wide scope of its studies and their relation to the highest sciences, moral and physical, would find Dr. Webb's eloquent and masterly oration a good reading for a winter's evening. "It is," he observes, "in his psychical endowments alone, that the dignity of man consists. The possession of an indestructible, immaterial principle, controlling his bodily actions, and by their aid organic and inorganic nature, is the sole real distinction between himself and the lower forms of life. In his anatomical structure man can only be considered as a mammal, distinguished by the large size of the encephalon; but even the larger quantity of nervous matter in his organization constitutes only a difference of degree. Recent investigations have demonstrated that every essential part of the human brain has its homologue in the brains of the higher apes; and with regard to other structural differences, they for the most part only evidence the adaptation of the vertebrate skeleton in him to the erect position. It is not in these low, insignificant differences that the dignity of man, as master of the lower creation, and the only terrestrial being capable of rendering reasonable service to the Creator, depends." Dr. Webb amply vindicates the dignity of Medicine by thus vindicating that of human life in every shape. Teaching such as this is calculated to make his students conscientious, industrious, and humane.

The Physican's, Surgeon's, and General Practitioner's Visiting List, Diary, Almanack, and Book of Engagements for 1862. London: John Smith and Co., Long-acre.

A new Edition of a well-known and useful note-book.

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

ON DIPHTHERITIC PARALYSIS.

By M. ROGER.

During the year 1860 there occurred 210 cases of diphtheria at the Hôpital des Enfants, and paralytic symptoms followed in 31 cases. The proportion was really greater, inasmuch as several of the children were removed from the Hospital prior to the period at which consecutive paralysis is usually developed, while others died before the period has arrived. M. Roger believes that the proportion of these cases is really a fourth or a third. These secondary paralyses are as rare in the other acute diseases of children as they are common in diphtheria. Thus, in 1860, among 61 cases of angina simplex, 12 of typhoid fever, 33 of rubeola, 12 of scarlatina, 4 of variola, and 24 of pneumonia, not an instance of secondary paralysis occurred; and the same negative results were observed in M. Blache's wards. Of 40 cases of diphtheritic paralysis which have come under M. Roger's notice, the most frequent ages at which they appeared were from 4 to 6, there being 21 female to 17 male infants. In almost all cases the paralysis has commenced by the pharynx and velum palati, as exhibited by the nasal twang and dysphagia. The establishment of a relationship between its occurrence and the gravity of the primary disease is not easy, although it would seem to be a proof of a greater amount of blood-poisoning. But, in fact, it is in the milder cases that these paralyses are found of most frequent occurrence; but this may be owing to the rapidity with which death usually occurs in diphtheria. As to the relationship of the paralysis to albuminuria, often met with in diphtheria, M. Roger has not sufficiently examined the point, beyond being able to state that albuminuria is at all events not an essential concomitant. The usual period of the appearance of the paralysis is from the fourth to the eighth day, but sometimes dysphagia is observed from the beginning, while at others these secondary symptoms occur much later. Their mean duration is about a month. As a general rule the prognosis is not unfavourable, although in exceptional cases death has resulted from paralysis of the respiratory muscles, or sudden suffocation. For treatment, M. Roger recommends especially tonics, iron, sulphurous preparations, and the application of electricity.

EXCERPTA MINORA.

Progress of Growth According to Age.—Professor Quetelet has established from his calculations the following positions as regards the inhabitants of Brussels:—1. The most rapid period of growth commences immediately after birth, the infant increasing about two decimètres in the space of a year. 2. The proportionate increase of growth then diminishes as age increases, until towards the fourth and fifth year, when the child attains its maximum of probable life. Thus, during the second year, the amount of growth is only one half of that of the first, and during the third year about a third. 3. From the fourth to fifth year, the increase becomes pretty regular until towards the sixteenth year, *i.e.*, until after the period of puberty, the annual increase being about fifty-six millimètres. 4. After the age of puberty the growth continues to increase, though only feebly. Thus, from sixteen to seventeen years it increases four centimètres, and in the two following years two and a-half centimètres. 5. The total growth of man does not seem completely terminated at the age of twenty-five. M. Quetelet also found that the height of the inhabitants of the town exceeded that of the peasantry.—*Union Médicale*, No. 148.

Increase of Frequency of Croup in Paris.—M. Roger, after giving a statistical account of this affection as observed in the Hôpital des Enfants, Paris, since 1820, cames to the conclusion that it has prevailed, during the last six years, from 30 to 100 times more frequently than it did forty years ago. It is true that, in the meantime, the population of Paris has doubled, and that the success which has attended tracheotomy has caused many additional infants to be brought to the Hospital; but still these causes will not explain the great increase of diphtheritic affections during recent years. With respect to the results of tracheotomy, of 164 operations performed in 1859, 40 were successful; of 130 in 1860, there were 23 successful; and of 82 in 1861, there were 25—the mean success for the three years having been 24.68 per cent., a figure almost identical with that furnished by MM. Roger and See's statistics in 1858. At the Hôpital des Enfants, therefore, one-fourth of the patients attacked by croup are cured by operation; but if we take into account desperate cases which are not operated upon (about a ninth of the total of cases), the total number of cures becomes reduced to 19 or 20 per cent.—*Gaz. Hebdomadaire*, No. 50.

Solidified Creosote.—The great fluidity of creosote frequently occasions much inconvenience when it is applied for caries of the teeth, and M. Stanislas Martin, to obviate this, recommends the combination of fifteen parts, by weight, of the creosote, with ten of collodion. A gelatinous consistency is thus obtained, and this preparation has the advantage over simple creosote in forming a varnish which closes any orifices in the carious teeth against the access of air. "Creosote coagulates albumen, to which property is probably due its astringent and hæmostatic action. We believe that this new form of administration will allow of Surgeons employing this body whenever they are in want of a stimulant agent combined with an isolating substance."—*Bull. de Thérap*, Vol. lxi. No. 11.

Amputation of the Tonsils in Diphtheria.—A few years since M. Bouchut proposed the excision of the tonsils as a means of treating the early stages of diphtheria, regarding the disease as at first a local one which may be destroyed *in situ*, but which left to itself would give rise to a secondary infection of the economy. Several Practitioners have followed out this recommendation with good success, and now M. Paillot communicates the particulars of three cases, occurring during a severe epidemic which ravaged the commune of Noyers in 1860, and in which he performed excision with a successful result. The tonsils were covered with false membranes, as were—in one of the cases—the whole of the pharynx and the velum; but on the extirpation of the tonsils, false membranes ceased to be reproduced.—*Comptes Rendus*, Vol. liii. No. 18.

Case of Poisoning by Opium Treated by Belladonna.—A man who had drank about an ounce and a-half of laudanum came under Dr. Motherwell's treatment at the Melbourne Hospital, deeply comatose, and with the pupils contracted to pin's head size. Doubting the propriety of treating this description of case by keeping the patient in constant motion, and the employment of galvanism, and desirous of testing the reputed antagonistic action of belladonna in overdosing from opium, Dr. Motherwell prescribed the tincture in such quantities that the patient had taken eleven drachms and a-half in less than three hours. Effectual dilatation of the pupil did not take place until then, the patient rapidly recovering from the effects of both poison and remedy. This case being a solitary one, and the laudanum having been taken fourteen hours before the belladonna was begun, nothing very conclusive can be drawn from it; but Dr. Motherwell, in another case of opium poisoning, would not hesitate to prescribe still larger doses of digitalis, rousing the patient occasionally, or applying the cold douche for a minute or two when the coma was profound.—*Australian Medical Journal*, October.

Case of Labour after the Operation for Laceration of the Perineum.—Dr. Turnbull, of Melbourne, had already, a twelvemonth since, related the case of this patient on whom he had performed an operation for lacerated perineum. On this second occasion the perineum dilated so slowly and gradually as to lead to the expectation that the labour might terminate naturally. After the pains had become more expulsive and had continued violent for more than two hours, the occiput pressing with such force against the rectum as to threaten to burst through it, it was agreed to incise the cicatrix of the perineum, a gentle and ineffectual application of the forceps having been first tried. The patient having been brought under the influence of chloroform, an incision to the extent of about a quarter of an inch was made with a probe-pointed bistoury. After one or two pains, this incision extended itself to within an inch of the sphincter, and a living female child was soon born. An iron suture was then introduced about half an inch in front of the posterior termination of the rent. The suture came away on the sixth day, but the parts were somewhat troublesome to heal. Seen two months after, the patient presented a slight tendency to cystocele.—*Australian Medical Journal*, October.

FOREIGN CORRESPONDENCE.

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GERMANY.

BONN, October 28.

SCIENTIFIC CONGRESSES.

THE time preceding the commencement of the Winter Session is generally distinguished by the abeyance of scientific life. It is true that Associations and Congresses meet just during that period, but the advancement of science, which they are intended to promote is generally quite subordinate to the social intercourse between the members of such Associations. The Congress of German Naturalists and Physicians which was this year held at Speyer has brought about no very particular results, although the hospitable and cheerful Palatinate made the *honneurs* to the numerous guests with the customary magnificence. Perhaps the British Association, and Lord Brougham's Social Science Congress, are more serious in their avowed purpose, but it is a melancholy fact that prolonged discussions, long papers, orations, etc., are shunned on such occasions, and that the purpose of those who take part in the proceedings of Scientific Congresses is merely a little pleasant relaxation and collegial intercourse. Besides the time which can, in the natural course of things, be devoted to the discussion of such questions in congress is insufficient, and those who should speak are silent, while those who ought to be quiet, indulge in tedious twaddle.

A scientific meeting took place a few weeks ago in this city, which, although only a comparatively small number of members took part in it, was nevertheless interesting. The Association of the Rhenish Provinces and Westphalia, for natural science, which has existed for the last eighteen years, met on October 7, in order to consecrate its new club-house (if I may so designate it), a considerable building, which is chiefly occupied by a museum of natural history, a reading-room, library, etc. The museum contains only such objects of natural history as are to be found in Rhenish Prussia and Westphalia; and although it is at present far from complete, it will no doubt in time become important for affording a general view of mineralogy, geognosy, botany, and zoology of these districts. An object of considerable interest in it is a large map which occupies an area of 120 feet square, showing the geognostic relations of the Rhenish Provinces, and in which the several strata of the soil, the valleys, plateaus, and plains are admirably represented.

The only paper read at this meeting of any interest to Medical men was one by Professor C. O. Weber, on the Intermaxillary Bone and its Relations to Harelip and Cleft-palate, which was illustrated by a beautiful series of preparations, showing the different degrees of the incomplete union of the lip and the palate. The author introduced his subject by stating that the greatest German poet Goëthe had been the first to show the existence of the intermaxillary bone in man. This view had at first been very much contradicted, but it was now universally adopted, and it was, in fact, easy to show this bone in the skull of a newly-born infant. It was this bone, the development of which was of so great an importance for the shape of the upper lip and the palate. The natural cleft lip was the normal formation in the hare, the camel, and the lamb, while in man it was exceedingly rare, and only connected with the complete deficiency of the intermaxillary bone and the soft part corresponding to it, viz., the filtrum. The terms hare-lip and wolf's gullet (as cleft palate is called in Germany) were, therefore, not correct, as the locality of the malformation was generally different. The evolution of the mouth and the jaw in the human fœtus was then described. In the second week of fœtal life several lobes grow up at both sides of the head below the brain-vesicles; these are the so-called branchiate arches or facial lobes, of which the two upper ones correspond to the upper jaw, the second to the tongue, the third to the lower jaw, and the fourth to the hyoid bone. The three lower ones unite, while between the lobes of the upper and the lower jaw, a cleft remains which forms the mouth. The frontal lobe, from which the nose, the middle part of the lip and the intermaxillary bone, are formed, grows afterwards between the two lobes of the upper jaw. The anterior portion of the lobes is in the course of time changed into soft parts, the posterior one into bone. The development of these parts is independent of each other, and, therefore, a deficient union of soft and of osseous parts may exist, the one without the other, although they are often found combined. If the evolution is impeded at an early period, the growth of the parts in another direction is not prevented thereby; and according as the impediment occurs early or late, and is complete or incomplete, a great variety of malformations is the result. The highest degree of it would be double facial and palatal cleft, if the frontal lobe did not unite at all with the upper maxillary lobe, and were further developed without reference to the latter. Such complete clefts, however, have until now only been observed on one side. If the upper part unites with the frontal lobe while there is a unilateral cleft in the lower one, we have unilateral harelip and cleft palate; the harelip then leads through the corresponding nostril into the cleft palate. If the deficient union of the frontal lobe with the upper maxillary lobe only affects the soft parts anteriorly, there is unilateral or double harelip of different extent; and if the soft portions of the face unite, the osseous parts remaining apart, there are clefts of the palate and of the jaw.

The causes of the origin of this abnormal evolution in the fœtus are still involved in much obscurity. It is true that in some cases the affection has appeared hereditary, but this is by no means the rule. An influence of the imagination of the mother upon the evolution of the embryo, which is believed to be the cause by the people cannot *à priori* be denied, as the influence of the mind on nutrition is evident to everyone. Most of the cases, however, which are mentioned in support of this hypothesis cannot be accepted as proofs, as in them the mind of the mother was only affected long after the defective evolution had commenced. As these clefts of the lip and palate are to be distinguished after the sixth week, fright of the mother could only cause them if it occurred during the first few weeks of pregnancy. Professor Weber showed a preparation of a fœtus of three months, with total cleft of the lip and the palate.

LEIPZIG, November 10.

THE CONGRESS OF GERMAN DENTISTS.

THE "Central Union" of German Dentists, which was established two years ago at Berlin, held its third annual meeting in Dresden at the end of August. Professor Heider, of Vienna, presided. The following points were discussed:—First, the best means of stopping carious teeth. The majority of speakers declared gold to be the best material for it, and that amalgams or cement were the only substitutes for gold which could be safely employed. Amongst the former the so-called "ash-mass," a compound of fine gold, silver and pure tin, was recommended. The best means of destroying the diseased pulpa before stopping the teeth was then taken into consideration; the galvanic cautery and arsenic, cautiously applied, being pronounced the best means for attaining this end.

For the treatment of neuralgia of the substantia eburnea the use of strong caustics was dissuaded; and tannine, creosote, and nitrate of silver were declared to be preferable. The other points discussed were the best apparatus for giving the teeth a straight position, and the use of caoutchouc in dental surgery.

CHANGES OF TEMPERATURE IN TETANUS.

Professor Wunderlich has lately observed a case of spontaneous or rheumatic tetanus, in which the temperature exceeded the maximum that has ever yet been observed in any disease. The heat only began to increase within the last twenty-four hours before death, although the other symptoms before then were very violent, the respiration accelerated, and the pulse at 102. During the night previous to death, the temperature suddenly rose 3·3° F., while the velocity of the pulse and of the respiration diminished, and the other symptoms did not increase in severity. Shortly before death the heat rose to 110·75°, the pulse being then at 180; and at the moment of death the thermometer was at 112·5°. Even after death the heat increased, and was found to be 113·8° an hour afterwards. It then slowly diminished, and 13½ hours after death it had not yet fallen to the normal average of the living body.

ITALY.

FLORENCE, October 25.

SEA-BATHING IN ITALY.

NOTWITHSTANDING the extraordinary length of this summer, the Italian bathing season was closed as punctually as ever, on August 31. This term is "de rigueur." The tents and huts which for two months had been adorning the cliffs of Leghorn and the sands of Viareggio, were mercilessly taken down on September 1, and will not be re-erected before July 1 next year, even if June should scorch us—as it often does—with canicular heat. A few weeks ago, when Brighton and Boulogne and Ostend were still crowded with bathers, the sunny Mediterranean shores had long been deserted by all except a few eccentric foreigners, who, regardless of Kalends and Ides, will have their plunge and their swim as long as the weather allows it. While the Italian smiles at these eccentricities with the air of a man who knows better, the stranger cannot help smiling in his turn at the scrupulous punctuality with which the Italian keeps the terms of his bathing season, and which would be ludicrous indeed if it were less vexatious and cruel. Such things are often defended on the general ground that national habits must necessarily be derived from some legitimate cause. But let their origin be ever so legitimate, there is no reason why they should not be modified or altogether abolished when they have degenerated into mere oddities. If the late political revolution could inspire the Italians with a taste for travelling, why might not some future hygienic revolution reveal to them the charms of an autumnal bath? To understand this quasi-religious observance of dates, one should remember that Italy in her Pagan youth, as well as in her Christian middle age, has always been a slave of the almanack. The year in this country is not a chain of 365 equal links, but might be compared with a portrait gallery where each picture has a physiognomy of its own, suggesting a saint for the almanack or a god for the Ovidian fasti. M. Paravey lately entertained the French Academy on the reasons why the Italians do not eat rabbits (a). It would be quite as interesting to know why, for instance, June 13 is the last day on which the Sabine mountaineers send their strawberries to Rome, although strawberries continue to grow and to be eaten during the whole of the summer. The rules, which are still strictly observed in many Italian towns, that ice-cream should not be eaten before June 29, and pork not before Christmas, show how even indifferent hygienic principles may degenerate into superstitions. And this is precisely what has taken place with regard to the term of the bathing season. The people of Sorrento do not bathe after Assumption Day. The bathing machines on the Tiber, in Rome, were this year taken down on August 24 merely because rain had fallen on the previous day. The heat continued unabated, but a bath in the open air was no longer deemed safe.

Surely some allowances must be made for the peculiarities of this climate, but if we admit that cold baths are, on the whole, less easily borne in warm than in cold climates, we have said all that can possibly be said in support of these absurdities. This admission, however, is important, inasmuch as it constitutes one of the most essential differences between northern and southern climates. That a long sojourn in a warm climate should alter our standard of comfort, and influence our appreciation of temperature, is quite natural. But why it should generate such an extraordinary sensitiveness to moisture and the external application of water, is less easy to understand. Yet such is really the case, and the sensitiveness is so great that it creates a kind of hallucination of the cutaneous nerves which makes that the Italians, who enjoy the dry cold of a frosty day, begin to shiver as soon as the warm and damp scirocco sets in. Then when the mercury has risen some ten degrees or more, they complain of cold, and shut the windows of their fireless rooms, while the stranger opens his to admit the cheap warmth which he has vainly tried to obtain by his firewood. Damp air and water are better conductors of electricity than dry air, but not better conductors of heat. It would be wrong, therefore, to ascribe the physiological action of hygroscopic moisture and of cold baths to nothing but an abstraction of caloric. It is not the supply of animal heat and the reaction against cold that the inhabitants of the South are deficient in. On the contrary, this kind of reaction seems to be greater in the Italian than in the Russian. The Italian soldiers of 1812 bore the rigours of the Russian winter much better than the rest of Napoleon's army; and even better than the Russian tourist bears the rigours of an Italian winter. But the loss of electricity occasioned by damp air or a bath, seems to be less easily retrieved in warm climates than in cold ones. And this circumstance tallies perfectly with the well known fact that the Mediterranean sea-bath acts chiefly as an alterans, whereas in the northern sea-bath the tonic effect is predominant. It is but rational, under these circumstances, to restrict the Italian bathing season to the hottest months of the summer, a high temperature being the most powerful auxiliary to the alterating action of the sea-bath. Let scrofulous patients by all means observe this rule. But why other persons suffering from less "royal" complaints should be precluded from bathing before July 1 or after September 1, I am at a loss to comprehend.

MINERAL WATERS OF TUSCANY.

I will use this opportunity to add a few remarks on one of the mineral waters of Tuscany, which does not seem to be sufficiently known yet, although its chemical composition and its remarkable efficacy against a most important class of diseases entitle it to a greater celebrity than it has obtained up to the present time. I am speaking of the iodurretted saline springs of Castrocaro, a small place in the so-called Tuscan Romagna, situated on the eastern slope of the Appenine, five miles from Forli, and consequently within walking distance from the terminus of the railroad recently opened, which connects these mountainous districts with Bologna. The number of mineral waters containing bromine and iodine is comparatively small, and considering that Nature does not always mix her drugs according to the principles of the Pharmacopœia, any new addition to this small stock of remedies must be particularly welcome to us, since it enlarges our choice and enables us to reject those which are only used as a *pis-aller*. Although the springs of Castrocaro are supposed to have been known by the ancient Romans, who called the place Salsubium, they seem afterwards to have fallen into utter oblivion, and remained for centuries unheeded, until some twenty-five years ago a mere accident again attracted public attention to them. A few pounds of salt, suspected of not coming from the legitimate source of grand-ducal manufacture were confiscated and analysed, and were found to contain a considerable quantity of iodine and other unlawful ingredients. This led to further, although very tardy investigations, and it was at last discovered that the inhabitants of those districts had, from time immemorial, been encroaching upon the grand-ducal privilege, by getting their salt for nothing from the saline exudations which, especially during dry weather, cover the conchyliferous tuffs of those mountains. The bad taste of this salt, to which the people were reconciled only by its cheapness, very naturally gave rise to a superstitious belief in its prophylactic and curative powers, which were invoked against every imaginable disease. But it was only in 1845 (if not later) that the water itself of the Castrocaro springs was subjected to an accurate analysis by Dr. Antonio Targioni Tozzeti. He found that one pound (or twelve ounces) of this water contains :—

(a) *Comptes-Rendus*, etc., 1861, p. 303.

	Grains.
Chloride of sodium	303·27
Bromide of sodium	0·06
Iodide of sodium	0·90
Sulphate of soda	15·92
Carbonate of lime	4·25
Carbonate of magnesia	2·07
Traces of silica, of carbonate of manganese, of crenic acid, and of naphtha . .	1·84

Hence it follows that these waters contain nearly 4½ per cent. of solid matter; that they are richer than any other water of this class, in chloride of sodium and in sulphate of soda; that they are the only waters of this kind containing sulphate of soda at all, which is a most valuable ingredient; and that the quantity of iodine and bromine found in them is just sufficient to secure the special effects of these remedies. The waters of Hall, in Austria, contain five times as much iodine, and are, nevertheless, inferior to Castrocaro in their curative effects against bronchocele and scrofula. Those of Kreuznach, the most celebrated and the most powerful ones of this class, are inconveniently rich in calcareous salts, so that I do not hesitate to say, that of all ioduretted saline waters, that of Castrocaro is the one best adapted for internal use. Its low temperature, hardly exceeding that of the atmosphere, does not exclude the use of the baths, as it is strong enough to be mixed with hot water without losing too much of its efficacy. The taste of this water is similar to that of sea-water, although less unpleasant. When taken in large doses (two or three tumblers) it purges, and is a good vermifugum. Dysentery and autumnal ague have been promptly cured by much smaller doses, and its epicratic effects (a few ounces to be taken every morning for several weeks) can be conscientiously recommended against menstrua nimia, hysteria and hypochondriasis, as, also, against obesity and cholelithiasis. Externally, in the form of a bath, it has been successfully administered against rheumatic complaints, lumbago, but still more so against pityriasis, secondary syphilis and scrofula. Its efficacy in bronchocele seems to be extraordinary, as, according to Dr. Raspi, the mere application of compresses steeped in Castrocaro water, is often sufficient to effect a cure.

The climate of Castrocaro is healthy and pleasant, not too hot in summer, although rather cold in winter. The accommodation will satisfy only modest claims; but the opening of the railroads from Ancona to Bologna, and from Bologna to Foli, cannot fail to bring Castrocaro in fashion; and the supply of comforts is sure to follow the greater demand for them.

Trinity College, Dublin.—The Degree of Master in Surgery has been conferred on Dr. Robert Adams.

Fevers at Fortress Monroe.—An intelligent Surgeon writes: The fevers here are the most refractory I have ever witnessed, resisting the best remedial agents. Quinine is wholly ineffectual in all its stages, but is still to be commended as a prophylactic and tonic substance. Emesis, the more powerful the better, I have learned to be the only reliable treatment in the initial stage of typhoid. Even if nothing else is done, this will suffice to place the disease under what we may term "control," and without it you may as well confess yourself, at a very early point in its progress, vanquished.—*American Medical Times.*

GENERAL CORRESPONDENCE.

IS TYPHOID FEVER INFECTIOUS?

Letter from Dr. Charles W. Whitby.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the beginning of last March I was called to see two young ladies at a school, three miles from this place, of the respective ages of 13 and 16, who had been unwell for some days. The illness had commenced with shivering and pains in the limbs, and was accompanied with diarrhœa, from which several other children in the school were also suffering. I cannot now give a detailed account of the cases; but suffice it to say, that three young ladies were laid up at the house for several weeks, with all the symptoms of so-called typhoid fever,—in two of them the successive crops of rose-coloured spots on the chest and abdomen, disappearing on pressure, were tolerably abundant, while in the third they were scanty, though the pathognomonic symptom of the disease, diarrhœa, was very obstinate. They were treated in the usual way with nourishment and stimuli, and all made good recoveries.

But now to the important part of the subject. I said before, that several other children were also attacked with diarrhœa—of these four were sent home at once; one into this town, two sisters to a parish two miles distant, and the other to a place six miles off. The first three remained altogether under my care, and all had the disease more or less severely, the symptoms of true typhoid being well marked.

In the house to which the first child was sent, the servant in attendance took the disease, and was sent home, where it went through its usual course. In the second instance mentioned, one of the children remained in a very precarious condition for some time; her mother was constant in attendance upon her, and at the expiration of three weeks was herself laid up with all the same symptoms. The father followed, and then another child; in the father's case, congestion of the lungs jeopardised his life for some days, and it was four months before the house was quite free from illness. In the third instance I did not attend the case myself, but in the course of a month was called, in consultation with Mr. Burd, of Honiton, to see the father of the child, who was suffering from the same disease, and four others in the house eventually had it. I did not hear from Mr. Burd whether the characteristic spot had been looked for in every case, but in all of them the intestinal affection was the prominent symptom, as it was in those that came under my notice. The age of the youngest child attacked was twelve; that of the oldest person forty-four. All of them recovered; and there could be, therefore, no verification of the diagnosis as to ulceration of the glands of the small intestine, but the persistent diarrhœa leaves no doubt as to the nature of the disease.

It is difficult to assign a distinct cause for the late outbreak, but the relation of the following facts will, I think, lead to the conclusion that exhalations from decomposing manure in an adjoining field were sufficient to account for it.

Occasional cases of fever having occurred in the house for some years, its drainage had been thoroughly examined, and proved to be completely efficient. It stands alone, about thirty yards from the river Otter, a rapidly-flowing stream, into which all the sewerage is discharged, and there is a plentiful supply of water for at all times flushing the pipes; the rooms are all airy and well ventilated. The drinking water has been analysed by Professor Herapath, of Bristol, and, though not altogether free from organic impurities, was pronounced by him quite fit for use. Behind the house, however, at about ninety yards distance, is a very high embankment of the South-Western Railway, the drainage from which always keeps the intervening field damp; and this field having, within a short period of the appearance of the fever, been thickly coated with manure, is the only cause at all apparent for its outbreak. This manuring being annual at certain seasons of the year, may also account for the cases that have occurred before.

Whatever may have been the exciting cause of the first appearance of the fever, it seems to me that the important fact that typhoid fever is, at times at least, highly infectious, is clearly proved by these cases—the disease having spread in three different houses, at distances completely removed from the place of the original outbreak after the importation of fever into them.

I am, &c.
CHARLES W. WHITBY, M.B.
Ottery St. Mary, December 23.

TYPHUS AND TYPHOID.

LETTER FROM DR. SANKEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the prominent position in which my name has been twice placed in your Journal, in connexion with Dr. Jenner's investigations on fever, I fear it will be inferred that I assume some participation in the merits of his labours. Will you, therefore, allow me a corner to say that I lay claim to no more credit than that of giving him some occasional manual assistance, and which he has always duly and sufficiently acknowledged. I am, &c.

Hanwell, December 28. W. H. O. SANKEY, M.D.

DRAINAGE OF WINDSOR CASTLE.

LETTER FROM MR. HENRY T. TAYLOR.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the interesting account given in your late number of the drainage of Windsor Castle, it is not clearly stated how the main sewer empties its contents into the Thames.

From the fact of "the wind blowing into the mouth of the sewer, when the wind is in the east," it would seem that its mouth is either *à fleur d'eau*, or is not wholly submerged.

If this is the case, I am of opinion that a point of great importance has been overlooked, and the whole system of drainage is radically wrong.

With the air entering freely at one end of the sewer, decomposition is greatly favoured, and wherever deposits exist, foul gases are formed in abundance, and are blown by the wind up the sewer to its farthest ramifications. No kind of trap, however cunningly devised, will arrest the effluvia, which escapes by gulley-holes and forces its way into the remotest water-closets.

It is absurd to expect that the small quantity of water detained in one of these traps will bar the passage of gases for any length of time.

Neither do I believe in the efficacy of ventilating sewers by pipes, which, if they serve to discharge the foul gases of the sewer, also permit air to pass downwards and increase putrefactive changes in the deposits that abound more or less in the best flushed sewers.

As your report mentions the fact of strong effluvia being noticeable at certain gulley-holes in the town, and also alludes to occasional stenches being perceived in parts of the basement story of the Castle, it is tolerably clear that this complex and elaborate system of drainage is somehow or other a failure. The probable causes of this failure are to be found in the open mouth of the main sewer where it falls into the Thames, and in the system of ventilating by pipes, whereby decomposition is favoured and currents are formed for the circulation of the resulting gases. While these arrangements exist, I conceive that we have no right to say they are not answerable either for the epidemics of a former year or for the great public calamity of the present hour.

I am, &c.

Guildford, December 24. HENRY T. TAYLOR.

ACADEMIE DE MEDECINE.—M. Bouilland has attained the rare honour of being elected a second time President of this Body. Baron Larrey has been chosen Vice-President, and M. Robin Annual Secretary. M. Dubois, the Perpetual Secretary, has given some umbrage this year by his eulogium on Chomel, which turns out to be no eulogium at all, but rather a severe criticism of an over-praised man. In our opinion the worthy Secretary has shown a good example in this and other of his *éloges* by asserting the dignity of historic truth.

REPORTS OF SOCIETIES.

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EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 2.

DR. BABINGTON, President, in the Chair.

A Paper, by Dr. ARCHIBALD SMITH, was read by Dr. MCWILLIAM,

ON THE SPOTTED HÆMORRHAGIC YELLOW FEVER OF THE PERUVIAN ANDES DURING 1853, 1854, 1855, 1856, AND 1857.

Dr. SMITH commenced by stating that it was supposed by some Medical men in Peru that these epidemics on the coast and in the mountains were only coincident pestilences, without any essential identity of nature or origin. Whether the epidemic which began on the coast in 1852-53 was of foreign or native growth is a question that has not yet been satisfactorily answered. Once the disease became general, it was impossible to ascertain the precise mode of propagation in all cases, although it was certainly observed that when the disease attacked one member of a family, it generally spread throughout the household. Since the epidemic of yellow fever in Guayaquil in 1842-45 there had been frequent instances of persons who had had yellow fever on board the steamers arriving in Callao and Lima. But the fact is a remarkable one, that it has only been since the discovery of gold in California, and the consequent rush of people and shipping from the Atlantic to the Pacific shores, that these recent epidemics sprung up in Peru.

THE SIERRA EPIDEMIC OF 1853, 1854, 1855, 1856, AND 1857.

It is supposed that the epidemic which for several years committed great ravages in the Andes of Peru, proved fatal to full one-fourth of the Indian race inhabiting the upper country. Dr. Smith describes the course of the disease as it appeared in the Northern, Southern, and Central Sierra departments. In the North the epidemic commenced in September, 1853, in a mild transandine climate, and in a village of agricultural labourers called Yurma, with a population of about 1000 inhabitants. This is usually distinguished as the epidemic of Conchucos, in the department of Ancachs. The same disease appeared in the inland district of Chincheros, in the central department of Ayacucho, about the latter end of April or early in May, 1855. It was ascribed to the return of soldiers of the battalion Aymarraes, who, with a convoy of women, performed the march from Lima to Ayacucho, a distance of more than 300 miles, in a very hurried manner. Certain battalions returned from Lima, touching at Islay, a seaport infected at the time with yellow fever on their homeward route to Puno and Cuzco. Many dropped sick on their long and ill-provided march, and at length in Sicuani, in the department of Cuzco, the epidemic broke out in July, 1855. Dr. Smith divides the epidemic into the form of "benignant or simple hæmorrhagic;" the "bilious or icteric;" and, lastly, the "nervous or ataxic," the symptoms of each of which he minutely describes. In September, 1854, just one year after the outbreak of the epidemic at Yurma, the Government of Peru, then agitated by civil war, had its attention drawn to the alarming spread of the disease in the northern department of Ancachs. It was resolved by the Government to send a Medical Commission to Huaras, the capital of that department, which soon learnt from the Prefect the enormous extent of the malady, and of the mortality that had attended it. In a memoir of this mission by Dr. Daza, one of the Commissioners, he observes :—"All the current reports regarding the commencement of the epidemic of Conchucos are perfectly uniform in their details; at least, they are agreed in admitting that a deserter was the first who imported the disease into the province. It is generally allowed by the principal people that in the month of September, 1853, a soldier deserter on his way back from Lima was first taken ill of it on the farm station called Chilcabamba. This fever was of a kind unknown in the province. It presented the peculiarity of the whole body becoming of a deep yellow colour, and of being accompanied with a profuse emission of blood from the nostrils, symptoms never before witnessed in these parts." The inhabitants of Chilcabamba were shortly afterwards attacked by the same form of fever. The disease then spread from Chilcabamba and Yurma as a central focus, radiating in different directions with the slow, and up to a certain extent, stationary progress of a contagious disease. Dr. Smith then noticed the transmission of the fever across the Cordillera to Yungay, Caras, and other places, as described by Dr. Don Mariano Macedo, and traceable to the infected fugitives from Yurma. Mr. Allegie in a letter to Dr. Smith states, that at Caras, in 1856, black vomit had not been observed, except in individuals who came there contaminated (*contagiados*) from the coast. In the same manner it was in 1853 that the yellow fever of the coast when transmitted to the Sierra did not manifest black vomit, but instead of this symptom, red and violet-coloured spots on the skin, which were the unerring signs of death. It appears from this, observed Dr. Smith, that at the elevation of Caras, which is about 7000 feet above the level of the Pacific Ocean, the blood poison of the coast directed itself chiefly to the cutaneous capillaries, in preference to those of the stomach. Leaving the fertile, cane-growing country of Caras and Yungay, and crossing the triple chain of the Andes, Dr. Smith proceeded to trace the disorder to the warm and dry valley of Huanuco, a district which is irrigated by the river Hualluga. The pestilence, indeed, not only invaded the Pacific side of the Andes, but also extended to the Atlantic slopes in the mountain of Huanuco and Mogobamba, following the course of the rivers Hualluga and the Maranon. Dr. Smith next followed up the disorder to other localities and elevations in the Andes, where, notwithstanding some modification of symptoms by climatic influences, it was found to maintain its general and distinctive character. He concluded an elaborate paper by copious observations on the treatment and pathological appearances of the disorder.

A discussion followed, in which Dr. Babington, Mr. Radcliffe, Dr. Milroy, and Dr. McWilliam took part, all of them concurring in the great value of the paper, as containing probably all the knowledge that exists of the epidemics in those Andine regions of which it treats.

OBITUARY.

THE LATE DR. SAMPSON, OF KINGSTON, CANADA.

The *British American Journal* gives an interesting biography of Dr. James Sampson, of Kingston, who died in November :—

Dr. Sampson was born at Banbridge, in Ireland, about 1790, matriculated in Trinity College, Dublin, was in London in 1808-9-10, and entered as a Student of the Middlesex Hospital. He pursued his studies with great assiduity, and attracted the attention of Mr. Joberns, then Senior Surgeon to the Hospital, who appointed him Clinical Assistant. Soon after the establishment of a Military Hospital at Chelsea under Major-General John Burnet, he was appointed Hospital Assistant; the Hospital was named after the Commander-in-Chief, "York Hospital." The Medical Department, at this date, was under the direction of an Inspector of Hospitals, Dr. Price, and among the Medical men attached to it were J. C. Carpue, F.R.S.; G. J. Guthrie, F.R.S., afterwards Surgeon-General to the Army in the Peninsula, and William Price, afterwards Apothecary-General to the Army of Occupation in France. Whilst at York Hospital Sampson was noted for his earnest devotion to Hospital duty, his attention to post-mortem examinations, and his skill and precision in performing the miner operations of Surgery. About this time, many invalids were sent home, suffering from ophthalmia, contracted during the campaign in Egypt. Mr. Ware, afterwards the most eminent Surgeon-Oculist of his day, was attached to York Hospital, and under him Sampson acquired much knowledge and skill in the diagnosis and treatment of diseases of the eye. The Inspector, Dr. Price, was a very able and learned Physician, but a pedantic Welshman of the old school, fond of using the dead languages in his communications to his assistants, and of interlarding his clinics with Latin quotations. Dr. Sampson said that he acquired his curt speech and didactic style from the blunt Englishman, Joberns, and his pedantry and love of Latin quotation from the pragmatic Welshman, Price.

He soon perfected himself in all the branches of professional knowledge. Gifted with a rapid and intuitive perception, with excellent powers of memory, and a thorough knowledge of anatomy, a quick eye, and a steady hand, he practised all the operations of surgery on the dead subject, and became as he continued to be within a short time of his decease, an expert, careful, and accomplished operator. His proficiency in Operative Surgery was of the utmost value to him in the war of 1812, which found him in Canada, an Assistant-Surgeon to the 104th Regiment. In the attack upon Sackett's Harbour, although still a very young man, he was selected to perform all the capital operations upon the wounded, and in this he acquitted himself with such distinction, as to establish his fame in Canada as a competent and accomplished Surgeon.

Dr. Sampson married early in life, and being importuned by his friends, and proffered a certain income if he would settle among them, he gave up his Military prospects, resigned his commission in the Army, and settled down as a Medical Practitioner in Kingston, where he continued to practise between forty and fifty years, being, at the time of his decease, perhaps, the oldest resident Practitioner in the Upper Province. In Kingston, Dr. Sampson at once took up the position to which his high professional attainments and fine social qualities entitled him. He continued to make the practice of his Profession the study of his life, and his clear, strong, masculine judgment was so highly valued, that few cases of an obscure or difficult character occurred without his being consulted upon them. His integrity and honour were never impeached, and his life was, in a great measure, free from the petty professional quarrels and rivalries which embitter the lives of many.

Of his courage, promptitude, and daring, an idea may be formed from his conduct during the American War, when proceeding with a detachment of troops to Penetanguishene. The officer in command of the detachment was sick, and Dr. Sampson planned, and himself executed, a night attack in boats upon two armed American ships lying in Lake Huron, both of which he captured without losing a man.

During the Rebellion of 1837 he received the commission of Major, organized a large body of citizen soldiery when the garrison was denuded of regular troops, and put the city of Kingston in such an attitude of defence, when she was threatened by a large band of sympathisers, that the attempt upon the town had to be abandoned.

Dr. Sampson has died full of years and of honours, leaving behind him a reputation, both as a man and as a Physician, which few of his compeers can hope to obtain. He successively filled the offices of Mayor of the City, Chairman of the Court of Quarter Sessions, and President of the Medical Faculty of Queen's College. He was an Honorary Graduate of the University of McGill College, a member of the Medical Board of the Upper Province, and Surgeon to the Provincial Penitentiary, the duties of which last office he discharged, faithfully and efficiently, for twenty-six years.

Dr. Sampson supposed himself to be suffering from stricture of the descending colon. A few years ago he met with a severe fall, which produced partial lameness; his health and strength gradually declined, but the mind remained clear. Two months ago he told the writer that he thought his time approaching, and wished to see all his affairs arranged. On a previous occasion he spoke of his objection to all kinds of display at funerals, and quoted the sentiment of the poet as applicable to himself.

> —— "And so, forgotten, let me live,
> And, unlamented, let me die,
> Steal from the world, and not a stone
> Tell where I lie,"

His wish could not be granted. He filled too large a space in the public mind to be allowed to pass away without notice. His obsequies on the 12th were attended by a large proportion of the population of Kingston, including Magistrates, Military officers, Ministers of all denominations, the Professors and students of Queen's College, the members of his Profession, his former colleagues, and large numbers of personal friends.

Ages of the Professors of the Paris Faculty of Medicine.—MM. Moreau born in 1789; Cruveilhier in 1790; Adelon in 1790; Rostan in 1790; Piorry in 1794; Paul Dubois in 1795; Velpeau in 1795; Andral in 1797; Bouilland in 1797; Laugier in 1798; Jobert in 1799; Trousseau in 1801; Guillot in 1802; Moquin-Tandon in 1804; Malgaigne in 1806; Nélaton in 1807; Denonvilliers in 1808; Gavarret in 1809; Bouchardat in 1810; Grisolle in 1811; Longet in 1811; Wurtz in 1817; Gosselin in 1818; Jarjavay in 1819; and Regnault in 1824.

NEW INSTRUMENT.

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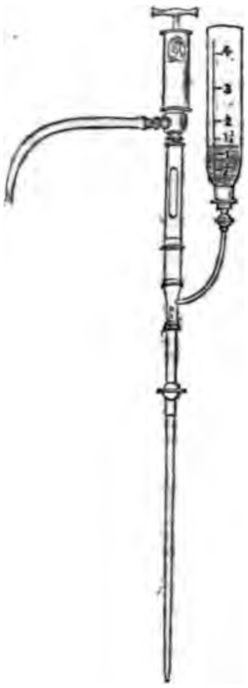
TROCHAR-SYRINGE FOR INJECTING OVARIAN CYSTS.

The instrument shown in the accompanying sketch has been contrived by Mr. Spencer Wells in order to enable the Surgeon to empty large ovarian cysts, inject solution of iodine, and remove it again, if necessary, without any risk of admission of air.



The trochar is fourteen inches long, and is covered by a canula of gum elastic. The trochar is used in the ordinary manner; but as it is withdrawn, the canula is pushed on to the bottom of the cyst. A syringe, a stop-cock, and a graduated glass vessel for the iodine, may be so secured that every drop of ovarian fluid may be removed, and the entrance of air is prevented during the escape of the fluid, the entrance of the iodine, and the withdrawal of any portion of the iodine. Messrs. Weiss were the first to make this instrument.

A strong watery solution of iodine in solution of iodide of potassium appears to be preferable to an alcoholic solution. The symptoms, in some fatal cases, have been those of alcoholic rather than of iodine poisoning. The solution Mr. Wells has generally used has been a scruple of iodine and half a drachm of iodide of potassium in an ounce of water.

When a cyst holds from ten to twenty pints of fluid, from one to two ounces of this solution may be left in the cyst. When a cyst holds from twenty to fifty pints of fluid, it would probably be better to inject eight, ten, or twelve ounces of the solution, so that the whole of the lining membrane may be acted on, and then to remove the greater portion of the solution.

These were the rules Mr. Wells laid down in a paper read at the last Annual Meeting of the British Medical Association. He said that the injection of iodine may be practised after tapping in cases when a cyst is single, or when one cyst is so far developed beyond others as to be the chief cause of distress. But it is dangerous, and must be useless, in cases of compound cysts or semi-solid tumours. It would seem to be advisable in cases of large single cysts, where simple tapping has proved useless, or where something forbids ovariotomy. Of five patients he injected, three remained without refilling for more than two years. Two still remain well. The third has been injected a second time, as the cyst began to refill about two years after the first injection. In the fourth case secondary cysts have since grown to a large size, and ovariotomy (which might have been performed before the injection) now appears too hazardous to recommend. In the fifth case, the cyst has refilled after two injections; but the patient will try it a third time, as the co-existence of a fibroid tumour of the uterus, and the general state of health, forbid ovariotomy.

MEDICAL NEWS.

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Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, December 26:—

Autey, William, Leeds
Fryer, John, Newbiggin, Bishopdale, Yorkshire
Gwynn, Edmund, Caterham, Surrey
Haward, Edwin Philpot, Harley-street, Cavendish-square
Hughes, John Evans, Pwllheli, North Wales
Passmore, Thomas Henry, Granada, West Indies.

The Office of Superintendent of Post-mortem Examinations at the Middlesex Hospital is vacant through the resignation of Dr. Murchison, who, by the death of Dr. Southwood Smith, becomes Senior Physician to the London Fever Hospital.

We hope that our Medical readers are preparing to grow the new vegetable, the Chærophyllum bulbosum. It is a plant of the same family that yields the parsnip and carrot, and if we may believe the reports, it combines the native aroma of the umbelliferæ, with a starchiness and succulence derived from long cultivation. No Mr. Gamgee has yet declaimed against amyloid degeneration in vegetables. It grows best in a damp, well-manured soil, is as productive as the potato, and (at present) free from disease, and is said to have a flavour of chesnuts. The plant is a native of Europe, and was cultivated in England by Mr. Philip Miller so long ago as 1726, but as a botanical curiosity only. Again, a few years ago, it was proposed for cultivation, but the roots were found to be too small to be of much use. Since then, however, it has been improved by cultivation; the roots are figured as of the size and nearly the shape of an undersized early horn carrot. It is likely, therefore, to form a substantial addition to our culinary crops.

Dr. Little, of New York, on the Plaster of Paris Splint.—The limb is first shaven or slightly oiled; a piece of old coarse washed muslin is next selected of a size so that when folded about four thicknesses it is wide enough to envelop more than half of the circumference of the limb, and long enough to extend from a little below the under surface of the knee to about five inches below the heel. The solution of plaster is then to be prepared. Fine, well dried, white plaster had better be selected, and before using, a small portion should be mixed with water in a spoon and allowed to "set," with a view of ascertaining the length of time requisite for that process. If it is over five minutes, a small quantity of common salt had better be dissolved in the water before adding the plaster. The more salt added, the sooner will the plaster "set." If delay be necessary, the addition of a few drops of carpenter's glue or mucilage will subserve that end. Equal parts of water and plaster are the best proportions. The plaster is sprinkled in the water and gradually mixed with it. The cloth, unfolded is then immersed in the solution and well saturated; it is then to be quickly folded as before arranged and laid on a flat surface, such as a board or a table, and smoothed once or twice with the hand in order to remove any irregularities of its surface, and then, with the help of an assistant, applied to the posterior surface of the limb. The portion extending below the heel is turned up on the sole of the foot, and the sides folded over the dorsum and a fold made at the ankle on either side, and a roller bandage applied pretty firmly over all. The limb is then to be held in a proper position (extension being made if necessary by the Surgeon), until the plaster becomes hard. The time required in preparing the cloth, mixing the plaster, and applying the casing to the limb, need not take more than fifteen minutes. After the plaster is firm, and the bandage removed, we will have a solid plaster of Paris case partially enveloping the limb leaving a portion of its anterior surface exposed to view. If any swelling occurs, evaporating lotions can be applied to the exposed surface, and we can always easily determine the relation of the fractured ends. If necessary, an anterior splint, made of the same material, can be applied and then both bound together with adhesive plaster, and if desirable, a roller bandage over all. If the anterior splint is not used, two or three strips of adhesive plaster, one inch wide, or bands of any kind, may be applied around the casing, and will serve to keep it firmly adjusted to the limb. Thus applied, we have a most beautiful splint, partially enveloping the limb, making equal pressure, light, and allowing the patient to change his position in bed, or to sit up in a chair, or go about on crutches; and a splint which can be easily made in any place where plaster is to be had.

American War Medical News.—Not a day passes in the service of any regiment in which at least five men thereof are not unfit for duty from gonorrhœa or some form of venereal disease or their effects, and as the army remains stationary the mischief seems to be on the increase. When we multiply this number by the number of regiments in the field, the detriment to the public service assumes such magnitude as to justify the military in adopting the most stringent measures for suppressing the source of this mischief.

Houses of prostitution spring up, and multiply in every village, town, and city contiguous to encampments, and Washington especially is at present stocked with the pestilential dregs of northern cities, from which we may expect during winter more havoc to the health of our soldiers than from fever or any other disease. The sanitary commission, to whom so much has been intrusted in regard to health regulations of the army, and whose province it is, if they have any, to suggest to the heads of the military department whatever tends to secure the health of the troops, might very properly include some regulation regarding this evil and its source among their recommendations. There are at this time two thousand sick and wounded soldiers in the various Hospitals in St. Louis, and the number is daily on the increase. What proportion of these have been wounded in battle we are unable to say, but are of the opinion that it is quite large. From the "weekly report of the mortality among the soldiers in the hospitals and camps in the vicinity of St. Louis," from October 26 to November 2, we learn that thirty-four death occurred during that period. From this it will be seen that the post of Army Surgeon in this region is no sinecure. (*St. Louis Med. and Surg. Journal*)—Since the commencement of the war, Medical journalism has suffered equally with every other species of literature. At one stroke the entire southern circulation, which comprised an important part of the subscription list of many periodicals, was cut off, while in the north and west, most of the men who entered the army discontinued their journals. These reverses have crippled severely the resources of even the best established periodicals, and, of course, have proved fatal to the more recent. The following Journals have announced their discontinuance :—The *North American Medico-Chirurgical Review* (Philadelphia), edited by Dr. S. D. Gross, and his son Dr. S. W. Gross, and Dr. T. G. Richardson. This journal combined the interests of the Louisville *Medical Journal* and the Philadelphia *Medical Examiner*. The Cleveland (O.) *Medical Gazette*, edited by Professor Weber, is also discontinued with the December number. This journal has been identified with the Cincinnati *Lancet and Observer* for the last year, and has been a most excellent publication. The latter journal will be continued. The editors of St. Louis *Medical and Surgical Journal* announce that the publication of that work will be suspended for the present.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 28, 1861.

BIRTHS.

Births of Boys, 780; Girls, 743; Total, 1523.
Average of 10 corresponding weeks, 1851–60, 1667·2.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	556	592	1148
Average of the ten years 1851–60	724·3	683·2	1407·5
Average corrected to increased population..	..	..	1548
Deaths of people above 90	1	8	9
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	1	8	2	5	9	3
North ..	618,201	..	4	20	5	10	8	1
Central ..	378,058	..	5	11	1	10	6	..
East	571,129	1	1	4	3	12	16	3
South ..	773,160	1	8	25	4	9	10	5
Total.. ..	2,803,921	2	19	69	15	45	50	12

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

Dr. W. Ogle.—Many thanks for the suggestions. They shall be carried out as far as practicable, but unfortunately the desired information is not always at the Editor's elbow.

J. B.—No. You had better apply to the first Consulting Surgeon in your neighbourhood, and pay him a guinea.

Numquis writes to inform us of an alleged manufacture of German Medical Degrees in Manchester. Can any of our readers give any information on the subject?

Werdna.—A Physician has a legal right to do it, and if a sense of congruity does not prevent, nothing more can be said.

Scabies or Eczema at Birmingham.—Mr. Robinson asserts that the person from whom he obtained the acarus mentioned in our Number for December 21, had been in the Workhouse upwards of nine months.

Mr. Carr, of Blackheath, is thanked for his letter. We wish all success to the Medical Benevolent College.

A. R. and Subscriber.—The case was noticed in our Liverpool Correspondent's letter which appeared in our Number of December 21.

Mr. Wilson's communication shall be inserted forthwith.

Auditor is thanked for his suggestion.

Mr. A. Ransome.—The writer of the article alluded to shall be consulted The numbers shall be sent.

Dr. Kidd.—We think it would be unadvisable to prolong discussion on that very unpleasant subject.

Medicus.—There is no fixed rule; but a Doctor of Medicine practising as a General Practitioner, does not usually receive higher fees than other registered Practitioners pursuing the same line of practice. In strict etiquette, the Doctorate confers a right of precedence.

Sanitas.—Mr. Liddle's paper "On the Defects in the Sanitary Provisions of the Building Act, 1854," is published in the *Building News* of December 25. It is believed that the matter will be brought before Parliament by the Metropolitan Board of Works, during the next Session.

J. A. Brora.—Derivations are given in Dr. Fowler's Medical Vocabulary.

HOSPITAL BEEF-TEA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I should be obliged if any of your readers could give me a receipt for making good economical beef-tea, suitable for Hospital consumption,

I am, &c. C. R.

TREATMENT OF OLD ULCERS OF THE LEG BY CARBONATE OF IRON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Allow me to offer a few remarks on a new method (in the United Kingdom at least) of treating old indolent or callous ulcers generally, but more particularly in the leg.

It consists in a very few simple remedies :—Supposing you have a case of excavated ulcer, you have first to clean the wound; then dry carefully; afterwards fill up the excavated surface with carb. ferri, then apply a linen pad and a starched bandage. It is not necessary that the patient be confined to bed, or even prevented from walking about a little every day, provided it is not a very severe case. You will find that three weeks will have made a decided improvement in the character of the sore; as a matter of course, the patient must (or must not, according to circumstances) be under tonic treatment likewise.

I am, &c.
J. MITCHELL, L.R.C.S. Edin. (1853).

Lancaster Infirmary, December 25.

ELASTIC EXTENSION: QUESTION OF PRIORITY.

A Correspondent sends us the following extract from Duchesne' "Orthopédie Physiologique" :—

"Delacroix was the first who applied an elastic force for orthopædic purposes; he used it as a substitute for the extensors of the fingers in orde to counteract their flexion. Delacroix' instrument is described in th *Dictionaire des Sciences Médicales* under the head of *Orthopédie*. Gerdy, afte describing the same instrument in his *Traité des Bandages*, recommends similar contrivance in paralysis of the flexors of the forearm and of th foot. M. Met, author of the *Manuel d'Orthopédie* (published in 1844, pag 256), describes Delacroix' invention without naming the inventor, and h is the first who mentions caoutchouc (india-rubber) cords.

"In 1851, a distinguished Practitioner, M. Rigal de Gaillac, tried t make more general the application of elastic instruments for orthopædi purposes."

COMMUNICATIONS have been received from :—

DR. ODLING; Dr. S. MORIARTY; Mr. MITCHELL; Dr. C. W. WHITBY SANITAS; Dr. E. ANDREW; Dr. MARCET; J. B.; AUDITOR; J. A. BRORA Dr. KIDD; Mr. F. A. BULLEY; Mr. A. RANSOME; Dr. DEVENISH; Dr BROWNING; Dr. SANKEY; Mr. H. S. TAYLOR; Dr. A. BUCHANAN, Jun. Dr. W. ABBOTTS SMITH; A. R.; C. R.; MEDICUS; Mr. W. CARR; Dr FRANCIS T. BOND; J. J. J., Tynemouth; M.D.

APPOINTMENTS FOR THE WEEK.

January 4. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King' 2 p.m.; Charing-cross, 1 p.m.

6. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Fre Hospital, 2 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Meeting.

MEDICAL SOCIETY OF LONDON 8½ p.m. Clinical Discussion.

7. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. General Meeting for Election of Officers.

8. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

9. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

10. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

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CLINICAL LECTURE ON
ANÆMIA AND BLOOD-LETTING,
IN TWO PARTS.

GIVEN AT
St. Mary's Hospital,
ON NOVEMBER 14TH AND 28TH, 1861.

By THOMAS K. CHAMBERS,
Fellow and Censor of the College of Physicians;
Physician to St. Mary's Hospital;
and Lecturer on Systematic and Clinical Medicine.

GENTLEMEN,—You will all remember the corpse-like pallor, made more conspicuous by red hair, of a girl admitted this day fortnight into Victoria Ward. She smiled courteously, but was quite unable to rise from her bed. Her history is as follows:—

Margaret C., now aged 20, seems to have had very good health in general, as is shown by her remembering that she had such an unimportant ailment as a pain in the right side when she was a school girl of seven years old. She seems to have been carefully brought up by a step-father in a higher class of life; but three years ago she lost him, and had to go into service as a housemaid. For this work she was hardly strong enough, and, perhaps, too tenderly educated, and after eighteen months' trial she gave it up, and was apprenticed to a Berlin-wool shop. In this place her mental superiority was apparently recognized, for she quickly became forewoman, with three girls under her, in a shop at Maidstone. She felt this responsibility a good deal, and also thought the closeness of the shop did not suit her, though it did not seem to make others ill. However, she retained a high bright colour in her face, for which she seems to have been somewhat admired, till nine months ago, when she began to lose it, and in a few weeks became as wax-like in hue as she is now. At first her appetite was large, and she always seemed in want of food; but after three months it failed, then ceased entirely, and she took a disgust to food. She had a good deal of pain in the epigastrium and to the left side of it, and also palpitations and pain of the heart. Three months ago she spat up some blood, and had a little cough, which frightened her sadly. Three times during the nine months she has had attacks of low spirits, with crying, but does not appear at all hysterical now. The catamenia always were quite regular and sufficient till the commencement of the anæmia nine months ago, when they began to get scantier and scantier, and at last ceased entirely. The urine is pale and watery, the stools scanty and steadily rare; but there is no sudden gush of bulky stools, diarrhœa alternating with constipation, or other indications of accumulation of fæces in the intestines.

She expands her chest perfectly, and there are no abnormalities to give rise to a suspicion of pulmonary tubercle, at all events in such a quantity as to cause anæmia. There was a soft systolic murmur in the heart when she was agitated at first admission; but it went away after she had rested in bed five days.

First, now, for the name by which I have already designated this patient's disease. Anæmia, or "bloodlessness," means in scientific language a deficiency of the red discs in the blood. The word has been objected to because it has been supposed to imply etymologically that there is a deficiency in the actual quantity of circulating fluid, of which, indeed, there is no proof. And "Spanæmia," or "thinness of blood," has been proposed in its stead. Such accuracy would be highly commendable, if it were only accurate; but in truth the mere fact of *thinness* does not describe the essential nature of the disease; for the specific gravity of the blood might be raised as high as you like, but if you did not restore red blood-discs, nothing would be gained; the morbid state would still exist. But, in reality, there is no occasion for fault-finding. Anæmia, by the analogy of Greek etymology, does not mean deficient quantity of blood, but deficient quality, just as in Aristophanes *ἀπροσῶπος* does not mean a man "without a face," but "with an ugly face," *ἀναρίθμος* means "difficult to count," and so on. I shall therefore contentedly use the term to include all cases in which the blood-discs are beneath the normal proportion.

Anæmia is found during life in a great number of the organic changes of tissues which you see in museums and lectures on morbid anatomy, and may discover by diagnosis. In other cases of equal importance and prominence it is absent. Very frequently, too, you find it in an extremely high degree in cases where you can discover no organic change in the solids at all, and where, from the transitory nature of the bloodlessness, there is reason to conclude that such organic change really does not exist. Under this last category comes the patient who is the occasion of my present Lecture.

To understand how it is that so many causes are followed by the same effect, and by an effect by no means proportioned to the general importance or want of importance of the cause, you must reflect upon the true relation which the blood bears to the rest of the organism. It is in the same position as a great thoroughfare in an important town. Very little trade, and still less manufacture, is carried on in the street itself, yet from the nature, the number, the pace, and other characteristics of the vehicles and people which pass, you may form a pretty shrewd notion of the commercial prosperity of the population. A foreigner standing in Cornhill and viewing the steady quick pace, and active, careful, yet healthy faces of the many-classed by-passers, the well-packed loads of the vehicles, and their varied yet subdivided contents, cannot fail to see that he is in the centre of an industrious well-to-do nation. But it is not the mere fact of the crowding that makes him say so, for last Saturday he would have seen a greater crush at the same place, though that was only in consequence of all trade being suspended for Lord Mayor's-day. And at Naples, the lazaroni and pickpockets who block up the pavements are evidences that trade is not only suspended, but prevented, by a dangerous horde of villains. So, in the blood, the Physician traces proof how constructive metamorphosis (the city's manufacturing industry), destructive metamorphosis (its consumption), and effective life (its social happiness) are carried on.

The traveller must not be deceived by an idle multitude in one spot, in estimating the strength of the population, nor must we set down local congestion as proof of excess of blood. In both cases, experience shows we have strong presumptive evidence of a deficiency.

Neither must a mere bustling throng be reckoned as industrious citizens. There are cases where a large amount of solid matter, even where a large amount of red discs, adds no more to the usefulness of the circulating fluid than the lazaroni to Naples, and which are, therefore, as far as treatment is concerned, really in a condition of anæmia. Of these cases I will speak at a future opportunity.

But though crowds are no evidence of sound political health, yet it is certain that deserted streets prove the contrary. So anæmia, or deficient redness in the blood, shows a deficiency of life in the ministers to that redness; either the supply of food is too small, or its assimilation is defective, in both cases either absolutely or relatively, to the existing demand.

In many instances it is easy enough to lay the finger upon the instrument of life which is to blame. We can detect without difficulty the causes at work—starvation, which anybody can understand leads to an absence of the organic matters made out of food; disease of stomach, in which the aliments are not prepared for assimilation; disease of liver and duodenum, producing the same result; disease of intestines, or their glands taking up no adipose matter especially, and so preventing cell growth; disease of the spleen or lungs, which physiological experiments, independent even of our observations of morbid phenomena, show to be answerable for the formation of new blood discs in a way yet unknown; mental derangement, care, disappointment, which so readily arrest the activity of the assimilating viscera; these agencies, and many more, are readily comprehended as causes of anæmia. But there are a considerable number of cases where nothing tangible of this sort is to be made out, yet where the paleness of the blood seen in the face, lips, tongue, or in a drop taken from a pricked finger, and evidenced by the faintness, weakness, palpitation, anasarca, amenorrhœa, etc., are even more marked than where demonstrable lesion is to be found. So it is in the present instance. The young woman's history gives no reason to suspect any organic disease of the lungs or other organs, and the functions of life were fairly performed till she began to get pale and languid nine months ago. The want of red blood, which we look upon as the important feature in her case, attracted her attention also particularly, as she had previously had a fresh, high colour. Then, after an interval amply sufficient to enable us to separate cause and effect, come the symptoms which I wish to notice as the consequences of anæmia. Causes, no doubt, they are in some instances, but here consequences. I mean the loss of appetite, impeded circulation, cessation of menses, hæmorrhage from respiratory mucous membrane, and hysteria in a person unaccustomed to it.

The only explanation she can give of her loss of health is her having been employed in a shop less ventilated than she had been accustomed to, and having the responsibility of the concern thrown upon her. Alone neither would have been sufficient, as the shopwomen under her do not appear to have suffered from the air; while, on the other hand, women in retail business are not as a rule anæmic. But still I think that both together may perhaps be fairly saddled with the blame, for whilst the increased mental labour was increasing metamorphosis, the greater demand was not responded to by greater supply, but, on the contrary, assimilation was checked by the even moderate unwholesomeness of the respired air.

Of course, the not being able to trace deeper the anatomical cause arises from the imperfection of our knowledge, but it does not arise from neglecting to apply such knowledge as we possess to practical Medicine. If we were to make an autopsy of this patient instead of curing her, we should in all probability find no more lesions in any of the tissues capable of accounting for the disease exhibited in the blood than we have already found. A fortnight ago Dr. Gull, Mr. Malton, and I examined the body of a gentleman who had died at forty-six of anæmia, and made separately microscopical investigations of portions of the several viscera. Nothing abnormal could we find in any part. The typical healthiness of all the tissues was very remarkable in a man of that age. There was not even a single adhesion of the pleura. I mention this in order that you may not lament the opacity of your patient's bodies, or suppose yourselves likely to learn how to treat them better if you could see their insides.

Anæmia, without obvious organic lesion, when properly treated, is a very curable condition, and this should still further reassure you, that you miss nothing by not being able to study its post-mortem pathology. For transitory and curable states leave but little foot-prints behind them for morbid anatomists. In a great majority of cases they depend upon the mucous membrane, of all the tissues in the body the one most affected by mortuary changes.

To the mucous membranes I am disposed to attribute the condition in which we find our present patient. The two circumstances to which I have traced the illness both act directly or indirectly on this tissue. The mental exertion involved in an unusual responsibility thrown on a conscientious person would arrest the action of the involuntary muscles which carry along the mass of food through the alimentary canal. You know well the time your food is in leaving the stomach if you are called to an important midwifery case just after a hearty meal; and several commercial and literary men have complained to me of attacks of vomiting (that is, temporary paralysis of the stomach), when they took dinner alone, and so were apt to let the mind dwell deeply on some interesting subject; and they have told me in wonder that they could dine out and eat and drink all sorts of rich things with impunity. They did not seem aware of the physiological value of frivolous conversation. At the same time that the moral causes thus impeded digestion, the unwholesomeness of the air in the close shop poisoned the mucous membranes, diminishing their vitality and causing them to be abnormally covered with a thick layer of mucus. Remember that, in spite of their name, it is not the business of mucous membranes to secrete mucus; the more perfect is their condition, the more favourable are the surrounding circumstances, the less they do so. From many persons' lungs not a drachm of expectoration is thrown up in a month, and the vast surfaces of the intestines and bladder are equally innocent of even microscopic traces of mucus in the typical health we desire to experience. It is only when the presence of some material agent diminishes their vitality that the mucous membranes exhibit on their surfaces that peculiar substance whence they take their appellation. And the greater the diminution of life, the greater the secretion; a slight cold in the head will be accompanied by slight catarrh, a severe one by excessive catarrh; and the nearer the approach to death, the nearer it is, so that the death rattle, or overpowering collection of mucus in the bronchi, is a popular warning that all is over. Be careful not to look upon mucous secretion as augmented life; it is in fact a partial death.

Well, the poisoning air having covered these slowly moving mucous membranes with a thick tenacious coat, the entrance of alimentary substances into the veins and absorbents was impeded, and our patient starved in the midst of plenty. So all the usual signs of starvation followed. First, hunger,—by no means a constant accompaniment of chronic deprivation of food, yet sometimes present as here; then anorexia, a much more frequent phenomenon; then paleness, languor, weariness, and pain in the stomach; then anasarca, and, in short, the other more marked symptoms of anæmia.

You may observe that the loss in those constituents of the body, which are of a nitrogenous chemical composition, is more marked than that in the hydrocarbonaceous fat. The reason is, partly, that the destruction of adipose vesicles is somewhat concealed by the saturation of the tissue with serum, which gives it a false plumpness—partly, that fat, being absorbable without much, if any, alteration, is easier taken up than fibrin or albumen which require a chemical solution before they can be absorbed. So that though starved, our patient looks but little emaciated.

All that I have said before, of course has for its end the treatment. My aim in anæmia is to introduce as quickly as I can the largest possible amount of 1, nitrogenous food; 2, iron; 3, chlorine. When I say "introduce" I do not mean "throw in," or get swallowed, but assimilated in the system.

As regards the first, it is obvious that if I had written down ever so many "ordinary diets," a patient to whom the very sight of food was an abomination, would have gained nothing by it; she would simply have gone without. I directed, therefore, no meals at all, and no solid food, but a cup of milk with some lime-water in it, to be given as medicine every two hours, and a pint of beef-tea in small, divided doses during the day. After two days she managed an egg also daily, and after twelve days of gradual additions of this sort, you will find her on full allowance of mutton chop, porter, beef-tea, and milk.

Iron is required to supply the new growth of red discs which we hope for, with their metallic constituent. You cannot get it into the system in any way so quickly as the mistura ferri composita of the London Pharmacopœia. Large doses of the more soluble salts have an action on the mucous membranes which not only prevents them being taken up, but also arrests the digestion of food. Evidence of the latter is found in loss of appetite and feverishness, and of their own rejection in the blackening of the stools much sooner than by the form I have approved of. So in spite of the elegant preparations which are constantly put before us, as recommended by their solubility, such as the chloride, acetate, citrate, phosphate and other salts of iron, I prefer the unchemical mixture. It seems as if the carbonate which is preserved from decomposition by the sugar, and the finely-divided oxides diffused through the thick liquid were peculiarly easy of solution in the water saturated with salts and carbonic acid, which (and not pure water) we must remember is the solvent to be considered.

I have found that some cases which did not improve so quickly as I could wish under the above treatment, made a sudden start of improvement when to it was added the administration of chlorine in the form of warm hydrochloric acid baths. More iron is taken up,—the blackening of the fæces ceases, and therefore perhaps it may be that the presence of more acid in the system attracts more of the metal. But in a few cases I tried for experiment the hydrochloric acid baths alone, and even then it was beneficial, seeming to confer muscular strength like what are commonly called tonic drugs. I cannot but think, therefore, that it supplies a distinct want in the system, that it is a directly restorative medicine in anæmia.

Nor is it difficult to make this empirical observation accord with rational pathology. In anæmia the blood is more watery than natural; the proportion is deficient, not only of organic matters, but of salts. Chloride of sodium is the most important of these, and the supply of one of the constituents of this material we may reasonably imagine is an aid to the renewal of life, which is the end of all medication.

Besides the above-named medicines, you will see, I have ordered Pil. aloes cum myrrhâ, gr. iv. omni nocte sumenda. Now, do not suppose that this is ordered merely as a purgative, and that any other purgative would do as well. On the contrary, most purgatives do harm in anæmia. Gamboge, castor-oil, sulphate of magnesia, colocynth, mercury, and several others, which produce serous elimination and augment secretion generally, would do harm just in proportion to their activity. It seems established by the experiment of making them act as purgatives when injected into the circulation, that their soluble principles have a destructive agency over the blood; whereas the soluble alkaloid in aloes (aloine) is, in fact, a bitter tonic, and the purgative power of the drug resides in its insoluble resin. (a) Its action is very slightly eliminative—in moderate doses it only slightly augments the solid brown excreta of the colonic glands, and produces fæces feculent in smell and of consistent form; whilst at the same time it restrains, by its bracing bitter, the formation of mucus, as you may clearly see by its action on moist piles, how it dries them up and makes them smart. And by the more vigorous peristaltic action and by the solid mass passed along the gut, the already existing mucus is cleared away. Aloes, therefore, is employed strictly as a clearer of the intestinal, especially of the colonic, membrane. It is joined with myrrh, partly to divide it minutely, and make a small dose go farther, and partly to get the advantage of the extra resin.

November 28.—A fortnight ago I lectured about an anæmic patient. She was then showing a tendency to lose her title to the name, and now she certainly cannot claim it, and has earned our confidence in the statement that her natural hue is rosy. She leaves the Hospital to-day, having manufactured enough red discs to colour her blood throughout very sufficiently.

What amount of manufacturing industry does this show? Let us reckon. She weighs 8 stone, or 1792 ounces; of this $\frac{2}{7}$ths, or 512 ounces is blood; and of this blood $\frac{138}{1000}$, that is to say, 69 ounces, should be red globules. Now the analyses of MM. Andral and Gavarret show that in cases of anæmia of at all a marked character (as this was), we may expect, at least, three-quarters of the red discs to disappear, so that when she came into the Hospital it may be fairly assumed that she did not possess above 15 ounces; and now I think with equal fairness she may be assumed to have got up to 45, which is conceding that she still wants a quarter of perfect health. By this reckoning she must have made 20 ounces of red blood-discs; that is, the most important organic constituent of upwards of 150 ounces of blood, in a month!

Mark the power of renewal which the human body has under favourable circumstances, and learn from this not only the curability of anæmia when it is a disease, but also the facility of repairing artificial loss of blood when it is employed as a remedy. It has been the fashion lately among certain Medical declaimers to paint the Physician who draws ten or twelve ounces of blood from the arm as a deadly villain, who necessarily *ex vi termini* takes away "the life," or that which cannot be replaced. Not only pill-dealers and quacks have raised this outcry, but it has been joined in by some whose knowledge of physiology ought to have taught them better. It ought to have taught them the fallacy of the popular notion and the scientific argument by which to refute it. You will clearly perceive from the calculations through which I have taken you that by proper management no loss is so easily repaired, and that if he saves his patient two nights' sleeplessness or pain, the price of a venæsection is well spent.

Only note this, that *if the loss is to be repaired, the means of repair must be given*. When I bleed, you will observe that I take down the diet card and accommodate it to the circumstances, being very careful that the patient has the wherewithal to replace the globules I am detracting. I supply with one hand what I am taking away with the other. I begin to cure the artificial anæmia, which I feel myself called upon to produce, at the same time that I am producing it. "Blowing hot and cold" you will say. Precisely so—that is what I intend. I blow cold with my bleeding, not for the sake of blowing cold, but because it is the inevitable accompaniment of the remedy. I employ the remedy not to produce anæmia, but for other quite different purposes which I think are worth the cost. And I blow hot to compensate as well as I can for the evil I think it desirable to do, on the principle

"Necesse est facere sumptum, qui quærit lucrum."

I do believe that the sad effects of the excessive venæsection of our fathers, which with justice have been thrown in the teeth of the Medical Profession, was due quite as much to the starvation as to the bleeding. I have a most vivid and painful recollection of seeing, when I was a student in Paris, M. Chomel and others treating pneumonia. I could not at first understand why in France so much more marked, and, in my opinion, so much more deleterious, effects were produced by the venæsection than in England. At that period we had at home ample opportunities of seeing blood-letting practised; but I never saw such prostration produced by it at St. George's as I did at the Hôtel Dieu. Then I noticed that the order for "*Saignée*" was accompanied by "*Diete absolue.*" I almost doubted my knowledge of French, and was obliged to ask several of the bystanders before I could believe that this meant an *utter deprivation of all food!* There was an instantaneous explanation of the comparative toughness of my countrymen; for never in our worst days did we carry the Sangrado practice so far as that. We did not give food enough, perhaps, but we never commanded that it should be intentionally kept out of our patients' way.

The bad practice of starving and bleeding at the same time, took its rise from the errors of Allopathy. In this system a Disease is an enemy to be overcome—a something *to be combated by* an agent which is as opposite to it as possible. Bleeding was found by experience to be useful in certain morbid states; therefore it was useful in virtue of its opposite effects. Anæmia and depression of life, are the most constant effects of bleeding; therefore anæmia and depression are the benefactors to be sought for, and whatever aids blood-letting in producing anæmia and depression, is a good companion to it. It is unnecessary to say, that of course starvation was the first agent thought of, adopted *a l'outrance* by the logical French, and with more hesitation by our fortunately illogical countrymen. The abuse has brought about a reaction; and that treatment which was considered at one time so specific that its gravest faults were viewed as virtues, now runs a risk of being denied *all* virtue because of its avoidable faults.

ORIGINAL COMMUNICATIONS.

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RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART II.—CASES AND CONSULTATIONS.

No. I.

By JOHN CONOLLY, M.D.

The series of papers constituting the first part of these Recollections, and published in this Journal during the year 1860, contained various details and remarks, connected for the most part with my daily experience during the time in which I was Resident-Physician and Superintendent of the Middlesex County Asylum at Hanwell; and they had reference chiefly, and almost necessarily, to a period when considerable changes took place in that institution, subsequent to which the treatment of the insane in numerous other asylums became extensively modified. Those reminiscences principally comprehended cases of insanity in the poorer classes of society, and the management of them when collected in great numbers. In the second part of this series, forming the conclusion of such recollections as I shall presume to offer to the public, I shall attempt to describe and to offer some comments upon certain forms in which unsoundness and derangement of mind present themselves to the Practitioner among persons of classes of society more educated and generally in easier circumstances, among whom the range of the causes of disturbed mind is wider and more diversified, although not really different in nature; for in all stations of life the causes of disturbed understanding are generally the same in substance, however variable in form, sweeping away all privileges of circumstance, and levelling the proudest with the humblest of mankind. The helplessness and the humiliation of mental impairment fall on all alike. The most cultivated intellect, the proudest advantages of fortune and rank, alike yield to the accidents which affect, primarily or secondarily, the portions of nervous system with which man's highest faculties and lowest propensities are so mysteriously linked together. In one respect, the insane of the richer classes are exposed to greater disadvantage; their early treatment being frequently neglected, and delay retarding recovery or inducing conditions from which there can be no recovery. The insane poor, being troublesome to those about them, and without the means of paying for the trouble they occasion, and wholly destitute of means of relief in their own habitations, are speedily sent to the County Asylums, and have the great benefit of systematic treatment. The friends of richer patients have the fatal liberty of choice between domestic treatment, even when least advantageous, and the kind of management which can alone be so well ordered and comprehensive as to be effectual. They tolerate the caprices of their relatives as long as practicable, make every effort to conceal the malady, and long oppose the most essential parts of treatment; resorting to expedients which too frequently aggravate the malady into forms now rarely seen except in private residences, and scarcely ever in asylums from which all violent methods of control are banished. These disadvantageous proceedings are productive of the worst results in the greater number of cases in the earlier stages of insanity; and they arise from prejudices which exercise a deplorable influence on all the forms of mental disorder in the earlier periods of life. The peculiarities or the waywardness of childhood are neglected, the more evident disturbances of mind in young men, and yet more in young women, of the richer classes, are withheld from all proper treatment, and the unchecked malady, partly concealed as long as no important duties are to be performed, makes a progress which is in a few years destructive of the happiness of many households, and the cause of transmitted evils, perceived or thought of too late.

(a) "Headland on the Action of Medicines," p. 331; and Robiquet in *Journal de Pharmacie*, April, 1856.

After a life passed, for the most part, in the observation of mental disease, nothing leaves a more painful impression on the Physician's mind than the continual experience he has had of the very limited knowledge apparently yet attained to by human beings of a kind to preserve themselves and their offspring from mental disease, and from innumerable forms of unhappiness; because he feels at the same time that to devise remedies for the consequences of this want of knowledge requires a combination of human efforts of which the hope is yet far distant. His experience, however, may still be remotely serviceable. Seeing at what an early period of life disordered conditions of the mind become apparent, how much reason there often is to look upon them as inherited, or at least born with the individual; how at particular periods of life the infirm mental constitution is more disturbed, how ill it sustains the processes of the natural development of the bodily frame, of the first and second dentition, the approach of puberty, the exertions and commotions inseparable from the most energetic years of life, the accidents of maternity, climacteric changes, and the undermining influences of declining power, he is drawn to the contemplation not only of the mental disturbances incidental to various periods of existence, and which it has been the occupation of his Professional life to mitigate or remove, but to the general causes of mental impairment which are supposed, truly or not, to be becoming more and more diffused in civilised communities, and if so, are becoming of more and more serious importance.

In the commentaries which I propose to offer to the reader, my object is not quite so ambitious; but my attention having long been directed to a special class of diseases, in circumstances peculiarly favourable to their observation, it seems to be a sort of duty, if an opportunity still remains of performing it, to revise the recorded observations of past years, in the hope of finding some facts, or some experience, that may be useful to another generation of Practitioners. On attempting any such task, a Physician must be even painfully reminded of the truth conveyed in a familiar aphorism of the Father of Physic, that "Life is short and Art is long;" seeing how little can be completed in the course of any one man's professional career; and that what he may have gathered in his course seems to require another life of equal length for its arrangement, and for separating something valuable from materials heaped together without any predetermined plan. But he will also find that he must be content, although he may not be satisfied, if he can contribute to the establishment of a small number of truths, to be confirmed and extended by successive observers and labourers in ages yet to come. This attempt to collect and preserve materials for future use is itself not to be despised; and the principle which suggests it is one closely allied with the higher endowments of man's nature, and the "large discourse, looking before and after." It is well if the task is commenced without a sense of discouragement arising from the prospect of doubts yet far from solution, and from the loss, which years and the accidents of life generally produce, of various sources animating the industry of earlier days.

Although the active professional experience of a Physician may seldom be extended beyond forty years, yet these years contain the material history of two or even of three generations of the families around him, including the families of the insane; and the events attendant on mental disorder are usually written in very durable characters. When commencing practice he witnesses the mode of mental decline in the older members of such families, and becomes possessed of facts seldom alluded to by their children, who are seen too often to manifest the consequences, and also found to transmit them to their successors. Of these results he notices the variety as to the period when they become apparent, and the forms that they assume in sequent instances; that their occurrence is sometimes declared in the beginning of life, and sometimes at later epochs of youth and adult age, or in later years; that various incidental circumstances act upon temperaments so disposed, and still that many escape the dangers of the disposition; whilst cases are yet ever occurring of mental disorder where there is no traditional evidence of a constitutional disposition to such disorder. He has thus always before him a field of observation rich in products of value, and which cannot fail to yield some fruits precious to all who steadily cultivate it, and gather and arrange what is yielded, for the good of those among whom they practise, and of those who are to follow them.

Whatever opportunities are possessed for the study of mental disorders, any approach to a comprehension of their nature and their origination must still be difficult; and the difficulties are perhaps more complicated than what beset any other forms of malady. We have reason to conclude that there is often a brain originally defective; that the brain may be injured by defective nourishment before or after birth; that it may be damaged not only during infantile diseases, not primarily arising in the brain, but by various kinds of ill-treatment in any part of childhood or youth; and by agitations, violent impressions, or accidental injuries at any period of life, inducing inflammation of the brain and its membranes with some of its consequences, effusions, local irregularities of the circulation, and organic changes. The morbid mental conditions resulting from plethora and from anæmia are generally recognised, and their combination with if not their origin in the constitution of body existing in cases of tuberculous disease of the lungs, as well as with various diseases in several other parts of the body, are generally known. The origin of mental disorder in fever, and in climatorial influences, and especially in extremes of temperature, are matters of daily observation. These and other causes of insanity may be variously combined; and the subject of disorder of the intellectual faculties thus becomes blended with all the history of the human being, and with all the diversities, physical, moral, social, and accidental, to which man is exposed or by which he is influenced, whatever constitution he may be born with, from infancy to age. But disorders of the mental faculties has in many cases none of the more or less palpable origins enumerated, arising and subsiding without our being able to associate it with any appreciable cause, and at various periods of life.

One consequence of the increased attention paid to mental imperfections and disturbances within the last half century, with a view to their alleviation and cure, seems to be the greater promptitude shown in the recognition of mental imperfection and disturbance in the young. When Heberden left to the Medical Profession and the public his valuable Commentaries on Diseases, insanity among children was at least supposed to be rare; perhaps the cases in which it existed were more rarely brought under the notice of practitioners: such cases are now by no means uncommon, and it is curious to observe how soon mental disorder becomes manifest, after mental existence has really begun. Those alone who have been careful observers of infants know how soon this special existence supervenes on that which is almost wholly organic and instinctive. Helpless at first, and having less voluntary power over its muscles than the young of almost all animals, the infant in the first days of its life takes the mother's breast instinctively, impelled by the desire of food; and with the same instinct makes use of the muscles of the lips and tongue, and of certain of the respiratory muscles, to draw the nourishment on obtaining which its life now depends. The success of these instinctive actions satisfies it. In a very short time the will seems to be subjoined to them; and new feelings of irritation and of increased effort are manifested by cries and signs of anger or of grief. The infant also soon begins to distinguish tastes, and whatever impairs that of its mother's milk excites aversion to it or dissatisfaction with it, and if the impairment continues, the infant eventually weans itself. If the food is healthily supplied, other feelings soon animate the newly born human being; it quits the mother's bosom to turn its smiling face upward towards hers, and resumes the breast as if in play. The affections are rising into life. The senses and various feelings of pain and pleasure are now daily more and more developed and more and more expressed. It veils its eyes from excessive light, starts at loud noises, recognises faces and smiles on those to whom it is already becoming attached by affection; these expanding affections supervene on the mere instinctive attachments which it had in common with the lower animals, and constitute valuable attributes of the higher life into which it is ascending. By slow degrees, and by efforts at first instinctive, it learns to direct the action of the muscles; first, that of its arms, with the object of conveying everything towards its mouth, as if to test the taste and applicability of each to the great instinctive desire to eat and live; and in attempting to do this it may be observed first, in general, to act upon the extensors, of course unsatisfactorily as respects what appears to be the object, and then, as if perceiving by the sense of sight that what it wishes to possess is removed further off, to call the flexors into action with results more agreeable to it. Impulses arise to a freer use of all the muscles which can be moved and governed by the will. Some, as those of the sphincters, are more slowly commanded, but those of which the exercise is to assist in emancipating the child from a state of entire dependence on its nurse are soon called into strenuous activity. Impulses of instinct and efforts distinctly voluntary cause the child to exercise the muscles of the trunk in sitting upright, and soon afterward to slide down and assert its claim to the erect posture proper to the human creature; and then, with caution, to make experiments on the power of standing up with less and less support, and at length to stand and move on its feet, self-balanced. This last object is effected by a wonderful combination of muscular actions, for which there is an adaptation of an equally wonderful structural variety: the instinct, and the will, and a pervading sense of pleasure from the exercise of the senses of sight, and touch, and also from muscular movement itself, being all mingled in the effort, which simple effort is the preface to efforts made with more extern intention; and it employs its new-found voluntary locomotive power to approach whatever attracts it, to pursue what it wishes to obtain, and to evince the attachment to persons, or the various affections also growing stronger with each day.

Even before these actions have been fully mastered by the infant advancing into childhood, indications of congenital defect, where such defect exists, are so revealed as to be at least visible to the watchful notice of a mother although to none else; an imperfection and want of gradual improvement in the rudimental muscular actions; a vagueness of the first traces of facial expression; something discernible even in the first exercises of the senses, and of motion, and of emotional life, which are the evidences of what, at this most tender age, may be denominated individual character. Defects so early discernible are such as can seldom be regarded as likely to be effaced by successive growth, to which defects of later appearance not unfrequently yield. From this time, to the completion of the first dentition, the life of sensation is gradually enlarged into the life of observation; and between this point and the second dentition the power of comparison, the recognition of resemblances, and the distinction of differences are more and more exercised; stronger emotions and reflections begin; sounds have already taken the form of words, words have become formed into expressive sentences, the language learned by the child from those about it becomes more accurate, and mental peculiarities and propensities become manifested as clearly as diversities of corporeal structure. The infant has passed out of a life almost wholly animal into the larger domain of childhood, extended onward towards youth; becoming capable of reasonable and determinate actions, and of education as to all things around it, and of comprehending the dependence of all on a Creator; thus rising into a moral as well as an intellectual existence, more or less elevated according to the state of advancement of the land of its birth, but whether in civilised or savage state rising immeasurably above that of all other living creatures on earth.

It is not consistent with the plan of these papers to travel far beyond the limits of practical remark, and I shall not dwell longer on suggestions merely preliminary. The Student of Medicine especially interested in mental science may pursue with benefit the observation of the mind's growth, and of its exposure to various disturbances at various ages. The salutary influences of the instinctive exercise, both bodily and mental, incidental to the games and plays of that age in which the development of both body and mind is proceeding the most rapidly; the evolution and distinctness of character displayed at the same period of progress, and in the important years when home education has ended, never to be resumed, and school-life with all its advantages and disadvantages has begun; will be found amply deserving of reflection. The retardation or improvement of natural endowments by accidental as well as conventional education; and the train of influences attending the age of puberty, with all its new or more expanded affections and passions; and the modifications of the manifestation of mind in the various stages of bodily decay; will furnish further materials for thought, valuable in relation to many important questions of social and moral science, and to man's health and happiness. My own remarks must be limited far within such bounds; and I shall proceed, in my next paper, to more strictly practical observations on the earliest of the manifestations of what may be termed juvenile insanity.

CLINICAL NOTES ON SOME COMMON DISEASES.

By ROBERT DRUITT, M.R.C.P.

No. I.—Intemperance and its Prevention.

Effects of Alcohol on Stomach, Heart, and Brain—Two Classes of Drinkers—Conditions which lead to Abuse: (1) Dyspepsia; Bulimia; frequency of this symptom at all ages; (2) the Heart influenced by the Brain; Idiopathic Terror; (3) General Conditions affecting the Brain; Pain, Debility—Does the Use of Wine in Acute Illness leave a Craving during Convalescence?—Nervousness; Grief; Mental Anxiety; Frequency of Hallucination, and of Minor Mental Affections in Common Life; Hypochondriasis; Primary Hysteria; Moral Insanity; Periodic and Occasional Intoxication; Dipsomania.

The causes and prevention of intemperance well deserve the attention of Medical Practitioners. Not only because there is a large and influential body—the teetotallers—who absurdly accuse us of being the direct promoters of intemperance through our sanction to the use of fermented liquors as articles of diet, and as medicines; but because intemperance in its most lamentable form may be met with in all ranks, in the most refined as well as the lowest, and because it may spring from certain definite causes which it is within the province of Medicine to cut off by the roots.

All hope of prevention lies in the doctrine that intemperance is a secondary, and not a primary, vice; and that, although when once established it is the parent of a hideous brood of evils moral and physical, yet that it is itself a *consequence* of foregoing disease or error. Early in my professional life, circumstances led me to see and reflect much on it, and I now venture to write from the conviction that much good would result if the conditions which commonly lead to it were more systematically acknowledged and subjected to Medical treatment.

The properties which cause alcoholic liquors to be abused are those exerted on the stomach, heart, and nervous system. They enable the stomach to deal with refractory articles of food, and abate the painful sensations of hunger. They quiet the perturbations of a feeble heart; and they modify the entire state of the nervous system. Especially, they alter the current of thought; they may be used legitimately to neutralise the effects of grief, and enable a man to work on undisturbed by fear and despondency; on the other hand, they may be abused for the purpose of stifling the warnings of reason and conscience, and enabling a man to live with self-complacency in the midst of degradation and poverty.

The most cursory examination leads us to divide drinkers into two classes. First, the open, gregarious, convivial, riotous set, who indulge in the habit for the sake of pleasureable excitement; and of whom the majority are men.

Persons of this class drink because they know of no better or more intellectual enjoyment; they are the victims of bad education and bad social customs. Medicine may assist in relieving them from the after effects, but can scarcely do much by way of prevention. That must be sought by improving popular education, and increasing the opportunities of healthy recreation.

The other class are the secret, solitary drinkers—most of them women. They deserve all commiseration, because they are dragged into the habit for the relief of miseries moral and physical, which Medicine can do much to remove, and which I propose to consider in order.

First, there are such as concern the stomach. Dyspepsia in all its forms, more especially when aggravated by a scanty or unsuitable diet, is a great temptation. But there is one peculiar form or symptom of dyspepsia which is an almost overwhelming one. This is a feeling which may be described as bulimia—an intense, overpowering, sickening sense of emptiness, with ravenous desire for food or stimulants, and often some degree of vertigo. The frequency of this symptom renders it well worthy of attention, for its causes are most diverse, and its pathology can only be expressed by an indefinite reference to some morbid condition of the par vagum. It differs from ordinary hunger in the rapidity with which it comes on and its persistence after food. It is common in the stomach disorders of the youngest infants. Here it usually depends on liver congestion, and is relieved by proper medicines; although it is made the pretext, by nurses, for asserting that "the milk doesn't satisfy," and for cramming the unfortunate little patients with all sorts of solid food and stimulants, even including alcohol. A yellowish eye, red lips and tip of the tongue, frequent micturition, more or less constant restlessness with occasional fits of severe cholic, and an insatiable craving for the breast, are the too familiar symptoms. In older children, it is a very common symptom of impending illness, from depraved secretions in the alimentary canal, and worms. In adults, it very often shows itself under similar circumstances. It may be caused by protracted fasting. I know a member of our Profession, who went one night to sit up with a patient. He had been much hurried, and had lost his dinner, and on coming to the patient's house with an intense feeling of hunger, found no refreshment prepared for him, and, through *mauvaise honte*, did not ask. He passed the hours between eleven and five in the greatest uneasiness, with the sensation as if fifty rats were gnawing his stomach. That sensation never left him for two whole hours together for six months; during which he was extremely reduced by feeble digestion. He was finally cured by diet; but confessed that his craving for brandy was terrible, and that he might have been made a tippler. Salvatori, whom Dr. Christison quotes as giving in 1817 the earliest description of dipsomania, describes the same symptom. That which predisposes to intemperance, he says, is "a disordered state of the abdominal ganglionic system of nerves, allied to that which causes in children the ravenous appetite constituting the disease bulimia, and in adults the wide-spread disorders we are in the custom of calling hypochondriacal and hysterical." Tapeworm brought on the craving for drink in nine out of fifty patients noted by Salvatori. That has never come within my experience; but the unnatural craving, or hungry dyspepsia, has been incessantly noted by me as an evidence of what is called congestion of the liver, and a forerunner of gouty and rheumatic attacks, and of those disorders which lead to headache and vomiting, and are vulgarly called bilious sick headaches. I attended for some years a girl who had about once a-year an attack of rheumatism. Her heart was damaged, and she had mitral regurgitation. She learned by experience to know when her illness was coming on, for she had two premonitory symptoms: one, an eruption of patches of erythema on her elbows; the other, a most intense craving for food, and especially for drink. She would go down into the kitchen at night, and eat and drink everything she could lay hands on, particularly beer; and yet at other times her appetite was very indifferent. After the hunger and the erythema came pain in the ankles; then pain in the region of the heart, consolidation of the upper lobe of the right lung, and hæmoptysis. The significance of these facts in explaining periodic intoxication will be noticed hereafter.

This ravenous sense of hunger is remarkably common after circumstances which create great nervous exhaustion. I have known it after confinements. On one occasion a patient suffered a protracted confinement, and a milk abscess afterwards, and was brought into a state of nervous exhaustion. She was sleepless and irritable, but the chief symptom was the extraordinary demand for food, wine, stimulants, and opiates, and the tolerance of enormous quantities. Not an hour passed without beef-tea, wine, sandwiches, panada, or some other most concentrated nourishment, and a remonstrance was addressed to me by the family, lest I should be laying the foundation of intemperate habits. Her entreaties for the strongest opiates were curious. I have seen the same thing after surgical operations and accidents, and have known habits of intemperance to ensue from gratifying the inordinate sense of hunger attending the growth of a prodigious fibro-plastic (or sero-cystic) tumour of the breast. Grief may be attended with the same feelings, as I shall relate in order. What I want to insist on now is, that this feeling of emptiness is not mere debility, a physical result of loss of blood, or famine, for it may exist when the stomach is full; neither is it a healthy appetite intensified; but that it is a disordered sensation, a subjective hunger felt when there is no real emptiness; a neuralgia, in which the pain takes the shape of hunger, and is usually attended likewise by some degree of vertigo, or sense of cerebral faintness.

The tendency to such feelings is vastly increased by past habits of voracity and intemperance, and by everything which tends to make the stomach large. The voluminous and atonic bowels of women who have not been well bandaged after their confinements, are, to my knowledge, sources of danger on this score; for a big belly, like too large a house, must be furnished somehow.

So much for the stomach. As for the heart, it is often implicated in the conditions which give rise to intemperance, as well as in those after effects which are produced by long indulgence. But I do not think the heart is often primarily to blame.

Nevertheless, patients with hypochondriac symptoms often complain of their hearts, as for example in that set of symptoms which may be called "idiopathic terror." A poor woman is sitting quietly, when all at once an indescribable feeling of shock comes over her; something seems to flash through her brain which fills her with the most intense alarm; all the symptoms are identical with those of sudden fright, and amongst them are the pale face, the panting distended alæ of the nostrils, and the rapid tumultuous beating of the heart. In this, as in many other disordered states of the nervous system, the heart is intensely perturbed; but I have never satisfied myself that any primary disorder of the heart creates hypochondriasis, or the desire for drink. Both stomach and heart do so, only if they disturb the brain.

There are certain general states of bad health which create the tendency to drink, if it so happen that they affect the nutrition of the brain. It is an ultimate fact that in some states of intense debility the mind may be clear, vigorous, and cheerful. Persons dying of lingering disorders sometimes have fits of syncope, which seem as if they were going to end fatally, but pass off, and allow life to go on a little longer. Dying persons have told me their sensations. A friend of mine who died after a very lingering illness told me a day or two before his death, that he had had a fit of faintness that morning; he had lost all consciousness of outward objects, but preserved his mind clear and calm, expecting every moment to be summoned into the presence of his Judge. He desired to die; and great was his disappointment when he found himself again becoming cognizant of the too familiar objects in his chamber. Life was here flickering at the lowest ebb, yet not a trace of mental depression. In other cases, on the contrary, the slightest deviation from vigorous nutrition induces great mental disturbance. Pain alone seldom does so, although neuralgia and chronic rheumatism sometimes create a demand for stimulants, through the exhaustion attendant on pain, sleeplessness, and hopelessness. But as for debility with mental depression, it is almost impossible to over-estimate its dangers. The miseries of the first walk during convalescence, or of the first entry into business, of being obliged to stand, and maintain an attitude of attention, when feeble and listless, are greater than those of any pain. Then there are the disastrous effects of bodily weakness on the mind; the peevishness and bad temper, the habits of procrastination, the shifty, deceitful tricks, and the false excuses coined to palliate want of punctuality. Weakness is more immoral than poverty itself. Add to this what is called *nervousness*, a kind of moral cowardice, and dread of seeing any new face, or beginning any new business. Consider besides that many diseases, especially of the malarious kind, not only rob the body of its strength, but leave the blood in a poisoned state, so that the hypochondriasis resulting from impure blood is superadded to the mental feebleness arising from bodily exhaustion.

In relation to this part of the subject it may be asked, What influence has the administration of wine in sickness in creating a morbid taste for drink during convalescence? For some years I have made it my duty to institute careful inquiries on this point, especially as to the fate of patients who have been rescued from fevers by enormous quantities of wine and brandy. My inquiries have led me to two positive conclusions. That any amount of wine may be given during an illness without leaving the slightest craving for it afterwards; that patients who greedily swallow it when ill, lose their taste for it when it becomes needless; and if they be vigorously treated and vigorously followed up, so as to be restored to good health, they are safe. But when patients are not treated vigorously, when they are left half-cured, when they are obliged to return to their work before their strength is fit for it, and then when some demon comes in the shape of a friend who recommends gin or beer without food, there is great danger that a habit of drinking may be created.

It is the common slander of the teetotallers that we make people drunkards by recommending them wine or beer when ill or weak. Again, there are few women tipplers who do not say they were advised to drink by their Medical attendants. It is certain, therefore, that Practitioners cannot be too cautious in defining the exact quantity of any alcoholic drink they may prescribe, and the exact times, and the food that should be taken with it,—and this more especially in illnesses of a chronic and debilitating sort, as menorrhagia, abortion, and, above all, diseases arising from malaria, as ague and neuralgia, than which none make greater havoc of mind and body.

(To be continued.)

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
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ST. THOMAS'S HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE
ON A CASE OF
DESTRUCTIVE ULCERATION OF SOFT PALATE AND FAUCES.
By J. RISDON BENNETT, M.D.

Destructive Ulceration of Soft Palate, etc.—Laryngitis—Bronchitis, etc.—Recovery—(? Hereditary Syphilis or Struma).

M. A. C., aged 16, a small, rather stunted girl, of strumous aspect, never having menstruated, was admitted into Elizabeth Ward on September 27, 1861, labouring under extreme dyspnœa, with symptoms of laryngeal obstruction of the most urgent character. She was ordered by the House-Surgeon a hot bath, mustard sinapism to the throat, etc., and a mercurial purge, and subsequently calomel, gr. ij., 6tis hôris; rubbed in mercurial ointment; and had a saline mixture, with small doses of tartar emetic. Brandy, two glasses on the 28th.

On September 29th Dr. Bennett first saw her. She was then labouring under extreme dyspnœa; the face swollen and livid, and the conjunctivæ injected. She had much cough, occurring in suffocating paroxysms; and her dyspnœa was augmented on going off to sleep, when the laryngeal stridor was greatly increased. She expectorated large quantities of thick, ropy mucus, mixed with blood. The chest was generally resonant on percussion, except over the left apex, where there was decided dulness, and the respiration was deficient. More or less mucous and sonorous rhonchus could be heard throughout the chest. The pulse was quick, small, and feeble, and the heart's action somewhat tumultuous. The skin was moist, and generally warm. The general distress and difficulty of breathing were such, that no satisfactory examination could be made of the fauces; there was, however, evidently much congestion, swelling, and redness of the fauces, and ulceration of the soft palate, etc. There was also some tenderness of the larynx, and she spoke in a scarcely audible whisper. The tongue was thickly coated and furred. The nurse stated that her breathing was worse rather than better since her admission, and that she had more than once appeared to be dying. The laryngeal symptoms had always been aggravated on going off to sleep, which she had only obtained in snatches at intervals. Dr. Bennett therefore abandoned the treatment hitherto prescribed, with the exception of the brandy, which was continued; and ordered a blister to the external fauces, and warm cataplasms, prescribing the citrate of potash mixture, with two grains of iodide of potassium, five minims of chloric æther, and fifteen of tincture of hyoscyamus, every four hours.

November 2.—She was greatly improved; the tongue was cleaner, the breathing easier, the pulse less frequent, the countenance much improved, and the laryngeal symptoms less marked, except when asleep, when she breathed with much laryngeal stridor. The cough was still troublesome, occurring in paroxysms, and attended by increased difficulty of breathing. The left apex was still decidedly dull, as compared with the right, and there was much more rhonchus in the left side generally than in the right. On examining the throat it was found to be the seat of extensive ulceration and destruction of tissue—the soft palate entirely destroyed, and deep, ragged, dirty ulcerations, with livid edges, occupying the back of the pharynx and tonsils, more particularly the left. There was also a great deal of mucopurulent secretion adhering to the fauces. The girl felt herself so much better that she begged, with smiling face, to be allowed meat, and a slice was ordered for her. It was then ascertained that for a long time she had been subject to attacks of dyspnœa, and had had a cough and little or no voice, but she said that only for three months had she "been bad." The only fact with regard to her family history that could be ascertained was that her father was "asthmatical," and that his breathing was "just the same" as hers.

October 7.—She had continued to improve, her breathing being generally easy and free from stridor, but she occasionally experienced a paroxysm of dyspnœa and cough, and when asleep the same tracheal stridor existed as at first, though to a less extent. The expectoration had greatly diminished, and had become more purely mucous. There was less rhonchus to be heard in the chest, and the dullness over the left apex was greatly diminished. Dr. Bennett, therefore, to-day ordered strong tincture of iodine to be applied freely to the ulcerated parts. This occasioned only a temporary paroxysm of cough. She continued the mixture prescribed for her on the 29th, but less frequently, taking occasionally an antispasmodic draught when any paroxysmal exacerbation of dyspnœa might render it necessary. In addition to the meat she was now ordered a pint of porter.

14th.—The improvement has been progressive; she eats and sleeps well, and is free from any distress in her breathing; she is still, however, voiceless, and the throat though cleaning still extensively ulcerated, but free from fetor. There is the same tendency to stridor when asleep. She was ordered to have the iodine applied again, and to have it repeated every two or three days, and to take pulv. ipecac. co. gr. iv., hydr. chloridi gr. j., o. n.

November 11.—The girl has gone on well under the last treatment, the ulcers in the throat are all but healed, and the local application of the iodine occasions little or no irritation. She has gained much flesh, and the muscles are comparatively firm; the face has long been free from any lividity, and the breathing quite easy. Respiration in the left apex, as well as throughout the chest, natural. She leaves off the iodide of potassium mixture and the alterative pill, but is to continue the local application of iodine and have syrupi ferri iodidi ʒj. ter die.

The following is an abstract of a clinical lecture by Dr. Bennett on the above case:—

The case which I have thus briefly detailed, you will, I am sure, allow, is interesting and instructive. It is a very good example of a class of cases not very infrequently met with in Hospital practice, but of which you will not, perhaps, find any mention in systematic works. It is therefore the more appropriate for special clinical notice; and, indeed, it is one of the chief advantages presented by clinical lectures, that they admit of our studying special forms of disease, and those infinite modifications which never can be all comprised in either systematic lectures or treatises. As to the precise nature and origin of the morbid action which leads to such formidable consequences, both local and general, it is not always easy to speak with confidence. Some persons are disposed to look on these cases as syphilitic in their origin, and would consider the present as one of congenital syphilis, manifesting itself, as you know secondary syphilis is apt to do, in the mucous membrane of the fauces. Others, again, view them merely as examples of strumous disease, arising quite independently of syphilitic taint. Many think them the result of syphilis in a strumous habit, or, if you please, a combination of syphilis and struma. For it is well known that syphilis, whether in the primary or secondary form, is seriously modified or aggravated, when occurring in a highly strumous habit. The question is indisputably of importance, and inquiries should always be made as to the family history; for it is generally, if not always, in young persons that the disease, in such form as this, is seen; and, as in the present case, at an age when we may assume that if the case be syphilitic at all, it is probably inherited. But, viewed merely in relation to treatment, or cure, if you please, the question, with me at least, loses much of its importance. For I should make little or no difference in the treatment, whichever way the question might be decided. I will not, therefore, attempt any further discussion of the subject, but may say that I have seen the affection in cases where there was no sufficient ground for assuming that any syphilitic taint existed. It is chiefly seen among the neglected and wretched offspring of the poor. But I have seen characteristic examples of the affection in young adults of the upper classes. I have also been fortunate enough to have an opportunity of observing two or three cases from the very onset of the disease, and have watched the destructive action, leading first to perforation of the velum, or to the production of a simple, deep, well-defined ulcer in the tissues covering the hard palate, and then pass on to more or less destruction of the surrounding parts. Such cases, when occurring in circumstances free from any suspicion of syphilis, have been called, I believe, "perforating strumous ulcer of the palate." The disease begins with few and but trifling symptoms of any constitutional disturbance, the principal symptoms being such as indicate constitutional debility. Pain and soreness of the parts affected and difficulty of deglutition are first complained of, and when the mouth is examined at an early period of the disease, a certain part of the mucous membrane is observed to be of a dark red colour and tumefied. In the centre of this inflamed spot the tissues give way, and an ulcer with thick dark red margins is formed. In unfavourable cases this extends till perhaps a large portion of the soft parts are destroyed, and a great quantity of bloody muco-purulent discharge is secreted. At a further stage the inflammation and thickening of the mucous membrane extend to the larynx; the voice becomes affected, and laryngeal symptoms supervene. These vary in intensity and in character in different cases. In some instances there is more irritability and susceptibility to spasmodic action than in others, and paroxysms of dyspnœa from temporarily increased laryngeal obstruction occur. In old standing cases we generally find more or less of general bronchial affection, attended by much secretion, and if this be not the habitual state, it is readily induced by accidental catarrh from more than ordinary exposure to the weather. It is in such circumstances that the patients most frequently apply for Hospital relief, and such was the condition of our patient when she was admitted. We had thus to deal with the original affection of the fauces, with the attendant laryngeal obstruction and spasmodic action of the most formidable character, and with more than ordinary pulmonary congestion, especially of the upper portion of the left lung. This was marked by such an amount of dulness on percussion and impermeability to air, that I questioned whether she had not also tubercular disease of the lung. The chief danger, however, was from asphyxia, which at one time was imminent. The life of the patient, and the whole success of our treatment depended, I believe, on the view taken of the laryngeal symptoms. That the mucous membrane of the larynx was at all events implicated in the morbid action could not be doubted, and that, therefore, we had to do with a laryngitis. But this laryngitis was neither that form which is attended by plastic exudation, nor in any sense of asthenic character. It was, however, attended doubtless by such turgescence of the mucous membrane as seriously obstructed the rima glottidis. But that the laryngeal symptoms were not caused solely by such a state of the laryngeal mucous membrane, I was satisfied, partly from the paroxysmal character of the dyspnœa, and partly from the result of my physical examination of the chest. In ordinary cases of laryngitis, whether acute or chronic, depending on organic obstruction, we have a persistent stridor, often rendering any appreciation of auscultatory phenomena impossible, and always diminishing seriously the volume of air passing into the lungs. Now, during the period of comparative quiescence of the breathing, there was not any sufficient stridor to interfere seriously with auscultatory examination, and I was satisfied that with the exception of the left apex, air entered with tolerable freedom into the lungs. The general condition of the lungs undoubtedly was such as to interfere seriously with the aëration of the blood, and this would be still further aggravated by the paroxysmal exacerbations of dyspnœa. But the imminence of the danger appeared to me to depend mainly on these paroxysmal exacerbations, which I believed to be essentially spasmodic. Taking this view of the case when I first saw it and considering the general character of the pharyngeal disease and the history of similar cases, I could not approve of the mercurial treatment on which she had been placed, nor did I think any good was likely to be derived from depletion. I, therefore, abandoned all mercury, ordered a good-sized blister to the throat, to be followed by emollient cataplasms, and prescribed small doses of chloric ether and hyoscyamus to be taken every four hours in the ordinary citrate of potash mixture, to which was added two-grain doses of iodide of potash, supporting the patient with beef-tea and a little brandy. The success of this treatment was most marked and gratifying. The blister appeared to give immediate relief, and the irritability of the larynx was kept under by the sedatives and antispasmodics, whilst the eliminating action of the saline and iodide of potash was steadily acting on the general condition of the mucous membrane and system at large. Iodine especially, in the form of iodide of potash, is of great value in these cases, often acting so speedily and decidedly as to justify our considering it as a specific remedy, and affording no little weight to the views of those who consider these cases as resulting from syphilitic cachexia. No attempt was made at local treatment of the pharynx till the urgency of the laryngeal symptoms had subsided. But I determined, from my experience of the decided benefit to be gained from the local application of iodine, to have this applied freely at the earliest opportunity. This, you know, was done, and with manifest advantage, having been continued up to the present time. I used the strong solution which we employ for outward application.

From the syrup of iodide of iron I anticipate much benefit, and I shall keep her in the Hospital a week or two longer that her general health may be more fully established by the remedy she is now taking, as well as by the diet and general comforts of the Hospital.

The girl remained in the Hospital about a fortnight after the last date, and then left. Her throat was then perfectly sound, and her general health good. She had a plump, healthy look, was quite free from any dyspnœa and from cough, but she did not recover her voice.

ST. THOMAS'S HOSPITAL.

CASE OF EPILEPSY, PRESENTING SOME PECULIAR FEATURES, SUDDENLY AND REMARKABLY RELIEVED BY THE USE OF ARSENIC.

(Under the care of Dr. BRISTOWE.)

Dr. Bristowe has at present under his care an epileptic lad, whose case is interesting, both from certain peculiarities in the symptoms and from the success which seems to have attended the treatment employed.

The patient is a shop boy, 14 years of age, who has been subject to epileptic fits for upwards of two years. They came on without obvious cause, and at first were always nocturnal, They increased gradually, so that after a time he generally experienced two or three every night, and often one or more in the day. In May last he was admitted into the Hospital, where he remained four months; and under the treatment there employed so far improved that during the latter part of that time, and for the following three months, the fits recurred only about once a month. A week before his last admission, however, they came on again suddenly, and with great severity. For the first three or four days of this time the fits followed one another night and day with great rapidity, but he had intervals of consciousness. For the last three days, however, the fits were still more frequent, and he continued between them in a state of insensibility. He was admitted on November 13 in the condition just described, but in so utterly prostrate a condition that his speedy death was anticipated. With the aid of a purge and of a blister to the neck he emerged from this critical state, and became quite conscious. The fits, however, though rendered less frequent, did not cease, and he was ordered to take two grains of sulphate of zinc in infusion of valerian three times a-day. From this time up to December 7 the above line of treatment was pursued, the dose of sulphate of zinc being gradually increased to ten grains. During the whole of this period, however, his condition was a peculiar one. His lower extremities, which previously had been healthy, were feeble and uncertain in their movements, like those of a paraplegic patient, so that he was unable to walk; but there was no anæsthesia. He was therefore in bed, and for the most part in a semi-recumbent posture. But it was observed that whenever he tried to turn or otherwise moved his legs, and especially, therefore, if he were made to get out of bed, a peculiar numbness or sensation of "pins and needles" crept from the toes upwards, and was followed in a few seconds by a fit,—the fit lasting for about half a minute only, and being preceded by a prolonged and distressing scream. The truth of the statement just made was repeatedly verified by Dr. Bristowe. It was ascertained, however, that after a fit had been thus produced he enjoyed a perfect immunity for about a quarter of an hour, during which time he might move about as he pleased without any ill results; and it was further ascertained that by careful management he could, and usually did, prevent the occurrence of any fit during the day. They took place, however, frequently in the night, always preceded by a scream, and they increased in frequency nightly, so that on the night of December 6 they were so numerous that his constant screaming prevented any of the patients in the ward from getting rest.

On the next morning (the 7th) the medicine he had hitherto taken was ordered to be omitted, and five drops of liquor arsenicalis with compound infusion of gentian thrice daily were prescribed. He had no fit the following night, and none during the succeeding eight days. For two or three days he still suffered from occasional attacks of numbness in the leg; these feelings, however, quite disappeared, and he recovered completely the use of his lower extremities. On the afternoon of the 16th he was visited by his mother and several of his friends who remained with him for some time. Almost immediately after they left him, the fit returned, and between five and ten p.m. came on every ten or fifteen minutes. During the night he had two; and during each of the two following nights he also had one or two attacks. From the 18th, however, up to the present date (the 31st) he had continued entirely free, and apparently quite well.

There are a few particulars to be added to the case. The boy was, and is, pale and anæmic-looking, but his digestive functions seem naturally performed; he has no cardiac or pulmonary symptoms. He is quite intelligent, and so far as can be ascertained has no spinal or renal disease. The mode of access of the fits, the way in which they could be produced at pleasure, and the way in which their occurrence could, during the day time, be prevented, are all interesting, but do not perhaps call for special comment. The effects of the arsenic were, however, so sudden and so remarkable, that in order to show they were not fallacious, a few words seem necessary. It will be observed that the fits were nocturnal, and that they increased in severity up to the very night before the change of medicine was made. The change of medicine, further, was effected without calling his attention to the fact, or to the probability or possibility of any special effect from it; so that the sudden disappearance of the fit could scarcely have been due to any mental impression, and could scarcely have been a mere coincidence. It will be observed, too, that though the fits themselves ceased at once, the aura persisted for a time, and further that even after the latter had disappeared, the liability to have fits from any excitement continued; both of which points are quite compatible with the view that the amendment in this case was due to the use of arsenic, and indeed favour it.

THE LONDON HOSPITAL.

FALL ON THE BACK OF THE HEAD—INSENSIBILITY—CONVULSIONS—DEATH—LACERATION OF THE BRAIN.

(Under the care of Mr. CRITCHETT.)

[Reported by Mr. POWELL.]

Wm. P., aged 30, was brought to the Hospital about half-past two in the morning of the 30th of August last. He had been drinking a good deal, and had been thrown down, causing him to strike the back of his head. Blood was flowing from the left ear. Pupils contracted, and of equal size. He was very restless, continually moving. He was quite unconscious. Surface of the body moist and warm. Pulse 90, steady.

Ordered spirit lotion for the head, and a purgative of calomel and jalap.

August 31.—Still insensible and restless. Pupil of the left eye dilated, that of the right still remaining contracted. Serum was trickling from the left ear. Head very hot. Ordered ice to head, and, as the bowels had not yet acted, a turpentine enema, which produced a copious evacuation. Pulse rapid, and easily compressible.

September 1.—Lies quite still, the breathing being somewhat heavy. Bled to eight ounces without relief. Pupils in the same condition as yesterday.

The breathing stops for a short time at intervals, the lips become compressed, and a general convulsion comes on, lasting for about a minute. He remained in the same state until he died, on the morning of September 2.

Autopsy.—Membranes of brain congested. On the under surface of the anterior lobe of the cerebrum, on the right side, was a laceration about two inches in extent. The middle lobe, on its inner surface, was also extensively lacerated on the same side, the rent extending almost into the lateral ventricle. A quantity of blood was effused into the middle fossa of the skull. Over the surface of the medulla and pons was a layer of soft lymph matting together the vessels. There was a fracture of the base of the skull on the left side, extending through the squamous and petrous portions of the temporal bone; and on the right side the portion of bone covering the tympanic cavity was broken.

RUPTURE OF THE SPLEEN—DEATH FROM ABDOMINAL HÆMORRHAGE.

(Under the care of Mr. CRITCHETT.)

[Reported by Mr. POWELL.]

James F., aged 42, was brought to the London Hospital about 1 a.m. of August 20. He was able to answer questions, and stated, that while attending a steamer on the river in his boat, he became entangled between the vessel he was attending and another ship, and, in endeavouring to escape, was crushed between the two vessels, and immersed in the water for a short time.

On admission, the surface of the body was cold. Pulse 80, small and weak. Pupils dilated and sluggish. The head was a good deal contused, and there had been bleeding from the right ear. Several ribs on the left side were fractured. He was ordered some brandy-and-water, and hot bottles were applied to the feet, after which he expressed himself as being comfortable.

In about an hour and a-half I received a message, stating that a great change had suddenly come over him, and that he appeared to be sinking. On my arrival in the ward he was quite pulseless and blanched. He was gasping at intervals of about half-a-minute, and continued to do so at longer and longer intervals for ten or fifteen miutes. The heart could be heard contracting for a short time after the respiration had entirely ceased.

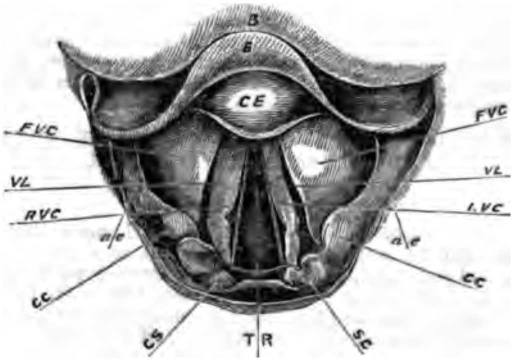
Autopsy, Forty Hours after Death.—Surface of the body very pale. Brain and its membranes healthy throughout. A small quantity of blood was effused into the base of the skull at the posterior part. There was a fracture of the base of the skull extending through the squamous and petrous portions of the temporal bone. Six ribs had been fractured on the left side, one of which had perforated the pleura, but had not wounded the lung. Heart contracted and empty on both sides. On opening the abdominal cavity, it was found to be almost full of dark-coloured fluid blood, proceeding from the spleen, which was ruptured completely across.

CASE SHOWING THE VALUE OF THE LARYNGOSCOPE AS AN AID TO DIAGNOSIS.

For the following we are indebted to Dr. Morell Mackenzie, Resident Medical Officer to the Hospital:—

William H., aged 24, a painter, was admitted into the London Hospital, suffering from almost complete loss of voice. The dyspnœa was supposed to be due to laryngeal phthisis; a view which a slight dulness at the apex of one of the lungs, and certain constitutional symptoms of the tubercular diathesis, tended to strengthen. On making a laryngoscopic examination, however, no deposit was found in the vocal cords, nor at the ventricle of the larynx; but the interesting discovery was made, that the left vocal cord was paralysed. When the patient was directed to produce certain vowel sounds, the right vocal cord was thrown into active vibration, and advanced to the mesial line; whilst the left vocal cord remained stationary, or only partially approached its fellow in an unsteady and hesitating sort of manner. This patient was examined several times with the laryngoscope, and the action of the left vocal was found to vary slightly on different occasions; but it was always limping and irregular. Since the patient was first brought under observation, his voice has slightly improved; but in addition to the functional affection of the left vocal cord, it is now structurally altered, being diminished in breadth, and of a paler colour; conditions indicative of impaired nutrition, the sequence of imperfect innervation.

Since the discovery of the condition of the left vocal cord was made, the great prostration from which the patient was suffering has passed into general paralysis, but more marked, however, on the left side of the body. On inquiring into his previous history, it was ascertained that a few months before admission into the Hospital, he was attacked with chronic arsenical poisoning, which is regarded as the cause of the paralysis from which he is now suffering. Subjoined is a woodcut showing the atrophied condition of the left vocal cord.



B Base of tongue; E Epiglottis; C E Cushion of the epiglottis; T R Trachea; C S Capitulum santorini; C C Cuneiform cartilage; L V C Left vocal cord; R V C Right vocal cord; V L Ventricle of the larynx; F V C False vocal cord; *a e* Arytæno-epiglottidean fold.

The value of the diagnosis in this case was not merely of pathological interest; but by calling attention to the nervous system, therapeutics were able to be used in reference to the *fons et origo mali.*

APHTHA FIGURATA—CLINICAL REMARKS ON ITS PATHOLOGY AND TREATMENT.

[Communicated by Dr. Andrew Clark.]

This disease, as it occurs in adults, passes through three stages, which are sometimes seen simultaneously in different parts of the same tongue. In the first stage it is studded with variously shaped, white, opaque, slightly raised red-edged patches; in the second, with shallow, red, angry-looking white-margined erosions; in the third, with smooth glossy depressions, through the thin tensely-stretched lining of which the subjacent textures are visible.

The first stage is essentially an epithelial thickening. The secretion of a serous fluid determines its desquamation and the production of an erosion. This after extending in various directions becomes coated at last either by a single or double layer of fine scaly epithelial cells or a stratum of fibroid tissue.

The morbid process is often repeated in the same spot; and then the papillæ are destroyed and the mucous membrane replaced by fibroid tissue.

The disease arises from various causes. Sometimes it is hereditary; sometimes congenital. Many cases are referable to syphilis, a few to mercury and to local irritations; some are inexplicable.

In any case, the disease is a source of great discomfort to the patient and extremely difficult of cure.

If the disease is not specific and ordinary remedies fail to effect a cure, proceed as follows:—

Remove all possible sources of local irritation whether arising from carious teeth, smoking, the use of the pipe in glass-blowing, or the like.

Let the diet be made extremely simple: especially exclude condiments, sweets, acids and acid-begetting matters.

Immediately after a meal carefully wash and dry the tongue and then quickly but firmly and freely apply the solid caustic to each of the patches and the surface beyond to the extent of an eighth of an inch.

Repeat this application twice at intervals of three days, and gargle frequently with a solution of alum containing about two grains to the ounce of water.

New patches must be treated as they arise in the same way. But if after the second or third application fresh patches appear in the places occupied by the old ones another plan of treatment must be adopted.

Wash and dry the tongue as before; pencil each patch with the liquor sodæ chlorinatæ which will dissolve the epithelial or fibroid thickenings; in a minute or so, wipe the now softened patches with a dry cloth and lightly apply to the raw surfaces a saturated solution of arsenic in hydrochloric acid. Take care that no more arsenious solution is used than may be required to saturate the patch and that the mouth is washed with water at the conclusion of the operation.

This process may be repeated in four days; but meanwhile the raw surfaces should be painted daily with a solution of nitrate of silver containing two grains to the ounce.

The local treatment is sufficient to effect a cure in some cases. In others nothing can be done without the help of remedies affecting the general system.

In the more tractable cases the following draught will suffice, given thrice daily, two hours after food:—℞ Potassii iodidi gr. iij., potassæ bicarb gr. x., potassæ chlor. gr. viij., spts. am. arom. ♏xx., syrupi aurant ʒj infus. cinch. ad ℥j Fiat haustus.

If manifest improvement does not occur after a fortnight's use of this combination, replace it with the following solution of the iodide of arsenic:—℞ Liq. potassæ arsenitis ♏iij., potassii iodidi gr. iij., liq. potassæ ♏xv., tinct. cardam. co. ʒj., syr. rhœados ʒj., aquæ cinnam. ʒvj. Three times daily with food.

If the disease is still intractable, it will sometimes be finally conquered by the nightly administration of half a grain of the iodide of mercury in combination with three grains of the extract of conium (a).

By one or other of these plans we may cure about six in every ten cases. In an experience extending over two hundred cases rather more than forty per cent. remained uninfluenced by any kind of treatment.

When the disease cannot be permanently cured, it may be temporarily cured by the daily application of weak solutions of nitrate of silver; or by allowing crystals of chlorate of potash to dissolve slowly in the mouth.

In most cases, even when the erosions are perfectly healed, the mucous membrane remains so irritable as to prove a continual source of discomfort. This may be overcome by the daily application of a saturated solution of tannic acid in equal parts of spirit and glycerine.

(a) In the case of a lady sent to Dr. Clark by Dr. Corbett, of Ossett this disease had existed for twenty years, and resisted all remedies but the two last, by means of which it was finally cured.

Medical Times and Gazette.

SATURDAY, JANUARY 11.

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METROPOLITAN SANITARY RESULTS.

The "Act for the Better Local Management of the Metropolis" of this mighty kingdom received the Royal assent in 1855, and among its more prominent provisions was the institution of a body of Sanitary Officers to whom it entrusted the supervision of the health of the districts to which they were to be appointed. The Medical Officer of Health was the only officer which the new representative Vestries were compelled to appoint. Vestry-clerks, surveyors, inspectors, etc., might or might not be appointed, but the election of a Medical Officer of Health was compulsory. Great outcry was made as a matter of course. Small house-owners were in consternation, for experience in the City of London was not wanting to assure them that they would not be overlooked. London was to be Doctor-ridden. Priestcraft was a fleabite to such an infliction as this. No one would be safe from the domiciliary visitations of the New Inquisition. The Englishman's boast that his house was his castle, was from that day forth to live but in the memory of the past, of the good old times when a man could do what he would with his own. Strenuous efforts were made to pack the vestries with rate-payers who compounded for house property. Publicans who fattened upon misery cast in their lot with those who fancied they saw their own interests in maintaining it, and as Medical Officers of Health must be appointed, every subterfuge was resorted to in order to avoid the appointment of a special officer, or to render the holding of the appointment as undesirable as possible. But almost throughout the metropolis the dirty party was utterly routed. Medical gentlemen of good standing and of known ability came forward as candidates; and no unprejudiced person can read down the list of Metropolitan Medical Officers of Health without recognising names of men who, as practical Physicians, Surgeons, and Chemists, largely enjoy the confidence of the public, and are ever mentioned with respect by their own Profession.

But all this was but the preliminary skirmishing—the first blast of the trumpet to set the battle in array, army against army; cleanliness, good air, wholesome food, health, and morals, against dirt, malaria, poisonous ingesta, disease, and crime. The battle was yet to be fought, it is being fought now, it will continue to be fought, with the desperation inspired by defeat upon defeat of those who looked for nothing else—for God defends the right.

The year of grace 1861 has now closed upon us. Six years of probation have elapsed, and it is now full time that we took a review of the labours undergone, the successes attained, the difficulties overcome. And we must, in all justice, confess that the review is a cheering one. Satisfactory on the whole in respect to the past; full of hope in respect to the future. At the outset of their career the Metropolitan Medical Officers of Health took one of the wisest steps that they could possibly take. They formed themselves into an Association under the Presidency of Mr. Simon, the most experienced Health Officer among them, for mutual assistance, advice, and consultation. The Association instituted a weekly summary of the sickness prevalent in the several districts of the Metropolis; the particulars of which were regularly furnished by the Health Officers to one of their number, who undertook the labour of editing it: and no small labour it was. For a time, this return was printed at the expense of the Government. Such a return had long been a desideratum; first, as calculated to supply to the public the earliest information of the existence of certain important forms of acute disease, such as epidemics; and next, as forming a more accurate and reliable index of the condition of the public health than a mere return of mortality could be. But, in a paroxysm of economy, the grant of money for the publication of this return was withheld; the Association was not prepared to undertake the necessary outlay for its continuance, and this invaluable record was arrested at the moment when the organization for carrying it on had arrived at a state of perfection scarcely contemplated by its originators. The meetings of the Association have been regularly continued to the present time, and although it was impossible that any uniform system of operations could be adopted, combined efforts, in certain definite directions, have, from time to time, been instituted. Among these may be especially mentioned, a systematic inspection of cow-sheds, mews, gas factories, and other well-known causes of atmospheric impurity. The progress of Sanitary Bills through the Houses of Parliament have been watched, and suggestions upon them made in quarters believed to be influential. Committees have been formed to watch approaching, threatened, or existent epidemics; and in more than one instance the activity of their members has forestalled all other official inquiries. But, after all, the great battle-ground was the habitations of the poor. It is among those whose means are restricted, who labour literally for bread, whose increasing families drive them to take shelter where lodgings are cheapest and where large families are not objected to, that the tyranny of the petty landlord makes itself felt most deeply. Over these the Medical Officers of Health assayed to interpose their protecting ægis. With such, to complain were to ensure distraint and ejection; they had most of them known no better state of things, knew not of what to complain, nor to whom; they saw their children dying of fever, their wives or themselves disabled, or depressed in body and in energy, they knew not why, and scarcely cared. These had to be sought out, instructed, and helped. In many parishes the Health Officers at once established a system of house to house visitation. In many, the desire to do so has been opposed by the Vestries and District Boards on the ground of illegality. Upon this objection to the practice, though much may be said on the other side, we do not propose now to enter. We may simply say that when disease and death exceed the average in a street or block of houses, there it is the duty of the Medical Officer of Health to inquire. On the whole, these investigations have been acceptable to those most concerned; the Medical Officer of Health has been regarded by the unhappy inhabitants as a friend, whose visits have been welcomed despite the threats of the landlord. In this way sources of malaria, wholly unsuspected, have frequently been brought to light. In some of the smaller districts these visitations have not been confined to the poor localities. The best houses, the finest squares and terraces in the Metropolis are not free from local causes of disease; and in many such instances it has happened that expressions of heart-felt thankfulness have rewarded the discovery of concealed sources of disease from persons high in station, and well fitted to appreciate the benefits they received. In larger districts, although from time to time similar steps were adopted, the requirements of the poor have demanded nearly all the attention of the Health Officer, who has felt that he must, with the limited assistance usually accorded him, rely upon the intelligence and daily increasing sanitary knowledge of the better-educated classes to ask his aid when that aid was neede

All this, it may be well believed, has demanded from the Sanitary Officers no small amount of physical labour and courage. They have had to carry out the duties imposed upon them often in the very teeth of those who elected them, who had the power of reducing their salaries or of discharging them, and now and then to prosecute members of their vestries who presumed upon their position for impunity in their contravention of the law. Still we know not a single instance in which a Medical Officer of Health has shrunk from his responsibilities. We know of more than one who has become a martyr to his conscientiousness. A system of organised opposition has succeeded in depriving Dr. Barclay, the energetic and talented Health Officer of Chelsea, of one portion after another of his salary; and Mr. Rendle, whose name must ever be mentioned with honour among Sanitarians, voluntarily resigned his appointment in St. George's, Southwark, rather than submit to the restrictions which the Board with which he served laid upon his endeavours. He is probably doing more service now to the cause he has at heart as a member of the representative Vestry. The disinterested boldness of this gentleman has been above all praise.

It would be difficult to point out any direction, open to them, in which the Health Officers of the Metropolis have not advanced, more or less successfully, against their foes.

Perhaps not the least important work which they took in hand was the abolition of cesspools, and in their place the establishment of house-drains, communicating with existing sewers; the construction of new sewers where none were provided, and in all cases the ensuring of a proper supply of water for the flushing of the pipes. And badly enough all this was needed. We have only to look through the reports of these gentlemen to see how universally in the poorer districts, cesspools were infecting houses and neighbourhoods, saturating porous walls with liquid filth, and throwing their pestilential vapours through floor-boards of kitchens where whole families spent the night, and the younger members of the family their days also. We shall be led too far if we deal much with numbers in an article such as this; but as there now lie before us between eighty and ninety of the Annual Reports of the Medical Officers of Health, we cannot refrain from summing up a few of their details. We find, out of the forty-five districts into which the Metropolis has been distributed, that—

In 18 districts, during 1856, 6896 cesspools were abolished.
17 „ „ 1857, 6195 „
17 „ „ 1858, 4680 „
15 „ „ 1859, 3168 „
13 „ „ 1860, 2787 „

Making a total in 5 years of 23,726 „

Unfortunately, we do not possess the particulars of the sanitary work effected in all the districts during the five years referred to; but there are seven in which the reports before us are complete, and as they will enable our readers to form some idea of the amount of filth cleared away in this one form, we make no apology for the following Table of cesspools abolished in five years:—

	Area in Acres.	Cesspools.
In St. Giles'	245	378
Marylebone	1509	2944
Islington	3127	2720
St. Pancras	2716	1605
Bethnal-green	760	3197 (!)
St. James' Westminster	164	174
Strand	172	287
Total in 7 districts, area	8673 acres,	11,305

Considering that these numbers refer to so small a portion of the Metropolis, the total area of which is 78,029 acres, we may pretty confidently affirm that *at least* 40,000 cesspools have been abolished under the direction of the Health Officers; or, assuming that each was a square yard in surface, that their abolition has been equivalent to the removal of a lake of putrescent filth of the most disgusting character, which would extend over an area of between eight and nine acres, and be several feet in depth. We believe we are greatly understating the real facts of the case.

No one who is at all acquainted with the damage done to health by putrefying egesta can fail to form some idea of the improvements thus effected. Had the Medical Officers of Health done no more than this, surely they deserve the gratitude of the Metropolitan community. The cleansing of the stable of Augeas was the labour of a Hercules.

But we must recur to this subject.

THE WEEK.

HEALTH OF THE QUEEN.

As Sir James Clark spent last week at Osborne; as Sir H. Holland and Dr. Watson were there for a day, at the early part of the week; and as Dr. Jenner is still in attendance, it has been supposed that the health of the Queen is suffering. We are glad, however, to be able to assure our readers that such is not the case. The Physicians referred to were at Osborne solely for the purpose we mentioned last week—namely, to receive the acknowledgments of her Majesty for their attention to the Prince Consort. Dr. Jenner, who has hitherto held the rank of Physician Extraordinary to the Queen, was on Tuesday gazetted as Physician in Ordinary to her Majesty. These facts are the best answers that can be given to the insinuations which we regret to see continue to find a place even in the columns of some Medical Journals.

DR. LEON LE FORT ON ENGLISH AND FRENCH HOSPITALS.

The modern English Sanitary School has just received a most grateful compliment through the publication of a paper by M. Leon Le Fort, Prosector of the Faculté de Médecine, and through a discussion which is taking place at the Académie de Médecine. A friendly correspondent, interested in the question, has sent us an abstract of Dr. Le Fort's paper, which will be found at page 43. Here we may say that the Author's attention was directed to the subject in the course of some researches on the greater operations of Surgery, and the causes of their success or failure. In 1858, and again in 1860, he visited England, for the purpose of seeing English Surgery and collecting facts and statistics. He starts with the singular difference revealed by his own researches into the comparative mortality after operations in Hospitals in England and France. Out of 485 English amputations the fatal cases were 162, or 32·9 per cent.; out of 201 in French Hospitals recorded by Malgaigne, 126 were fatal, or 62·6 per cent. Here then was a fair subject for investigation; and it remained to be seen whether the difference were due to the *patients* operated on—to the Surgical treatment, including dressings, diet, and medicine,—or to the hygienic conditions, in other words, the air, warmth, and general wholesomness of the arrangements? We shall probably have to return to the subject.

THE CASE OF WEIR *v.* HODSON.

In this case, as our readers are aware, Mr. George Hodson, Surgeon, of Egremont, was called on by the police to examine the person of a woman suspected of having given birth to an infant which had been found murdered. There is nothing to show officiousness or improper conduct on his part; yet an action was brought against him, and heavy damages awarded. His only offence was, that he aided, in his professional capacity, the functionaries whose duty it is to protect life and property. We have before us, and publish, certificates of the facts of the case, from the Coroner, from the Police Superintendent, and from the Matron who was present at the examination:—

(Copy of Superintendent's Certificate.)

"Cheshire Constabulary, No. 6 Wirral Division,
"Birkenhead, November 2, 1861.

"On or about the 5th of March last a newly-born infant was found dead in a ditch at Egremont, Liscard, and from inquiries made a Mrs. Weir, of Egremont, Liscard, was suspected to have given birth to the said infant. Dr. Hodson, who was called to make a post-mortem examination of the body, was also requested, in the presence of the Coroner, to accompany myself and Mrs. Parker to the house of Mrs. Weir. I explained our business to Mrs. Weir, and told her she was suspected of having given birth to the infant that had been found. She replied, 'I am quite willing to be examined,' and upon that Dr. Hodson did so.

"Thomas Hammond, Superintendent.
"Dr. Hodson, Egremont."

(Copy of Certificate from Coroner.)

"This is to certify that in March last I held an inquest on the body of a new-born infant in the Township of Liscard, and that the said infant was found dead in a ditch, under circumstances of much suspicion.

"I also certify that Mr. Hodson, Surgeon, was requested by the Superintendent of Police to make a professional examination of a woman suspected to have given birth to the said infant unknown, in my presence, while officiating as Coroner.

"Henry Clinton, Coroner for South Cheshire.
"Chester, October 22, 1861."

(Copy of the Matron's Certificate.)
"The case Weir *v.* Hodson.
"To the Editor of the *Daily Post.*

"Sir,—My evidence not having appeared in the papers, I think it but justice to state I was present during the examination of Mrs. Weir by Dr. Hodson.

"It was done with the free and full consent, and was conducted in the most delicate manner possible. It did not occupy more than five minutes, and not ten, as stated by Mrs. Weir.

"Mary Parker.
"7, King-street, Egremont, January 1, 1862."

Persons who are often in the habit of breaking the law always combine to provide a fund for the defence of such of their fraternity as may fall into the hands of justice. Cowkeepers, cabmen, publicans, and others, who break the law habitually, have Trade Protection Societies for the support of their delinquent and detected brethren. In Mr. Hodson's case, certainly the county ought to reimburse him, or the Home Secretary; but if not, a small subscription from his own Profession ought to be set on foot, to relieve him from the consequences of an error (if error it be) which any one of us may have fallen into.

DEAD CHILDREN—A MEDICO-LEGAL PUZZLE.

A wretched case has been noticed in the newspapers, of a woman servant, in whose box were found the bodies of two infants, dried to mummies. As far as concerns the evidence it gives of immorality, and consequent infanticide, it is unhappily not worth notice; the point of interest was the impossibility of deciding whether these desiccated infants had been born alive or not.

ILL TREATMENT OF A LUNATIC AT HANWELL.

The death at Hanwell of an unfortunate lunatic, who is stated to have been kicked and otherwise brutally ill-used by one of the attendants, has excited general indignation; and this, not so much because of the individual act of brutality, as of the evidence it affords of deficient organisation and of the apathy with which the case was regarded by the jury. Their verdict was couched in the mildest terms:—

"That deceased did die after receiving certain injuries from external violence, but whether the death was occasioned by natural causes or by such violence there was not sufficient evidence to show."

Our late remarks on a similar case at Colney Hatch point to the real evil that requires remedy—irresponsible management by a Committee of Magistrates.

VESTIARY REFORM.

Mr. Borlase Childs, Surgeon to the City Police Force, has earned considerable *kûdos* by a very sensible report on the policeman's dress, and has attained the highest rank as a Vestimentary Reformer. He denounces the common hat, and says:—

"It affords no protection in a struggle, for it either immediately falls off, or is struck off; and the man, becoming conscious that his head is exposed to great danger, hesitates, and begins to think only of self-defence. It is, moreover, heavy—weighing fourteen ounces, even when dry; offers no protection to the eyes, face, ears, or neck; causes headaches, etc.; not being arched, it does not sufficiently, even if kept on, protect the head from a blow, no matter what may be its strength; whilst, as to appearance, it presents the additional absurdity of superadding a civilian's hat (the worst covering for the head ever invented) to a semi-military dress. The present police hat admits of no improvement. The Galeated head-dress of the ancient Greek requires none, but merely some modifications adapted to the circumstances of the case. Following Nature's design, to give the utmost possible protection to the brain, the Greeks gave to the helmet that arched form, proved to be the perfection of every arch. The Galea of the Greek, therefore, modified according to existing circumstances, and which I now submit to the Committee for their approval, as the 'Britannia Hat,' seems to me to combine most of the advantages of that of the Greek. It is light, sits firmly on the head; is strong, arched, elegant in form; protects the eyes, neck, and, if required, the ears; and admits, by a ventilating chamber, of the escape of heat from the head of the wearer."

A full, handsome, and tolerably long tunic, with means of ventilation for the arm-pits, waterproof leggings to be worn over the trousers, flannel under-clothing, and well-fitting, arched boots, instead of the stiff, straight, corn-producing things now in use, are comprised in Mr. Childs' recommendations.

IRISH INFERIORITY.

Dr. Henry M'Cormac, M.D., of Belfast, has addressed a spirited remonstrance to the Editor of the *Spectator*, who ventured to speak of the Irish as an inferior race. He says:—

"No mean proportion of human work, whether as regards head or hand, has been and is performed for England's behoof by Irishmen; and no small amount of Irish blood flows through English veins. If Ireland had happened to be as large as England is, and equally gifted with coal and iron, and England conversely as small as Ireland, your boasted superiority would have vanished, and, *mutatis mutandis*, we should, perhaps, have had some *Irish* donkey canting about the inferiority of the English race."

He further alludes to what a delicate euphemism styles "habits of amalgamation" between white and black races as proofs that there is no real necessary antipathy which should render residence in one country impossible.

THE FRENCH MEDICAL PRESS ON THE PRINCE CONSORT'S ILLNESS.

"Everything is in mourning in loyal England, in consequence of the death of the Prince Consort—even the Medical Societies and Medical Papers,—and with good reason. The nature of the malady of the Queen's husband is discussed and commented on, for the hints of 'gastric fever' given by the first bulletin did not say much, and were anything but scientific. Now, it is generally admitted, that a typhoid fever, of an adynamic form, complicated, as so frequently happens, with pulmonary congestion, killed the Queen's husband, and to account for the acute pain of his last moments, and his rapid death, a perforation of the intestines is supposed to have taken place. But these suppositions and these probabilities are far from being positive proofs, and people are very positive in England. So a circumstantial account is imperiously called for, to throw a light on this sad death. There is, in this deplorable event, a hard and cruel lesson for the English journals, who criticised the Italian Doctors so bitterly upon the illness, treatment, and death of Count Cavour. We little thought that an example would so speedily occur, to justify our reflections on this subject. Without doubt the Queen's husband receive the most enlightened and devoted care. The proof of this is found in the well-known ability of Sir J. Clark, and the great experience of Dr. Jenner, who attended him, assisted by Drs. Holland and Watson. Certainly they were not prodigal in bleeding, neither was the diet too severe, and, nevertheless, the Prince died; and about this death such incomprehensible things are said, as to give the Italian Doctors a fair opportunity for making reprisals. How is this? It is because our art is not more infallible in England than in Italy, or elsewhere. Similar misfortunes, that is to say, occasional deaths unexplained and inexplicable, are not rare; and because the stroke falls upon a crowned head, or an illustrious person, must the blame therefore fall on the Physicians?" "Non," continues *L'Union Médicale*, "mille fois non; c'est à nous de la proclamer, et aux familles à le comprendre, en imitant le noble et admirable exemple de la reine Victoria, qui, 'après le fatal événement,' dit le *Medical Times*, 'et avec un calme, une dignité dont elle ne s'est pas départie, exprime ses plus sincères remerciments à Sir J. Clark, comme l'un de ses plus vieux et meilleurs amis, et fit remercier le Docteur Jenner par un des membres de la famille Royale.'"

THE NEW PERIODICALS.

The Westminster contains articles on Income-tax Reform and on Popular Education in Prussia which will interest many of our readers, besides a valuable *résumé* of the scientific works published during the quarter.

The January number of the *Pharmaceutical Journal* contains a report of an adjourned discussion on the Preparation of Medicinal Extracts, from which it seems that the young stalks, fruit, and flowers of the belladonna yield a better extract than do the leaves alone.

The Glasgow Medical Journal contains an article on the Social Position of the Profession, which makes one ready to gnaw one's finger-nails with vexation. Medical men in Glasgow, it seems, are snubbed; they have no adequate social weight; their mouths are peremptorily shut if they venture to offer opinions on the site of Hospitals or any other sanitary matter. What is the cause? They are poor, and miserably ill-paid. We hear of Physicians (!) receiving half-crown fees, and driving in a carriage and pair to receive them. What is the remedy? Courage, and something like *esprit de corps* amongst the best men, and a determination to ask and get better fees. We heartily wish our Glasgow brethren success.

The Edinburgh Medical Journal has a useful article on the treatment of Burns and Scalds, by Dr. J. Y. Myrtle, M.D., who employs simple sulphur ointment at first, and an ointment of leeks if ulceration appears. This is made by melting hogs-lard and allowing leeks to simmer in it till they are tender, then straining through muslin. One leek is used to about a quarter of a pound of lard.

The Dental Review has a scientific article in the shape of a republication of John Hunter on the Teeth; but nothing else which shows that the easy life of the Dentist is ruffled by much intellectual exertion.

The British and Foreign Medico-Chirurgical Review for January is a good average number, and contains a good account of whatever steps may have been taken most recently towards the advancement of scientific and practical Medicine. Among the original communications is a very interesting paper on "Vegetable Morphology," by Mr. Masters, one on the "Diseases of St. Kilda," by Dr. Morgan, of Manchester, and one on "Pulmonary Consumption," by Dr. Hill.

The Edinburgh Veterinary Review has a capital article on "Accessory Feeding Substances," by Professor Anderson. He discomfits the vendors of various messes, composed of cheap seeds and aromatics, and said to have marvellous effects in feeding horses and cattle. He shows that the notion is a delusion; and that if it were true, the cattle feeds are sold at three times their fair value.

REVIEWS.

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The Roll of the Royal College of Physicians of London, compiled from the Annals of the College and from other authentic sources. By William Munk, M.D., Fellow of the College, etc. etc. Vol. II. 1701 to 1800. Pp. 429. London Longmans.

This second volume of the "Roll" will be read with an interest different from that which attached to the first volume, but no less active. As that carried us back to the days of the gold-headed cane, when mystery commonly went hand-in-hand with pomposity and ignorance, so this, especially towards the close of the century it embraces, introduces us to men to whom we and the public at large owe a debt of lively gratitude, men with whom very many of the present generation have been on terms of kindly intercourse, and whose names are yet and will long be cherished amongst us as household words. To some biographies thus placed on record we will briefly advert, taking them in the order in which they occur.

One of the earliest is that of Dr. Woodward, more distinguished as a geologist than as a Physician, founder of the Museum which bears his name at Cambridge and of a Professorship in the University. He was admitted at the College of Physicians in 1698. His practice was said to consist in vomits and cathartics administered alternately *de die in diem* till the sick man grew tired, or being quite spent was forced to give over. An amusing tale is told of a quarrel he had with Dr. Mead. The name of Dr. James Yonge initiates us into the duties of a Surgeon's assistant on board a man-of-war in 1661. Mr. Yonge had not only to dress wounds, etc., but also to boil gruel, make barley water, wash and dry bandages and rollers, make the hammocks and shave and trim anyone requiring it. In his "Currus Triumphalis de Terebintho," he gives an account of turpentine as a means of arresting hæmorrhage, and shows he was familiar with an apparatus analogous to the tourniquet. Dr. John Addenbrooke, the founder of the Hospital which bears his name at Cambridge, receives a brief notice. Dr. Drake, whose work, "Anthropologia Nova," was the popular work on anatomy until displaced by Cheselden, was a violent party politician and constantly in hot water on this account. He was admitted a candidate at the College in 1698. Dr. Arbuthnot, the friend of Pope, Swift, Gay, and Parnell, and a member of the Scriblerus Club was admitted a Fellow in 1710. Richard Mead was a fellow-student with Boerhaave, at Leyden, and came before the public in 1702 by the publication of his "Mechanical Account of Poisons." On the death of Dr. Radcliffe he succeeded to much of his practice. He was among other things, notorious for his princely hospitality, and his income, for those days, was princely too. The classical Dr. John Friend is honoured by a somewhat lengthy notice; in 1722 he was elected M.P. for Launceston, was an intimate friend of Bishop Atterbury, and being suspected of participation in the "Bishops' plot," was committed to the Tower in 1722-3. It was here he laid the plan of his elaborate "History of Physick." The learned and indefatigable antiquary Dr. William Stukeley was admitted a candidate of the College in 1719. He was for some years Secretary of the Society of Antiquaries. In 1726 he removed to Grantham, and after practising there for some years, overpowered by the fatigues of his profession, and repeated attacks of gout, took holy orders, and was presented to the living of All-Saints, Stamford. Of Dr. Thomas Dover, whose name is familiar to us still, in connexion with pulv. ipecac. co. but few particulars are obtainable. He was admitted a Licentiate in 1721. A short memoir of Dr. Meyer Low Schomberg, a German Jew, shows us how some Doctors used to get on in those days. He took a large house and kept a public table, to which he invited all the young Surgeons indiscriminately; they swallowed the bait, and the scheme succeeded, so that in his Professional income he distanced all the City Physicians. The eccentric Dr. Messenger Monsey, a lucky *protégé* of the Earl of Godolphin, who procured him the appointment of Physician to Chelsea Hospital, receives notice: he left his body for dissection by Mr. Cruikshanks. There is a very amusing memoir of the pedantic and conceited Sir William Browne, who was President of the College in 1765 and 1766. A laughable anecdote is related of a visit he paid to Bishop Warburton at Bath, after he had made the Presidential chair too hot to hold him. Dr. James Monro, the son of the Principal of the University of Edinburgh, and the first of that name who was Physician to Bethlem Hospital, was admitted a candidate of the College in 1728. We pass over many names to arrive at that of Dr. William Battie, who during his life endowed a scholarship of £20 per annum at King's College, Cambridge. A story is told, that when he settled at Uxbridge, the Provost of Eton, Dr. Godolphin, sent a carriage and four horses for him, as a patient, and when about to write his prescription, the Provost checked him with the remark that he need not trouble himself to write, as he had only sent for him to give him credit in the neighbourhood. He was Physician to St. Luke's Hospital. Dr. Thomas Lawrence, the friend and Physician of our great lexicographer, Dr. Johnson, was a man whose success in practice was not commensurate with his ability. He was President of the College in 1768, and was annually re-elected for seven consecutive years. The name of Dr. Fothergill is still intimately associated with the literature of "Putrid Sore Throat." He made rapid progress to a most lucrative practice, devoting his hours of relaxation to chemistry and botany. His garden was known all over Europe, and was visited by foreigners of all ranks. His collection of natural history was purchased, on his decease, by Dr. Wm. Hunter. The "Commentarii de Morborum Historia" will transmit Dr. Wm. Heberden's name to the latest posterity. It was he who recommended to the College of Physicians the first design of their Medical Transactions. He was admitted at the College in 1745. Dr. Edward Archer was elected Physician of the Small-pox Hospital in 1747, and admitted a Licentiate of the College in 1752. He devoted his life to the improvement of the practice in small-pox, and the advancement of inoculation. In his last illness he desired to be removed to the Small-pox Hospital, in order that he might die there. Dr. John Monro, on the decline of his father's health, was appointed joint Physician with him at Bethlem, and he limited his practice almost exclusively to insanity. He was admitted a candidate of the College in 1752. He was distinguished for his correct and elegant taste for the fine arts. Of Dr. Peter Shaw, Physician to George II. and George III., little is known except by his editions of Bacon and Boyle. The poet Akenside was admitted at the College in 1753: he was the son of a butcher at Newcastle. Dr. Anthony Addington, the confidential friend and Physician of Lord Chatham, was one of those consulted about the King's illness. He was an ardent politician, and survived to witness his eldest son's elevation to the chair of the House of Commons. He was admitted a candidate of the College in 1755. The great anatomist and obstetrician, Dr. William Hunter, was originally designed for the Church; to the great benefit of our Profession, however, some conscientious objection to subscription diverted his energies into another channel. It is impossible to epitomise the epitome of the chief events of his life as recorded in this volume, and, as they must be familiar to all readers of Medical biography, unnecessary also. He was admitted a Licentiate of the College in 1756.

The names which we find subsequently recorded in the volume are, many of them, such as might be printed in letters of gold in the Roll not of this College merely, but of distinguished Physicians throughout the world. Sir George Baker was admitted a candidate of the College in the same year as Hunter, and held the office of President from 1785 to 1795. As a classical scholar he had few equals, and from his erudition on all Medical questions, everything was habitually expected. In the treatment of any disease in the least degree unusual, if it was desired to know all that had ever been said or written on the subject from the most remote antiquity down to the case in question, a consultation was proposed with Sir George Baker. Dr. Thomas Dimsdale belonged to a Quaker family, and after serving as a Surgeon in the army was admitted as an Extra-Licentiate of the College in 1761. His reputation is associated with small-pox inoculation; and having successfully inoculated the Empress Catherine of Russia and her son, the Grand Duke, he was created Baron of the Empire and Physician to the Empress. After practising some time at Hertford, he opened a banking house in Cornhill with the Barnards, and was in 1780 elected M.P. for Hertford. The name of Dr. Vaughan is celebrated in the volume before us on account of the devotion he exhibited to the education of his sons, one of whom became a distinguished President of the College, another a Judge of the Court of Common Pleas, a third Warden of Merton College, Oxford, and Dean of Chester, another Envoy Extraordinary to the United States and a Privy Councellor, and another Vicar of St. Martin's, Leicester. Dr. Vaughan devoted the whole of his Professional income to this praiseworthy object. Sir John Pringle happily devoted himself to physic from hearing a lecture by Boerhaave during a casual visit at Leyden. In 1742 he became Physician to the Earl of Stair, then in command in Flanders, and remained there during the campaign of 1744. He was created baronet in 1766, and was elected President of the Royal Society in 1772, at a fortunate time, when a taste for experimental investigation was diffusing itself through every part of the civilised world. There is a very brief account of Dr. Leake, the founder of the Westminster Lying-in Hospital: he was admitted a Licentiate of the College in 1766. Few Physicians have met with the success which followed Dr. Turton. He was admitted a candidate of the College in 1767, and in 1771 was appointed Physician to the Queen's Household, and 1797 Physician to the King. At his decease he left to his widow £9000 per annum in landed estates, and £60,000 in the Funds. Dr. Lettsom, a member of the Society of Friends, commenced his career by ruining his private fortune by an act of self-sacrificing benevolence, in emancipating the whole of his slaves on a property in the island of Vandyke, near Tortola. In 1770 he became a Licentiate of the College, and soon commanded the largest medical business in the city. Dr. Henry Revell Reynolds was one of those who were called upon to attend George III. in his unhappy illness. He was admitted a candidate of the College in 1773. Dr. John Jebb commenced his career by taking holy orders in 1760, but in 1775 resigned his ecclesiastical preferments, and in 1777 was admitted a Licentiate of the College. A political partisan, he zealously supported unbounded religious and political liberty, the abolition of subscription, and the cause of America against England. He was master of many languages, and amongst them of Hebrew and Arabic. Sir Gilbert Blane was another of the distinguished Members of the College, who were first destined for the Church. Having, through the introduction of Dr. Hunter, accompanied Admiral Lord Rodney as Physician to the Fleet, he was subsequently admitted a Licentiate of the College in 1781. During a series of years the Government had recourse to him for an opinion on all questions relating to the Medical and sanitary administration of the Navy, and to him it is indebted for the banishment of scurvy by the introduction of lemon-juice as a regular ingredient of the diet. It was his report also which led to the abandonment of the island of Walcheren.

The name of Dr. Thomas Denman will ever stand conspicuous among European Accoucheurs. In 1757 he was Surgeon in the Navy; having left the service, and after lecturing for some years on Midwifery, he was in 1769 appointed Physician-Accoucheur to the Middlesex Hospital. In 1783 he was admitted by the College of Physicians as a Licentiate in "Midwifery." His son became Lord Chief Justice of England. We pass over the names of Drs. Rowley, Underwood, and others, to arrive at that of Sir William Watson, whose researches in electricity gave him the undisputed lead in this branch of philosophy; and while yet an Apothecary in the city, his house became the resort of the most ingenious and illustrious experimental philosophers that Europe could boast. During the presidency of Sir John Pringle, he was elected Vice-President of the Royal Society. Dr. Willan, who was the first to arrange skin diseases in a clear and intelligible manner, and to fix their nomenclature on a satisfactory and classical basis, was admitted a Licentiate of the College in 1785. He was an accomplished classical scholar and a good antiquary. Dr. David Pitcairn was admitted a candidate of the College in 1784. A reply he made to the surprise expressed by a young friend, who had recently graduated, at the inertness of one of his prescriptions, deserves to be perpetuated,—"The last thing a Physician learns, in the course of his experience, is to know when to do nothing; but quietly to wait, and allow nature and time to have fair play in checking the progress of disease and gradually restoring the strength and health of the patient." Dr. John Clarke, the well-known lecturer on Midwifery, in which duty he was associated with Drs. Osborne and Denman, was admitted a Licentiate in "Midwifery" at the College in 1787; but subsequently resigning his obstetric practice to his brother, Sir C. Mansfield Clarke, devoted his attention to diseases of women and children. We must not omit to notice the name of Dr. George Fordyce. He was indefatigable as a lecturer, giving three lectures consecutively of a morning on Chemistry, Materia Medica, and Physic. He was admitted a Licentiate of the College in 1765. He is the well-known author of several important papers in the *Philosophical Transactions*. Dr. James Carmichael Smith, the introducer of nitrous acid fumes for the purpose of disinfection, became a Licentiate of the College in 1773. Dr. Caleb Hillier Parry was one of the most successful Practitioners at Bath, when that city was in its glory: his receipts one day for separate attendances were fifty guineas. He was a great agriculturist. Dr. Richard Pearson, who contributed the articles on Medicine in the early part of "Rees' Cyclopædia," was admitted a Licentiate in 1788. In conjunction with Mr. Sands Cox, he took an active part in establishing the Medical School in Birmingham. Dr. John Latham became a candidate of the College in 1788; President in 1813, a post which he filled until 1819. He rapidly obtained a large and lucrative practice. But among the distinguished members of our Profession whose actions "smell sweet, and blossom in the dust," will ever stand most prominent Dr. Matthew Baillie. He commenced his career by superintending the dissections of students at Dr. Hunter's school, and subsequently, 1784-5, was associated with Mr. Cruikshank as joint lecturer. He was admitted a candidate of the College in 1789. During many years he was in the habit of devoting sixteen hours each day to business. During his lifetime he gave his collection of anatomical preparations to the College, and £600 for the preservation of the same; and at his death left it a large legacy. He acquired business early by the credit of his book on Morbid Anatomy. The attention he paid to this gave him a confidence in propounding his opinions, which our conjectural art does not readily admit; and the reputation which he enjoyed universally for openness and sincerity, made his dicta be received with a ready and unresisting faith.

Dr. Thomas Monro inherited his father's love of the fine arts, and was the warm and constant friend of the painter Turner. He was admitted a candidate of the College in 1790, and appointed Assistant-Physician to Bethlem Hospital in 1787. Dr. John Aiken, the brother of the well-known writer, Mrs. Barbauld, devoted himself almost exclusively to literary pursuits. He was admitted a Licentiate in 1792, in 1796 became editor of the "Monthly Magazine," and in 1811 of "Dodsley's Annual Register." The occurrence of Sir Henry Halford's name makes us feel that we are approaching the period of our own contemporaries. We have already mentioned him as one of the highly-favoured sons of Dr. James Vaughan. He was admitted a candidate of the College in 1793, and the same year was appointed Physician-Extraordinary to the King. For many years he shared with Dr. Baillie the highest Professional honours, and in 1823, on his decease, was left without a rival. He was elected President in 1820,—a post which he held till his death in 1844. To his exertions the College mainly owe their removal from famed Warwick-lane to Pall-Mall East. In 1825 the present College was opened by him with an eloquent Latin oration. As a Latin scholar he was perhaps unequalled in his time. Another name which imparts lustre to the Roll is that of Dr. William Hyde Wollaston who was admitted a candidate in 1794, but having been successfully opposed by Dr. Pemberton as a candidate for the office of Physician at St. George's Hospital, took a dislike to the Profession, and thenceforward devoted himself almost exclusively to chemistry. In this department of science he attained, as we all know, the highest eminence. One of his discoveries, the malleability of platinum, produced him, it is said, as much as £30,000. He was elected President of the Royal Society in 1820, resigning the chair after a few months' occupation of it to Sir Humphry Davy. We shall allude to only three other names on the Roll of the last century, and then conclude. The first of these is Dr. William Babington who was admitted a Licentiate in 1796, and in a few years was in possession of a large and lucrative practice. He was one of the founders of the Geological and Hunterian Societies. He was conspicuous among his fellow men for his benevolence and active philanthropy. The other is that of Dr. Alexander John Gaspard Marcet, who was admitted a Licentiate in 1799. In 1809 he volunteered his services on behalf of the troops returned from Walcheren, and took temporary charge of the Military Hospital at Portsmouth. He was chiefly distinguished as a chemical Physician and published many valuable papers in the *Philosophical Transactions* and in various scientific journals. Lastly comes Dr. Yellowly, one of the most active of those who established the Royal Medical and Chirurgical Society, in the welfare of which he took a warm interest to the last. He was admitted a Licentiate in 1800. In conclusion, we feel that it is impossible for any reviewer to do justice to this laborious compilation. It will follow the former volumes upon the shelves of every one who honours the promoters and cultivators of our most beneficent art.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON SPONTANEOUS DISLOCATION OF THE FEMUR.

By Dr. DITTL.

In bringing this subject before the Vienna Medical Society, Dr. Dittl adverted to the differences which existed between traumatic and spontaneous luxation. In the former, the result of great violence to a healthy subject, the *ligamentum teres* and the capsule are always torn, the head of the bone lying external to the ruptured capsule. According to the author's numerous experiments and his examination of specimens, this laceration of the capsule does not take place as a mere slit, it always becoming at the same time partially separated from its insertion in the edge of the acetabulum, forming a triangular flap, which by interposition may render reduction difficult. Spontaneous luxation, on the other hand, is always the consequence of a disease, and occurs through mere muscular action, unaccompanied by external violence. Any disease, as soft enchondroma, gelatinous cancer, etc., but most commonly inflammation, which leads to a loosening of the texture of the surrounding tissues, may give rise to the displacement. These being soaked in exsudative matters, the cartilage softens, so that a plate of it and the ligamentum teres may be defibrinated by means of a forcep. The capsule becoming swollen, passively yielding, and distended like a bladder. The patient usually remains upon his back, with the hip-joint bent, the head of the bone pressing upon the posterior edge of the acetabulum, in which direction it is also forced by the muscles acting through reflected contraction. For this reason the edge of the acetabulum and the corresponding portion of the head of the bone undergo diminution, and the occurrence of luxation is favoured; and, if arrest of the disease could now be obtained, the head of the bone would no longer enter the cavity completely. Contrary to what takes place in traumatic luxation, the ligamentum teres in this form of dislocation is not necessarily torn, and the capsule is uninjured and still retains the head within its cavity.

For the prognosis, the determination of the stage of the disease at which the luxation takes place is of great importance. At an early period, reposition is more difficult, but the result is more durable; while later, the head is easily replaced and easily resumes its abnormal position. In caries no attempt at replacement should be made. Re-position is contra-indicated when the muscles have become firmly contracted, owing to the position they have retained, when abundant osteophites have become developed and when inflammatory action is still present. Dr. Dittl thinks that direct extension should not be employed for the purpose of obtaining reposition; and, in the two cases which came under his own care, applying the hand to the knee, he bent the limb strongly forward, loosening the head of the bone from its adhesions by movements of abduction and adduction, and rotating it outwards during abduction. The after-treatment is of the highest consequence, as, if neglected, relapse may easily occur. It consists in keeping the thigh, by means of bandages, extended and rotated outwards for one or two months. Some amount of shortening will remain after recovery, as also some eversion of the foot. In one of the author's cases, reduction took place five months after the occurrence of the luxation, and six months later the patient was able to get about unassisted. In the other case six months had elapsed before reduction was effected. Passive movements of the limb executed four weeks afterwards, re-excited inflammatory action, which, however, was soon abated. The reduction should be accomplished under the influence of chloroform, in consequence of the active contraction of the muscles attempts at effecting it excite. Dr. Salzer, founding his remarks on a case which occurred in

Heyfelder's practice, disagreed with the Author in thinking it necessary to await the subsidence of inflammatian before proceeding to reduction; on the contrary, this should be effected as soon after the occurrence of the luxation as possible, as delay renders it difficult or impossible, while after its completion the inflammation subsides. The subject of the case alluded to was a Medical Practitioner, who was able to leave his bed four weeks after the reduction, and is now in the active pursuit of his Profession.—*Wochenblatt der Gesell. der Aerzte in Wien*, No. 26.

EXCERPTA MINORA.

Phosphorescence of Fishes. — It results from Mulder's researches that the phenomena of phosphorescence presented by fishes at the period of their decomposition in contact with the air are always accompanied by an abundant disengagement of ammonia, and do not depend upon the existence of free phosphorus. They seem due to a disengagement of phosphuretted hydrogen which burns spontaneously in the air, and which results from the action of hydrogen in the nascent state upon the phosphoric organised matters contained in the bodies of these animals.—*Annales des Sciences Nat.* Tome xv., p. 367.

Detection of Nicotine in the Viscera of a Snuff-taker.—M. Morin has examined the liver and lungs of a determined snuff-taker who died aged 70. The organs, cut up into little pieces, or triturated in a mortar with powdered glass, were brought into contact with distilled water acidulated by some drops of sulphuric or of oxalic acid. After several days, the liquid was filtered through paper devoid of carbonate of lime and reduced to one-third by ebullition. As it became thus concentrated, flocculi were produced and deposited. Thus reduced, it was filtered again and pure alcohol was poured on to it that gave rise to other flocculi, which were separated by filtration. When the alcohol had been driven off by evaporation a slight excess of pure potassa was added to the residue. After cooling, this mixture was agitated with sulphuric ether, which was decanted after some hours and evaporated in a pneumatic machine. The residue presented the irritating odour and acrid flavour of nicotine, and comported itself just like that substance with various reagents.—*Presse Belge*, No. 51.

FOREIGN CORRESPONDENCE.

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TURKEY,

Constantinople, November 30.

THE LATE SULTAN AND THE MEDICAL SERVICE OF THE SERAIL.

After a somewhat prolonged absence from this place, it is only to-day that I can, agreeably to your request, give you a few data on the last illness and the death of the Sultan; and although that which I am going to relate, is now devoid of immediate freshness, I hope that, as a faithful picture of the Medical world of the Serail, it may even now be read with some interest.

The Household of the Sultan Abdul Medjid had, especially within the last few years, increased to a truly fabulous extent. The necessaries of a harem which numbered several hundreds of favourites, and the well-known fact that no end of "perquisites" were to be picked up there, which caused innumerable persons of the higher as well as the lower classes to offer their services, entailed an expense which was simply ruinous, considering the financial condition of the country, which is well-known to be by no means in a flourishing condition. The late sovereign encouraged every kind of prodigality. The most prominent features of his character were, on the one hand, great love of pleasure and debauchery, self will, childish fancies, and a passionate temper; on the other hand, the greatest goodness of heart, boundless liberality, and pity for misfortunes and suffering; and the serail became thus a source of private prosperity as well as the cause of public misery. Men of every class, from the Armenian jeweller down to the German cobbler, suddenly acquired wealth by Imperial benevolence, and it may be concluded that the Medical Profession also came in for their share. The Household of Sultan Abdul Medjid counted no less than twenty-eight Physicians, who had, however, a position different from that of the Physicians in Ordinary to a European Prince. Only a few of them had the good fortune to come into personal contact with the Sultan himself, most of them being destined to attend upon the slaves, princes, princesses, eunuchs, servants, and other loiterers and idlers of the harem, the number of which amounted to several thousands.

The organisation of the Medical service of the Serail is as follows:—At the head of it is the *Médecin en Chef du Palais;* a place which in the reign of Sultan Abdul Medjid was always occupied by Mussulmans, who were not necessarily Physicians; and it was often given to former Directors of the Medical School, Under-Secretaries of State, and Ulemas. The Physicians to the Serail are, in turn, obliged to remain for twenty-four hours in their apartments opposite the Serail, so that they may be at hand in case anyone should fall ill there. From this rule only a few are exempt, either in acknowledgment of long-continued services, or by special favour; and these had only to appear in obedience to a special summons from the Sultan, the Sultanas, the Princes, or other high personages. In the Serail is a pharmacy which communicates with the Physicians' apartments, and which is under the management of a Chief Apothecary and several assistants. The salaries given to the Doctors are just as arbitrary and irregular as is the case in all other branches of the Turkish administration; their amount being dependent solely on the degree of favour which a Doctor enjoys. The Chief of the Department generally received a salary of 10,000 piastres a month, while the Doctors' salaries varied from 500 (now only £2 10s.) to 7000 piastres and more. Amongst the Doctors of the Serail only a few possessed the personal confidence of Abdul Medjid, which they gained by accident or intrigues; but no one was able to maintain for more than a few years a position, which as a source of wealth and power, was the object of envy and fear, and the mark of incessant intrigues, in which Orientals of every race are perfect masters. More than ten years ago, Dr. Spitzer, an Austrian, enjoyed the confidence of the Sultan in an unusual degree, and defeated all schemes which were laid to overturn him; but after some time he grew tired of the continual excitement and struggle which his position necessarily implied, and retired voluntarily. He left Constantinople, after having amassed, by the liberality of the Sultan, considerable wealth within a few years. The health of the Sovereign was for several years afterwards so satisfactory, that the absence of his Medical adviser was not much felt, and none of the Physicians of the Serail had the opportunity afforded them of gaining the confidence of Abdul Medjid. Some time after the departure of Dr. Spitzer, a small operation on the eye was performed by another Austrian, Dr. Rigler, who was then Professor of the Medical Clinique, but did not belong to the Medical Staff of the Serail; and on another insignificant occasion, Dr. Spitzer, who was then Conseiller de Legation at the Turkish Embassy at Vienna, was recalled, but left Constantinople again a few weeks afterwards. Two or three years ago, however, two Italian Physicians, who by recommendation of two old ministers and favourites of the Sultan had been nominated Physicians to the Serail, succeeded in approaching their Imperial Master; Duroni, who was Medical attendant of the Grand Maître of the Artillery Feti Ahmed Pasha, and it is asserted that by the eccentricities of his character he was a source of amusement to the Turkish dignitaries, and thereby also gained the goodwill of the Sultan; and Capoleoni, a very earnest man, who owed a considerable prosperity and also his appointment as Physician to the Serail, to the favour of the late High-Admiral Halil Pasha. These were the two gentlemen who treated the Sultan in his first more serious illness, by which he was affected about a twelvemonth ago on his return from an excursion to Salonik, and I now proceed to relate what occurred on this occasion, and also the last illness of Abdul Medjid:—

According to general report, the Sovereign was suddenly affected with fever and vomiting, which was, by the two Physicians in attendance, believed to be due to an irritation of the stomach and the liver. For several days no improvement took place in the condition of the illustrious patient, and several consultations were held among the Physicians to the Serail, of whom, however, not one was admitted to the Sultan. Nevertheless, one of them, Dr. Zographos, a Greek, gave his opinion that His Majesty had during his stay in Salonik contracted ague. But this idea was not favourably received by the two Physicians in attendance, who peremptorily rejected the proposed administration of quinine. In the meantime the illness rather increased than otherwise, and it was then that a person appeared on the stage, who from that time played the most important part in the Serail. Constantin Caratheodory, a Greek, born in Adrianople, had already been Physician to the Serail at the time of Sultan Mahmud; he had been educated in Paris, where he was a pupil of Dupuytrens, and enjoys here a well-deserved reputation as a Surgeon, having been Professor of Clinical Surgery at the Medical School for many years. He was, as an Oriental, far superior in worldly wisdom to his Italian colleagues, whom he found it easy to set aside. When requested to give his opinion on the state of the Sultan, he refused to do so before he had seen him; but he had hardly been admitted, when the Italians, who had had the charge of the patient until then, were dismissed, and Caratheodory undertook the treatment of the case on his own account. He gained the confidence of the Sovereign in a few moments, and prevailed upon him to have leeches applied to his abdomen and to take quinine. The Sultan soon afterwards improved and recovered rapidly. The star of Caratheodory was now in its zenith, and he was everywhere looked upon as the man of the day. The Sultan increased his salary to 15,000 piastres a-month, ordered the erection, at his own expense, of a magnificent summer palace on the Bosphorus (malicious and envious persons styled it "Le Palais de Quinine"), and caused all high dignitaries of the realm to show their affection towards their master by giving rich presents to his successful Physician, who in a short time received presents to the value of about three to four millions of piastres. He was soon afterwards appointed representative of the Porte at the island of Chio, which had become vacant by the death of the former occupant. Capoleoni returned to Italy to seek oblivion for his grief and mortified pride.

From that time nothing certain was heard of the health of Abdul Medjid, but alarming rumours repeatedly were afloat on the condition of His Majesty, and fresh marvels were related of the infallible quinine, which had since then become a true panacea in the Medical practice of Constantinople, as almost all Doctors resorted, as it were, instinctively to this magic wand, expecting to see riches bubbling forth immediately. But wonders do not happen every day. About a month before the death of the late Sultan, the public felt certain that the health of that ruler was in a most precarious condition. The pale complexion, the emaciation, which became every day more apparent, and the tottering gait left no doubt whatever that there was something wrong. But this was denied by his Physician in Ordinary. Caratheodory, in fact, referred the evident exhaustion of his patient to excesses of the table and *in venere*, while common rumour spoke of blood-spitting and œdematous swellings of the lower extremities. On the other hand, Capoleoni, who had in the meantime come back from Italy, endeavoured to propagate the opinion that the treatment by quinine, which had been followed contrary to his advice, was the cause.

The way in which a consultation in the Serail was held about this time, was in the highest degree characteristic of Eastern habits: it was, indeed, a Medical juggle. In the apartments occupied by the Physicians to the Serail there were assembled, under the presidency of Riza Pasha, the then all-powerful Secretary-at-War, C. Caratheodory, as Medical Attendant, and Drs. Zographos and Mauroyeni, both Professors at the Medical School and Physicians to the Serail; Dr. Mongery, an Italian Doctor, and attendant of Mehemet Ali Pasha, the Minister of the Marine, and brother-in-law of the Sultan. Caratheodory then related the history of the case, omitting certain circumstances which delicacy did not allow him to describe. He stated that he had closely examined his Majesty, and had found all organs perfectly healthy. There is no doubt that he had resorted to auscultation, for the Sultan himself once mentioned that the stethoscope had been applied to him. Although none of the Physicians who came to the consultation had seen the patient, a declaration was given by them in writing, in the Turkish language, and was countersigned by all of them, that the illness of the Sultan was merely due to bodily weakness, and that chalybeate mineral waters should be given him. This declaration was read to the Sultan by Riza Pasha. How far it was in accordance with the real condition of the patient was evident to everyone who saw him at the festival of the Bairam, which took place a few days afterwards. He was so terribly emaciated that he looked like a phantom, and could scarcely hold himself in the saddle; after this exertion, which far exceeded his powers, he fainted away. Nevertheless, Caratheodory continued to declare the state of the patient free from danger, which he mentioned not only to the Ministers of the Porte, but also to the Foreign Ambassadors. A profuse diarrhœa which now ensued rendered the Sultan worse; and at another consultation, held a few days later, Dr. Zographos, who had finally succeeded in gaining admission to Abdul Medjid, satisfied himself that the Sultan suffered from tuberculosis of the lungs with large vomicæ. The following morning, when the Consulting Physicians proceeded to the Serail, to receive their fees, the Sultan was dead, and they had to get away in hot haste without that desirable emolument. It is scarcely possible to believe that Caratheodory should have mistaken the disease of which the Sovereign suffered; but he probably did not think a catastrophe so imminent as it was. Rumours had also been afloat of an intended call of Dr. Fauvel, of Paris, and Dr. Spitzer, of Vienna, which was probably not thought to be desirable.

With the death of Abdul Medjid, Caratheodory's star went down; and the present Sultan, Abdul Aziz, made Dr. Marco Pitzipio his Physician in Ordinary. This gentleman, a Greek, has been educated at the Medical School of Constantinople; he is a pupil of Dr. Rigler's, late Professor of the Medical Clinique, and of Caratheodory's, the Professor of Clinical Surgery, and is, no doubt, one of the ablest young Doctors who have been educated here. He has chiefly devoted himself to Surgery, and was for several years Clinical Assistant to Caratheodory, whom he also replaced at his Chair for some time. He is a great favourite of Djemaleddin Effendi, the quondam Director of the Medical School, and has a large private practice amongst the Turks. He has for several years enjoyed the confidence of our Ambassador, Sir Henry Bulwer, whom he attended in his late illness, together with Mr. Dixon, Drs. Millingen and Caratheodory. Before the accession of the present Sultan, Marco Bey (Pitzipio had then the rank of Colonel, and therefore the title of Bey) was one of the few who were admitted to the presence of the heir presumptive, who, as is the wont with Oriental princes, was obliged to live in great seclusion. He served him without having an appointment as Physician to the Serail, not only as Doctor, but also as confidant; and it was therefore only natural that, on the accession of Abdul Aziz, Marco Pitzipio should have become Imperial favourite, and should have obtained the highest place in the Medical World of this Empire. Marco Bey became Marco Pasha, with the rank of a Brigadier, Physician in Ordinary to the Sultan, Chief Physician to the Serail, and General Inspector of all the Military Hospitals of the capital.

Just as public opinion, which had been depressed and discouraged by a long-continued misrule, greeted, with almost childish alacrity, the change of Government as the beginning of a better future, and became sanguine of manifold and thorough reforms, as if, with one blow, the excesses of Sultans and Serails could be banished from Oriental life, or as if avarice and fatalistic indifference of Pashas could be changed into patriotism and youthful energy, just, in the same manner, a large proportion of the Medical Profession indulged the boldest hopes as to the reformatory spirit of the new Medical dignitary; and there can be no doubt that the first actions of the new Prince and his Physician seemed to promise equally well. One of the first things Abdul Aziz did was to clear the Serail from the host of idlers, loiterers and parasites who had been left him by his brother; and the number of Physicians to the Serail was reduced from twenty-eight to fourteen. Caratheodory and Zographos were among those dismissed; Millingen, who had already been Physician to the Serail during the reign of Sultan Mahmud, Capoleoni, Durois, and Mauroyeni were allowed to continue in their places; and Marco Pasha had a number of unqualified Practitioners dismissed from the Army Medical Department. Whether Marco Pasha possesses the necessary qualifications for effecting a thorough reform in the Medical service, it is not for me to determine; but I believe I may safely predict that his natural shrewdness will soon put a limit to the great activity and youthful zeal which he displayed at first; as he who exceeds certain limits, proves in the East always useless for the public good, and only entails absolute ruin upon himself. The power of an inevitable fate seems to rule all branches of Turkish life; but it is not blind fate which renders every attempt at a thorough reform futile, it is only that necessity which proceeds from human nature itself. So long as the Turk cannot, from early youth, be taken out of the narrow circle of Turkdom; so long as the principles of Christian life remain foreign to him, it will be preposterous to hope for a rejuvenescence of the State, according to the pattern of Christian communities. The orthodox Turk is closely attached to the traditions of Islamism, and averse to any innovation, while the younger generation are frivolous, and devoid of principle. Thus public life is every day more undermined by infidelity and frivolity, and in the absence of all better elements, and under the false mask of reform, the body politic advances every day further towards dissolution and inevitable ruin.

GENERAL CORRESPONDENCE.

ENGLISH HOSPITALS CONSIDERED FROM A FRENCH POINT OF VIEW.

Letter from Dr. William Abbotts Smith.

[To the Editor of the Medical Times and Gazette.]

Sir,—An interesting paper upon the subject of English Hospitals having recently appeared in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, from the pen of Dr. Le Fort, I propose to lay before your readers some of the most important points, the original paper being too lengthy for reproduction, in its entire form, in your columns.

Dr. Le Fort commences by remarking upon the distinction which exists between the French and English Hospitals, in the multiplicity of the latter, and the small relative number of beds which they contain. London, Liverpool, Manchester, Edinburgh, and Glasgow are, however, instanced as possessing large Hospitals, and to this list might be added Aberdeen and Belfast, each of which has an Hospital suitable for the reception of upwards of 300 patients, and Birmingham, Bristol, Dublin, Dundee, Exeter, Limerick, Margate (the Sea-Bathing Infirmary), and Newcastle-upon-Tyne, each possessing an Hospital containing between 200 and 300 beds.

Next, for the momentous question of the number of patients compared with the area of the wards. The calculation of the cubic mètres (the mètre being rather greater than the English yard) allowed for each patient in the wards of five of our Hospitals,—viz., St. Bartholomew's, St. Thomas's, the London, King's College, and the Glasgow Hospital—shows that the average amount of air for each patient is 52·08 cubic mètres; whilst in eight of the Parisian Hospitals the average is only 44·76 cubic mètres. To the superiority of the English over the French Hospitals in this respect is due, doubtless, to some extent, their relative superiority in the results of the treatment of the cases admitted into them.

This calculation is only of a certain value, as a large number of the English Hospitals are excluded from it; but, putting it only at its proper worth, the writer adheres to the impression—with which most Englishmen who have visited the French Hospitals will coincide—that the space left between the beds is much greater here than in the French Hospitals, even after taking into consideration the illusory appearance of space which might be produced by the absence of curtains in our Institutions.

A foreigner's first impressions upon entering one of the wards of an English Hospital are, says Dr. Le Fort, of an unfavourable character; for the room appears not only large, but bare and gloomy. Several causes, such as the lowness of the bedsteads, which are commonly made of iron, the almost constant absence of curtains, and the circumstance of the patients not being clothed in uniform costume (a), combine to produce this general effect; "but," continues that author, "when once habit has blunted this feeling of discomfort, one is only struck with the advantages which these Hospitals present with respect to appearance and hygiene; the wards have not that odour which is to be met with even at the Lariboissière Hospital (one of the principal in Paris), notwithstanding that there is no special apparatus for warming and ventilation."

With regard to the warming of Hospitals, Dr. Le Fort pronounces himself strongly in favour of the system of heating them by the combustion of coal in large, open fireplaces, and he inveighs against any system of warming a Hospital by means of large pipes, through which hot air or water is made to circulate. "Who amongst us," says he, "would prefer, instead of the domestic fireside, to sit with his family around one of these huge, glistening, copper cylinders, strewed over with sand, and perforated with holes, from which escapes a humid and disagreeable warmth? If you keep a man warm who is at work, whatever may be the means employed, it is enough; but it is not enough simply to keep a *patient* warm; for it is also necessary to diminish, in his case, the dulness and solitude of the wards."

The ventilation, for the most part, is effected in our charitable institutions without any special apparatus, so that the air, attracted by the draught occasioned by the lighted fires, enters freely from without, and, after circulating around the room, escapes chiefly by the open chimneys; in some instances, as at Guy's Hospital and at the Glasgow Infirmary, ingenious contrivances are resorted to for the purpose of rendering the ventilation more energetic, but Dr. Le Fort doubts the wholesomeness of air warmed and circulated artificially.

Dr. Le Fort passes a very high eulogium upon the regulations of English Hospitals for the maintenance of cleanliness and neatness in the wards, and he especially approves the absence of curtains between the beds, which, when employed, as in the French Hospitals, tend both to encircle the patient in a vitiated atmosphere, and to impede the general circulation of fresh air. When the exigencies of a case render privacy requisite, a sufficient extent of seclusion may always be procured by placing a large screen around the bed.

The diet of our patients, and various matters connected with their inspection by the Medical Officers, also elicit commendatory observations from Dr. Le Fort.

In a section upon the subject of Special Hospitals, he reiterates many of the arguments, *pro* and *con*, with which your readers have become familiar during the recent discussions which have been raised upon this question. From his personal observation of the rate of mortality in different establishments, special and general, for the reception of the sick poor, he has arrived at the following conclusions:—1st. That the aggregation in one building of a large number of *children* is likely to prove dangerous, owing to the numerous epidemics to which patients of tender years are always exposed, and which gain additional force and frequency when many young persons are collected together under the same roof; and 2nd. That for *chronic* cases, which require peculiar moral, medicinal, and hygienic management, in other words, instruction and exercise, during a long stay in an Hospital, special establishments are advisable, whilst for *acute* cases, a dispersal throughout the wards of a General Hospital is most suitable.

In concluding his paper, Dr. Le Fort asserts that the hygienic conditions of the English Hospitals are, upon nearly all points, superior to those of the French, and he considers that this preeminence is due, chiefly to the scrupulous observance of innumerable precautions which, considered separately, are insignificant, but when united, acquire a vast importance, and that amongst these, the plan of treatment adopted, embracing as it does abundant nourishment, wine, and opiates for persons operated on, is entitled to a share of consideration. To those who may be disposed to contradict his opinion, he says, "If there be any physiological or morbid state in which the comparison will be practicable and fair, and in which, in fine, the influence of the hygienic conditions of an Hospital can be best felt, it is the puerperal state. Well then, in one of the London Hospitals, Guy's Hospital, during a period of seven years, and out of a total number of 11,998 labours, one woman died in 331; whilst, during the last ten years, at the Maternity Hospital in Paris, one died in thirteen."

With this startling fact, I must bring my letter to a close. I have given in it the opinions of a man of talent, who has made the Hospital systems of different countries his peculiar study; nor will their publication in your columns be altogether destitute of value, if they should serve to expose the fallacy of the many, who are in the habit of blindly assuming that "They manage these things better in France."

I am, &c.

W. Abbotts Smith, M.D., M.R.C.P. Lond., etc.

Doughty-street, W.C., January 6.

(a) The patients in the French Hospitals are all provided by the authorities with large, warm, grey cloaks. The lowness of the beds in English Hospitals hinders the minute examination of the patients and exposes them to draughts.

ON URANOPLASTICS.

Letter from Professor Langenbeck.

[To the Editor of the Medical Times and Gazette.]

Sir,—The description of a new method I have devised for curing total congenital clefts of the hard palate, which appeared in your Journal for July 20, has led to a discussion which I much regret, as I do not consider it of such a nature as to advance the interests of science. Mr. Hulke would probably not have entered the lists against me, if he had seen my paper on "Uranoplastics," published in the second volume of my "Archives for Clinical Surgery," which contains full details of the subject, and in which I have mentioned all that has been done by English Surgeons in this respect. I might, therefore, abstain from any further remarks, if I did not think it incumbent upon me to refute the attacks made against me in the same columns in which they have gone forth.

When I first described my method of uranoplastics at a meeting of the Medical Society of Berlin, I asserted, first, that total congenital cleft of the hard palate had probably never been cured before; and second, that my method of separating the mucous membrane of the hard palate, together with the periosteum, was a new one. These two points have been assailed by Mr. Hulke, whose assertions I must, however, pronounce to be entirely without foundation.

The operative treatment of clefts of the hard palate should render artificial palates superfluous; and an operation cannot be said to have been successful, unless the cleft has been completely closed. It is true that *partial* clefts, and *acquired* perforation of the hard palate, have now and then been cured, but *total congenital* clefts have not; for the only two cases of this kind which are said to have been cured by Krimer and Dieffenbach, are doubtful. If, therefore, Mr. Hulke wanted to establish his first point, he should have adduced cases of cured total clefts, published in English Medical works or journals; but instead of this he merely says (which I had also mentioned in the paper alluded to above) that he had heard it said by Mr. Fergusson that this gentleman had succeeded in curing such clefts. Everyone will admit that such vague dicta are of no value whatever, when historical facts have to be established.

Mr. Hulke proceeds to say, that my operation for uranoplastics had for a long time been successfully practised by English Surgeons. In opposition to this I will quote the words of a countryman of yours, which seem to have escaped Mr. Hulke. In the thirty-ninth volume of the Medico-Chirurgical *Transactions*, for 1856, p. 71, Mr. Pollock speaks of "the few attempts that have been made in this country to remedy the defect by operation, and the want of success that has generally accompanied these attempts." None of the cases related in that same paper, or in another by the same Surgeon, which was published in the *Medical Times* for February 1856, p. 120, have been entirely cured.

Mr. Field has described a case of *acquired* perforation of the hard palate cured by him (*Medical Times*, August, 1856, p. 190) and mentions that Mr. Fergusson's operations for curing clefts of the hard palate have uniformly been unsuccessful; he also quotes Mr. Erichsen, who says:—"This operation has not, I believe, been hitherto successful in this country." I have not been able to find other relevant cases in British Medical literature, except the very incomplete report of an operation performed by Mr. H. Walton (*Lancet*, 1857, vol. ii. p. 168), and a case unsuccessfully operated upon by Mr. Bowman (*British Medical Journal*, 1859). Finally, I will quote the words of Mr. Syme, in his "Principles of Surgery" (fourth edition, p. 460): "Split palate does not admit of any remedy for the division of the hard part, except the closure of the communication between the nose and mouth by a piece of silver."

Where, then, are the "very successful" results which have, according to Mr. Hulke, for a long time been obtained in England in total congenital clefts of the palate? Can it be assumed that English Surgeons have only published those cases in which they have failed, and been silent on those in which they have been successful? Is it possible that Surgeons of such eminence as Messrs. Field, Erichsen, and Syme, should have spoken as above, if there had been a single reliable case of a total cure of this affection obtained by an English Surgeon?

I believe I have thus established the accuracy of my first assertion, as far as regards England; and I now proceed to consider whether Mr. Hulke is justified in stating, that Messrs. Fergusson and Pollock have long ago done the operation which I think I have been the first to perform.

It is not easy to discuss Mr. Hulke's remarks on this point, as in no paper on the subject has the periosteum even been mentioned. To shift out of this difficulty, Mr. Hulke, therefore, in his second communication on uranoplastics, expresses himself satisfied that the periosteum had been separated by English Surgeons, "though this may not have been done intentionally." Such a remark could never have been made by a person who had even once endeavoured to separate the periosteum from the palate, either in the dissecting-room or in the living body. This proceeding is so laborious that it is not likely to occur accidentally. The numerous tuberosities and prominences of the palate render a separation of the periosteum by cutting instruments impossible; this can, in fact, only be accomplished by means of blunt levers by which the periosteum must be, as it were, lifted and torn off. It is much easier to separate the mucous membrane alone, at least in the whole posterior part of the palate; but if this membrane is separated to a great extent, gangrene ensues; and it is for this reason that a complete cure of total clefts of the palate has never been accomplished by that operation. It is, besides, quite evident from Mr. Pollock's paper, that this gentleman could not have separated the periosteum even accidentally, but that he has merely peeled off the mucous membrane, as other Surgeons have done before him; for he advises to operate at intervals, and to close only small portions of the cleft by each operation, because the nutrition of the mucous membrane was so much the more endangered, the more extensively it was separated. By my method of uranoplastics, on the contrary, being without fear of gangrene, I separate, even in total clefts which extend until between the front-teeth, the whole of the mucous membrane and the periosteum in one sitting, so that the bone becomes completely denuded; after which a closure is effected by means of silken sutures, put on close together. No one will seriously entertain the idea that this can ever be done unintentionally. But even if it should for a moment be assumed, it would not give English Surgeons the priority in this respect. Why should not Messrs. Roux, Dieffenbach, Warren, and many others, have separated the periosteum, without knowing and intending it? But that this has, in fact, never been done, is evident not only from the express statement of those Surgeons, but also from the fact of the partial or entire failure of their operations.

Finally, a word or two on the use of the blunt levers and raspatories, of which Mr. Hulke at first remarked that the tissues were bruised and injured by them, so that gangrene might be the consequence; and after it was shown that such was not the case, said that raspatories and levers were made by Messrs. Weiss for the late Mr. Avery, in 1853, and that an instrument of this kind had been used by Mr. Bowman in an operation on the hard palate, three or four years ago. Levers and raspatories are very old instruments, and numberless Surgeons have no doubt ordered them at their instrument makers; but how is it that neither the late Mr. Avery, nor Mr. Pollock, nor Mr. Bowman, have ever mentioned that such instruments were valuable for uranoplastics, or that they had endeavoured to use them in that operation? If scientific facts have to be established, no value can be attached to vague affirmations and recollections, especially when contradicted by the whole Medical literature of the country.

I am, &c.

Berlin, December 30, 1861. B. Langenbeck.

UNIVERSITY OF ST. ANDREWS.

Letter from Professor Day.

[To the Editor of the Medical Times and Gazette.]

Sir,—I find from numerous letters which I have lately received, that a general impression seems to exist that the new regulations, recently issued by the Scottish Universities' Commissioners, came in force in this University on the first day of the present year.

Will you permit me to state, through the medium of your pages, that the new regulations do not come in force until the first day of next year.

During the present year, members of any one of the

Colleges of Surgeons, of the Apothecaries' Society of London, and of the Glasgow Faculty of Physicians and Surgeons, are, as heretofore, eligible as candidates for our Medical degree.

After the present year, if the proposed regulations are confirmed by the Privy Council, no one will be admitted as a candidate for a Medical degree, who has not spent two of his four Winter Sessions at an English or Scottish University, at Trinity College, or one of the Queen's Colleges, Ireland; or at King's or University College, London.

I am, &c.

Geo. E. Day, M.D., Professor of Medicine in the University of St. Andrews.

January 4.

REPORTS OF SOCIETIES.

◆

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 1.

Dr. Tyler Smith, President, in the Chair.

This was the third annual meeting of the Society, and consequently there was a large attendance of the Fellows. Before proceeding to the proper business of the evening, the propriety of voting an Address of Condolence to her Majesty was considered.

The **President** observed, that the Obstetrical was not a royal or chartered Society, and, therefore, it might not have been proper to call a meeting for the purpose of voting an Address to her Majesty. The annual meeting, however, falls at a time when no body of Englishmen can assemble together without deploring the heavy loss which has been sustained by the death of that distinguished and good Prince whom all have revered as the husband of our Queen and the father of our future King. It has been thought, under these circumstances, that it would only be decorous and becoming to add our humble tribute to the stream of affectionate and dutiful sympathy flowing from the heart of the nation to the throne, and which we may hope to some extent to mitigate the sorrows of our beloved monarch.

Dr. **Oldham** spoke as follows:—Mr. President, I acquiesce in the observations you have made on the propriety of our offering an expression of condolence and sympathy with her Majesty under her present circumstances of sorrow and bereavement. I feel that it needs some cogent and imperious circumstance to move a body of scientific men from their usual quiet and unostentatious pursuits. But on the deplorable death of the Prince Consort I think that not only may the Profession in the larger Royal Societies address the Queen, but that smaller bodies—like our own—may becomingly offer their tribute of sympathy and loyal devotion to their beloved Queen under her present overwhelming affliction. Indeed, I cannot hesitate to declare that there is not a member of this Society who is not eager to find some channel through which he may convey, as near to the Queen as he may, the earnest feelings in which he desires to participate in the sorrow which now afflicts and desolates her. It is not for me to delineate the characteristics of the Prince we have lost. They are known to all here; but if we wanted any additional reason to justify our Address, it would be found in the fact that he was associated with the science of this country, not only as being himself a cultivator of science, but as its illustrious and discriminating patron. I feel, however, that the fewer words I use the better, and shall conclude by simply moving that the following Address be forwarded to the Right Hon. Sir George Grey for presentation to her Majesty:—

"*To the Queen's Most Excellent Majesty.*

"May it please your Majesty,—We, the President and Fellows of the Obstetrical Society of London, desire to express to your Majesty our feelings of profound sorrow at the afflicting calamity which has fallen upon your Majesty in the decease of his Royal Highness the Prince Consort, and to give utterance to our deep sense of the irreparable loss the country has sustained in the death of one whose high position and attainments were so constantly and so devotedly used for the advancement of the national welfare, and especially of the interests of education, science, and art.

"We sincerely beg to offer to your Majesty and every member of the Royal Family our most respectful sympathy and condolence upon the present unhappy occasion; and with feelings of the deepest loyalty and affection we earnestly hope that your Majesty may, under Providence, be blessed with tranquillity and resignation in this weighty affliction."

Dr. **Druitt** said that he felt it an honour to be invited to second this resolution. It was scarcely necessary to add to the few touching and emphatic sentences in which it had been introduced by the President and Treasurer; yet it was one on which the fulness of every man's heart made it difficult to be silent. There were no members of the community so well able to appreciate that profound shock which fell upon us that sad Sunday morning as the members of the Obstetrical Society. They could testify to the intense, he might say the perilous grief with which the news of this national calamity was received in many a sick chamber, and by many a worn and anxious invalid. Never before had been in our times so fully realized the truth that this English nation, with its diversities of rank, was in fact one large and united family; and that at this crisis especially, when there were threatenings from without, this universal sympathy of the whole English people with the grief of their Queen and her children, would show to the world that our loyalty was the symbol of that strength which belongs exclusively to those at peace amongst themselves. Representing, as the Obstetrical Society does, that portion of the great profession of Medicine which is most intimately concerned with the family life of the nation, it was most proper that we should at this crisis offer to the Queen our respectful condolence under her great and irreparable loss.

The following gentlemen were proposed as candidates for admission into the Society:—George John Vine, F.R.C.S.E.; Malim Sharman, Esq.; John Clarke, Esq.; Thomas Thorniley Brooke, Esq.; and James Stewart Lamb, M.D.

Dr. **Graily Hewitt** exhibited a drawing of a

CASE OF SPINA BIFIDA

which had come under his observation. The deficiency existed in the centre of the sacral region, where a tumour, soft and containing fluid, was situated, measuring an inch and a-half across. The skin covering it was red and inflamed, and slightly ulcerated at one point. The child—a female—died when twelve days old of convulsions. Birth took place at the full time. The placenta was adherent, and had to be removed by the hand upwards of two hours after delivery of the child. The mother had had a fall two months before. It was surmised by the Author that the defective development was connected with interference with nutrition consequent on the abnormal condition of the placenta. The case seemed at first a promising one as regarded the effect of treatment, the tumour being small and situated low down; but when six days old the infant ceased to take the breast properly, and convulsions soon afterwards set in.

The Auditors' Report was next read:—

"The auditors appointed to examine the accounts of the Society beg to report to this meeting that they have examined the same. They find that the expenditure of the Society for the year ending December 28, 1861, amounted to £312 3s. 3d.; and that the receipts during the same period amounted to £493 6s. 1d.; while the balance in the hands of the treasurer in January, 1861, was £291 6s. 0d. The present state of the funds of the Society is as follows: the balance in the treasurer's hands, after paying all expenses for the year 1861, amounts to £472 6s. 10d. (Signed)

"W. Tyler Smith.
"A. Meadows.
"Thos. E. Edwards.
"Graily Hewitt.
"T. H. Tanner.

"December 28, 1861."

The result of the ballot for the election of the officers of the Society was then read. The following are the names of the gentlemen elected:—*Honorary President:* Sir Charles Locock, Bart., M.D. *President:* Dr. Tyler Smith. *Vice-Presidents:* Dr. Babington, Dr. J. Hall Davis, Dr. Druitt, Mr. R. Dunn, Dr. Swayne (Bristol), Dr. R. Uvedale West (Alford, Lincoln). *Treasurer:* Dr. Oldham. *Hon. Secretaries:* Dr. Graily Hewitt, Dr. Tanner. *Other Members of Council:* Dr. Barnes, Dr. Bloxam, Dr. Chowne, Dr. Charles Drage (Hatfield), Dr. Gream, Mr. Thomas F. Grimsdale (Liverpool), Mr. Francis S. Haden, Mr. Robert Hardy (Hull), Dr. Harley, Mr. Isaac Harrinson (Reading), Dr. J. B. Hicks, Mr. Hird, Mr. Henry James, Dr. Langmore, Dr. A. Meadows, Mr. Samuel Smith (Leeds), Mr. Frederick Symonds (Oxford), Dr. Alfred J. Tapson.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 7.

Dr. COPLAND, President, in the Chair.

REPORT OF THE COUNCIL.

It has been the pleasing duty of the Council of the Pathological Society, in every year of its past existence, to report the increasing number of its Members and the improved condition of its financial resources. The present year happily forms no exception to the rule in these important matters. The number of Members which constitute the Society has never been so large as at the present moment. The funds of the Society were never in so sound and flourishing a condition.

The total receipts of the past year have amounted to £333 13s. 4d., of which £30 11s. 3d. has been realised by the sale of *Transactions*, and £2 16s. 1d. by dividend on funded property, leaving as the amount of subscriptions the sum of £300 6s. Of this, £26 5s. have been received as life-subscriptions and as fees from non-resident members, which sum will, in accordance with the previous custom, be added to the Society's funded property.

The total expenditure for the year amounts to £301 5s. 3½d., leaving a balance in the Treasurer's hands of £160 14s. 8½d., in part for investment, and in part for the general purposes of the Society, to be carried forward to the account of the current year.

It appears desirable, in connexion with the existence of an increasing balance, to remind the Members of the necessity which exists for such a guarantee, especially to one class of their Members, and to demonstrate that a prosperous exchequer is not an indication of unnecessary or surplus funds, but is a necessity to the existence of the Pathological Society.

It may be remembered by many of the older Members of the Society that, during the earliest years of its existence, the published *Transactions* were, as compared with the present, but small and meagre volumes. It was at that time resolved that Medical men not resident within ten miles of the Metropolitan Post-office should possess the privilege of membership for a single subscription of two guineas, and should, moreover, obtain, for the small sum of three guineas more, a claim during life to an annual copy of the Society's *Transactions*. It is scarcely necessary to add, that the improved and enlarged *Transactions* which have since been issued, render this composition fee an excessively small one, much below the sum required by other Societies for a similar privilege, and consequently a most advantageous expenditure on the part of our provincial adherents; nevertheless, instead of raising the sum demanded from future non-resident Members, the Council has determined that it is a wiser course to continue, its funds permitting, this liberal inducement to country Members to compound for the *Transactions*, and thus to aid, in a material manner, one of the great objects of the Society's existence, viz., the cultivation and promotion of Pathological Science. It will now be evident that in order to sustain the yearly increasing claims on our *Transactions*, that a Guarantee Fund is necessary. That Fund is steadily advancing.

The Council feels it to be its duty to allude briefly to a proposal which emanated during the past year from the Royal Medical and Chirurgical Society for an amalgamation of the several Medical Societies of London. This subject received that consideration by the Council which its importance demanded. It was welcomed as an evidence of the respect and good feeling on the part of the elder Society, which are substantially evidenced by the permission it grants to the younger institution to hold its meetings in this place. Obstacles, however, appeared in the course of the discussion, it may almost be said negotiation, of the enterprise, not less to the action of the Pathological Society than to that of the Medical and Chirurgical Society itself. During the discussion both of the principles and of the details involved in such a scheme, difficulties rather augmented than diminished. It was felt that while union in some form was highly desirable, it ceased to be so if freedom in action and perfect independence in matters financial should be sacrificed to it. As no way of reconciling these essential conditions appeared in the numerous and prolonged deliberations which took place, and as none was suggested by the Medical and Chirurgical Society, it was agreed that no further action could for the present be taken by the Pathological Society in reference to the matter.

It now only remains that the Council should express a sense of its deep obligation to the numerous gentlemen among its members, both resident and non-resident, who have taken a warm interest in the meetings of the past year, and have exhibited there valuable results of observation and investigation; and it feels assured, from the promise which the present session has already afforded, that the labours of the Society will be in the future no less useful and valuable than heretofore.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, DECEMBER 20.

MR. JAMES LANE, Vice-President, in the Chair.

MR. JAMES LANE exhibited a specimen of

POLYPUS OF THE RECTUM

which he had removed from a child six years old in St. Mark's Hospital. The growth was as large as a cherry, and was attached by a short and very slender pedicle to the posterior part of the rectum, about two inches from the anus. It was soft, very vascular, and covered with a fine mucous membrane. Microscopical examination showed it to be fibro-nucleated in structure. The child had had, for some time, constipation, pain in passing its motions, tenesmus, and occasional loss of blood, with a tendency to prolapsus, but the polypus was attached too high up to admit of its being protruded from the anus. It was, therefore, only discoverable by a digital examination. To remove it it was drawn down with the finger till it projected externally, with the intention of securing its pedicle in a ligature, but before this could be done, the pedicle, which was very slender, gave way. There was no bleeding of any consequence, and the child was well in a few days. Symptoms such as those above described, occurring in children, and especially the occasional loss of blood, should suggest a careful examination of the interior of the rectum as far as the finger will reach. In adults, similar symptoms might arise from various causes, but in children he believed they very constantly depended upon the presence of a polypoid growth; the loss of blood no doubt proceeded from the surface of the polypus itself. He thought that in such cases, where the real condition was overlooked, a spontaneous cure might sometimes take place, by the pedicle giving way, and the polypus becoming detached into the rectum, and being discharged unnoticed with the evacuations. The best specimens of polypus of the rectum which he had met with had been in children or young persons under 18 years, but he had not found, as was commonly stated, that they were more frequent in children than in grown persons. Twenty-two cases had come under his notice, but of these only six were under the age of 18. In adults, after they had existed some time, the irritation to which they gave rise was very apt to produce fissure of the anus, and some of the most aggravated cases of fissure which he had seen were associated with polypus of the rectum. If attached within an inch of the anus, they were generally protruded during the action of the bowels, and the symptoms to which they gave rise were always aggravated by the protrusions; it was in such cases that a fissure was most likely to be produced by them. After a time they often became inflamed and thickened, or ulcerated on the surface, while in other cases their mucous surface became converted, by frequent protrusion, into an apparently cutaneous covering. The safest mode of removal was by a ligature applied to the pedicle. Serious bleeding might result from the removal even of a small polypus, by excisions with the knife or scissors, as he had himself witnessed in one instance—where, however, they were torn away, as in the case above related, bleeding was not so likely to occur.

DR. BAINES mentioned the particulars of a case of

PARTIAL SPONTANEOUS ABSORPTION OF CATARACT,

which occurred in a patient, aged 70. It commenced after failure of an operation in the other eye, which had inflamed and sloughed away; the operation of extraction having been performed. The absorption was only partial, and seemed to occupy the centre of the cataract, which apparently was chiefly capsular; the absorption assumed the appearance of a long slit, along the long axis of which shreds of flocculent, hazy matter hung. The patient obtained considerable vision in consequence, and was enabled to go about abroad by himself with safety.

OBITUARY.

DR. FYFE.

The late Dr. Fyfe, Professor of Chemistry in the University of Aberdeen, died, on the 31st ult., at 4, Windsor-street, Edinburgh. In the "Medical Directory" he is thus described:—"Prof. of Med. and Chem., King's Coll., Aberdeen; L.R.C.S. Edin. 1810.; M.D. Edin., 1814; late Pres. R.C.S. Edin.; Fell., late Pres., Roy. Med. Soc.; F.R.S. Edin.; Fell., late Pres., Roy. Scot. Soc. Arts; Author of 'Elements of Chemistry,' 'Manual of Chemistry.'" After the usual course of instruction at the High School and College of Edinburgh,—having been assistant for some time to Professor Hope,—on his graduating in 1814, he chose for the subject of his thesis, "*De Copia Acidi Carbonici E Pulmonibus inter Respirandum Evoluti*," which was dedicated to Dr. Hope, as were also his "Elements of Chemistry." On the death of Dr. Hope he was one of the candidates for the Chemical Chair, but was unsuccessful, the late Dr. William Gregory having a majority of two votes above Dr. Fyfe. His numerous contributions to chemical science, and his celebrity as a lecturer, however, ere long, paved the road to his appointment as Professor of Chemistry at Aberdeen: and his unwearied exertions to extend and popularise in Edinburgh the science he taught, will be long remembered by his numerous and much-attached pupils. Dr. Fyfe had only lately entered on his 71st year, having been born in the end of 1791, in the old buildings of the College, with which his father (author of a "System of Anatomy," 3 vols. 4to.) had for about forty years, under Drs. Monro, *secundus* and *tertius*, been connected. As a friend he was most devoted and sincere, and of the most genial and kindly disposition. To this he who pens these lines can bear ample testimony, having been intimately acquainted with the deceased from his earliest years, and enjoyed his friendship to the last.

MEDICAL NEWS.

University of St. Andrews.—List of gentlemen on whom the Degree of Medicine was conferred in January, 1862.

Ball, Tertius	M.R.C.S. and L.A.C.	Staff Assist.-Surg. Army
Barker, Robert A.	L.A.C.	Calcutta
Barras, James	Lic. Fac. Phys. & Surg. Glasg.	Glasgow
Brigstock, Henry	M.R.C.S.	Derby
Brushfield, Thomas N.	M.R.C.S.	Chester
Callon, William T.	M.R.C.S. & L.R.C.P. Ed.	Liverpool
Chambers, William	....	Banbridge, County Down
Duchesne, Robert	M.R.C.S. and L.A.C.	London
Ducket, Clark A.	M.R.C.S., L.R.C.P. Ed. and L.A.C.	H.M.S. *Geyser*
Finch, Henry	M.R.C.S. and L.A.C.	Newnham Crofts, near Cambridge
Goodday, Horatio	M.R.C.S.	Witham, Essex
Greenwood, Major	M.R.C.S. and L.A.C.	London
Hatchett, Joseph	M.R.C.S. and L.A.C.	Ravenstone, Leicestersh.
Hayes, James C.	L.R.C.S.I.	Athea, County Limerick
Ingle, Robert N.	M.R.C.S., L.R.C.P., and L.A.C.	Melbourne, Derbyshire
Lintzgy, William J. Von	M.R.C.S.	Calcutta
Marshall, Edmund H.	M.R.C.S.	Kelveden, Essex
Maund, Henry	M.R.C.S. and L.A.C.	Ashford, Kent
Moore, George	L.R.C.P. & Lic. Fac. Phy. & Surg. Glas.	Stoke-on-Trent
Osborne, Henry	M.R.C.S. and L.A.C.	Islington
Pearce, George	L.A.C.	Bishopstrow, Wilts
Preston, William J.	M.R.C.S. and L.A.C.	Hongkong, China
Slorach, Henry	M.R.C.S.	Cork
Tuite, Francis	L.R.C.S.I.	Dublin
Woodman, William B.	M.R.C.S. and L.A.C.	Stonehouse, Gloucester.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, January 2, 1862:—

Evans, John Henry, Guy's Hospital.
Spanton, William Dunnett, Middlesex Hospital.

The following gentleman also on the same day passed his First Examination:—

May, Lewis James, King's College.

APPOINTMENTS.

Angier.—George Augustus Angier, M.R.C.S. Eng., and L.S.A. Lond., has been elected House Surgeon and Secretary to the East Suffolk Hospital, Ipswich.

Bullar.—William Bullar, M.D. Univ. Edin., M.R.C.S. Eng., has been elected Physician to the Royal South Hants Infirmary, Southampton, in the room of Dr. Oke.

Carte.—William Carte, L.R.C.S. Irel., Surgeon to the Royal Hospital Kilmainham, Dublin, has been appointed Medical Attendant to the Civil Staff of the Garrison of Dublin.

Dalton.—Rowland Dalton, M.R.C.S. Eng., L.S.A. Lond., has been appointed Public Vaccinator for the town of Bury St. Edmunds.

Fitzpatrick.—Dr. Fitzpatrick has been elected to the Kilmacavogue Dispensary District, Ireland.

Glasier.—George William Glasier, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Louth District of the Lincoln Union.

Good.—John Good, M.R.C.S. Eng., L.S.A. Lond., has succeeded the late Christopher Arden, M.R.C.S. Eng., as Surgeon to the County Gaol, Dorchester.

Guy.—Dr. Guy has succeeded William Hankes Day, M.R.C.S. Eng., L.L.A. Lond., as Medical Officer for District No. 3 of the Norwich Corporation of Guardians.

Ingram.—Charles Penfold Ingram, M.D. Cantab, M.D. (ad eun.) Oxon., M.R.C.P. Lond. (exam.), has been elected Physician to the City of London Hospital for Consumption and Diseases of the Chest, Victoria-park.

Jenner.—William Jenner, M.D. Lond., F.R.C.P. Lond., Physician Extraordinary to Her Majesty, has been appointed one of the Physicians in Ordinary to Her Majesty.

Morgan.—Mr. George Blackes Morgan, late House-Surgeon to the Sunderland Infirmary, has been appointed Honorary Surgeon to that Institution, in the room of Mr. F. H. Johnson, deceased.

Niven.—John Niven, L F.P. and S. Glasg., Staff Assistant Surgeon, Army, has been appointed Superintendent of the Lunatic Asylum at Larkana, East Indies, and to the Medical charge of the Station.

Oke.—William Samways Oke, Ext. L.R.C.P. Lond., M.D. Archbishop of Canterbury, has been appointed Consulting Physician to the Royal South Hants Infirmary, Southampton.

Rusher.—James Golby Rusher, M.R C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Upton Snodsbury District, Pershore Union, Worcestershire.

Tapp.—William Denning Tapp, F.R.C.S. Eng. (Hon.,) L.S.A. Lond., has been elected Consulting Surgeon to the Dorset County Hospital, Dorset, in the room of the late Mr. Christopher Arden.

Tudor.—John Tudor, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Dorset County Hospital, in the room of Mr. William Denning Tapp.

Whitmarsh.—William Michael Whitmarsh, M.R.C.S. Eng., L.M., L.S.A. Lond., has been elected Resident Medical Officer to the Birmingham and Midland Counties Hospital for Sick Children.

DEATHS.

Aitken.—December 27, John Aitken, of No. 20, Blythswood-square, Glasgow, M.D. Univ. Glasg., F.F.P. and S. Glasg.

Anderson.—December 29, suddenly, James Anderson, of Willington, Newcastle-upon-Tyne, L.R.C.S. Edin., aged 65.

Caudle.—January 3, Adolphus Caudle, of Henfield, Sussex, M.R.C.S. Eng., L S.A. Lond., aged 51.

Cocks.—December 28, John Cocks, of Windsor-place, Plymouth, Ext. L.R.C.P. Lond., aged 75.

Davies.—December 22, Edward Davies, of Llansilin, Oswestry, M.R.C.S. Eng., L.S.A., aged 38.

Fox.—December 27, Joseph Fox, of Falmouth, M.R.C.S. Eng., (retired.)

Hewat.—December 16, Richard Hewat, of Earlston, Berwickshire. Surgeon in the Army, (on half-pay.)

Jones.—January 1, William Weaver Jones, of Cleobury Mortimer, Shropshire, M.R.C.S. Eng., aged 35.

Miles.—December 27, E. P. Miles, of George-street, Stroud, Gloucestershire, aged 61.

Owen.—December 24, David Owen, of Dolgelly, Merionethshire, M.R.C.S. Eng., Surgeon to the County Gaol, in practice prior to 1815, aged 80.

Simms.—December 22, of paralysis, at Dolphin's Barn, near Dublin, George Simms, late Assistant Surgeon in the Hon. East India Company's service.

Smith.—Recently, George Smith, Assistant Surgeon 34th Regiment of Foot, (November 22, 1858.)

Stewart.—December 21, Thomas Howard Stewart, of Fulbourn, near Cambridge, M.R.C.S. Eng.

Syme.—September 28, George H. Syme, of Cape Town, Cape of Good Hope, M.D.

A movement is being made at Southampton to liberalise the rules of the Royal South Hants Infirmary, which are said to be stupidly intolerant and exclusive.

Where Should Hospitals be Built?—"What is the use," says M. Boinet, in a paper on the unhealthiness of Hospitals, in *L'Union Médicale*, "of Hospitals of 600 beds in the middle of Paris? An Hospital with beds enough for urgent cases and clinical instruction, is enough for the centre of a town." "In the case of St. Thomas's Hospital in

London," says our freely-speaking contemporary, the *Dublin Medical Press*, "it is evident that the patients are not so much the subject of consideration, as the pupils and their teachers, yet the founders of that Institution never dreamed of such an application of its funds to educational instead of charitable objects as now exists."

MR. BALLARD, who has attained a celebrity for the honest confidence with which he enforces a grotesque-sounding theory on the causes of infantile disease, read a paper, before the Harveian Society, on November 21, 1861, in which he reiterated his new theory of the diseases of infants, viz., That the act of sucking as exercised by an infant in order to obtain food from a source which does not yield it to the desired extent becomes a cause of disease by producing diarrhœa, the persistence of which causes defective growth and developement; and that the diseases usually attributed to teething are, in fact, only manifestations of this defect, especially through the medium of the brain and nervous system. That convulsive affections do not depend upon the irritation of teething and worms, but are really indications of cerebral disease, usually of cerebral œdema, the consequence of a faulty growth and nutrition of the nervous centres, which results from the imperfect assimilation of the food consequent upon the intestinal disorder of which the diarrhœa previously alluded to is the manifestation. Having kept a clinical record of every infant which had passed under his care during several years past, Mr. Ballard was prepared to state that no child had had a convulsive attack of any kind who had not been the subject of some obvious cause of defective nutrition, a persistent state of diarrhœa being the almost universal one in operation. Mr. Ballard seems to ignore the first link in his chain; viz., that insufficiency of food, which leads to *fruitless* sucking; and he forgets that milk which is scanty in quantity is unlikely to be of good quality.

PRIZE QUESTIONS AT THE ACADÉMIE DE MÉDECINE FOR 1862 AND 1863.—1. The Academy Prize of 1000 francs for 1862,—The natural course of the different varieties of pneumonia and the value of the expectant method of treating them. For 1863,—Malignant pustule in man and animals. 2. Portal Prize, 600 francs for 1862,—The vascular obstructions of the circulatory system of the lungs. For 1863 (1000 francs) —The pathological changes in the placenta and their influence on the development of the fœtus. 3. The Civrieux Prize (2000 francs) for 1862,—Moral Medicine in the treatment of nervous diseases. For 1863 (1000 francs),—Dyspepsia. 4. Capuron Prize (1000 francs) for 1862,—Pemphigus of new-born infants. For 1863 (1000 francs), — Compare the advantages and disadvantages of pelvic version, and of the employment of the forceps in narrow pelvis. 5. The Barbier Prize, for the discovery of a successful treatment for diseases hitherto reputed incurable. The value of the prize will be 4000 francs in 1862 and 6000 francs in 1863. 6. Orfila Prize (4000 francs) for 1862,—Poisonous mushrooms. 7. The Lefevre Prize (2000 francs) for 1863,—Melancholia. 8. The Amussat Prize (1000 francs) for 1863. For researches based upon anatomy and experiments which have most led to the improvement of Surgical therapeutics. 9. The Argenteuil Prize (12,000 francs) for 1862,—For the most remarkable improvement in the treatment of stricture.

AT the sale of the effects of the late Professor Quekett, many curious old microscopes were secured by the Microscopical Society of London; amongst others, a highly-finished and perfect instrument, said to have been made by that celebrated maker, Benjamin Martin, by command of George III., for one of the Royal Dukes. This microscope was much prized by Mr. Quekett, and for this reason alone the Society were most anxious to secure it. We may state, that the Microscopical Society, feeling it incumbent upon them to initiate a movement whereby they might show the esteem and respect in which the memory of their late President was held by the members, and also for the purpose of commemorating the value of Professor Quekett's services rendered to the Society for nearly twenty years, have very properly resolved upon raising an appropriate memorial amongst themselves. This resolution of the Society has met with the approval of the leading members of the body, and a hearty response from the Provincial Societies, and we doubt not will be cordially taken up by microscopists all over the kingdom, so that a handsome subscription-list must be the result. Mr. Jabez Hogg is the Honorary Secretary, and the Union Bank of London, Regent-street Branch, Bankers of the Fund.

DISTRIBUTION OF PRIZES FOR 1861 AT THE ACADÉMIE DE MEDECINE.—The Academy Prize of 1000 francs for the best Essay on the "Therapeutical Application of Disinfectants," was divided into two parts, one of 700 francs to M. Chalvet, and another of 300 francs to M. Reveil. For the Portal Prize, question, "Purulent Inflammation of the Lymphatics," no Essay was sent in. For the Civrieux Prize of 2000 francs, subject "Angina Pectoris," fourteen memoirs were submitted, none of which were deemed worthy of the Prize; but the sum was distributed among the four best candidates, 500 francs each. For the Barbier Prize, for the discovery of "Cures of Diseases reputed Incurable" (hydrophobia, cancer, &c.), four Essays were submitted, none of which were deemed worthy. For the Capuron Prize, subject "The Influence of Diseases of the Mother on the Health of the Infant," six memoirs were sent, one only obtaining a recompense of 500 francs. The Capuron Prize of 1000 francs for the best recent work on "Mineral Waters," was decreed (from among twelve competitors), to M. Durand Fardell and the other editors of the *Dictionnaire des Eaux Minerales*. The Itard Prize of 3000 francs for the best work or "Memoir on Practical Medicine, or Applied Therapeutics" (for which six works were submitted) was not adjudged; but 1500 francs were assigned to M. Cazin, of Boulogne, for his Treatise on "Indigenous Medicinal Plants," and the same to Professor Friedberg of Berlin, for his work on "Muscular Paralysis." Besides the above prizes, one of 1500 francs was divided among three provincial Practitioners for their exertions in propagating the practice of vaccination. One of these had vaccinated, during twenty-three years, nearly 12,000 individuals in his canton, and on former occasions had received one gold and five silver medals for his services. Four gold and 100 silver medals were also presented to those of the District Vaccinators who had most distinguished themselves. Several medals were also accorded to those of the "Medical Officers of Epidemics" who had most distinguished themselves, as also to the Medical Inspectors of Mineral Waters.

SUCCESSFUL PROSECUTION FOR ILLEGAL PRACTICE IN FRANCE.—Another instance of this shows that the French Practitioners have determined that the law shall not be allowed to remain a dead letter. One Goupil, a bone-setter, was cited before the Correctional Tribunal of Chartier, charged by Dr. Curé, in the name of the local branch of the Medical Association, with five acts of illegal practice. The accused was condemned in a fine of 10 francs for each offence, and 300 francs damages, payable to the body represented by Dr. Curé. The defendant appealed, and the matter was brought before the Imperial Court of Paris. The advocate advanced that all the five patients were cured, and that Goupil only received 56 francs for the lot; and he maintained that, under any circumstances, the damages could not be estimated beyond that sum. M. Paul Andral (the son of the great Physician, and the Advocate of the General Medical Association) demonstrated that the damages should be estimated not by the amount of benefit received by the accused, but that of the prejudice proved by his opponents, and the Court, taking his view, confirmed the judgment of the lower Court, and condemned Goupil to the expenses of the appeal. This decision of the Imperial Court is regarded as of great importance as giving authority to consider each fact of illegal practice as liable to penal consequences—a doctrine hitherto only partially admitted.

AWARD OF PRIZES AT THE ACADÉMIE DES SCIENCES.—The Prize for Experimental Physiology has been decreed this year to Professor Hyrtl, of Vienna, for his "Treatise on Dissection" and his "Memoirs on Comparative Anatomy"; and to M. Kuhne for his "Experiments on the Muscles and Nerves." Honourable mention is also made of MM. Chauveau and Colin for the long and difficult series of experiments which they have undertaken. For the Prize relating to Insalubrious Arts eleven memoirs were sent in, none of which were deemed worthy of it. For the Prize in Medicine and Surgery sixty-six works were submitted. Many of these were of great interest and considerable utility; but the Academy believing that the prize should be reserved for those of them which extend our knowledge, or greatly modify views or doctrines hitherto accepted, only find one memoir answering to this view, viz. that of MM. Lallemand, Perrin and Duroy, on "The Action of

Alcohol and Anæsthetics in the Economy." Honourable mentions are also decreed to MM. Haspel and Rouis for their works on "Diseases of the Liver"; to M. Dutrouleau for his work on "The Diseases of Europeans in Hot Climates"; to M. Roger for his treatise on "Auscultation of the Head"; to M. Huguier for his memoir on "Hypertrophic Elongation of the Cervix Uteri"; and to M. Laboulbène for his "Researches in Pseudomembranous Affections."

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 4, 1861.

BIRTHS.

Births of Boys, 1104; Girls, 1069; Total, 2173.
Average of 10 corresponding weeks, 1852–61, 1680·4.

DEATHS.

——	Males.	Females.	Total.
Deaths during the week	684	683	1367
Average of the ten years 1851–60	648·4	647 5	1295·9
Average corrected to increased population..	..	..	1425
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	6	12	3	15	5	3
North ..	618,201	1	..	19	3	16	11	2
Central ..	378,058	..	4	12	..	8	12	2
East	571,129	..	4	11	1	15	13	2
South ..	773,160	1	6	23	2	17	17	3
Total.. ..	2,803,921	2	20	77	9	73	58	12

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

H. H. R.—The *Chærophyllum Bulbosum*, or Parsnep Chervil. Seeds may be got in shilling packets from Messrs. Gibbs, the eminent seedsmen, 26, Down-street, Piccadilly. It may be sown either in spring or autumn in good garden soil.

Dr. Leon Le Fort's paper is entitled, "Note sur quelques Points de l'Hygiène Hospitalière en France et en Angloterre," and is published as a pamphlet by Victor Masson et Fils, Paris.

Tyro.—Forceps is a noun of the singular number. To say that the forceps *were* applied shows that the Latin has been forgotten, and that the ear has been deceived by the terminal *s*. To say that "the pulse were feeble," as if "pulse" were a plural noun, is also bad grammar.

Mr. E. N. Heath.—If our correspondent will forward us the history of the case, we shall be happy to insert it should it appear of sufficient interest.

J. J. W.—We have been informed of the circumstances relating to the alleged forgery of diplomas at Manchester to which our correspondent refers, but as they do not affect the Medical Profession, the subject will not be pursued.

Mr. W.—We were not able to procure the precise information required respecting the Naval Supplemental Fund. The Number for September 21st was duly forwarded.

M. A. Baines.—We regret that want of space prevented the publication. We are not ignorant of the admirable pamphlets our correspondent has contributed to the publications of the Ladies' Sanitary Association.

Mr. C. F. Maunder.—We fear that want of space will prevent the publication.

We have received from a correspondent the following advertisement, extracted from the *West Briton and Cornwall Advertiser* for December 27, 1861:—

"Advertisement.—Dr. Bullmore begs respectfully to inform his friends and the public generally, that he may be (as usual) consulted daily on diseases of the eye, at his residence, Princes-street, Truro."

We append Dr. Bullmore's qualifications, taken from the "Medical Directory":—

"Bullmore, Wm. Hy., Princes-street, Truro, Cornwall, M.D. Dub.; M.R.C.S. Eng. 1827; L.S.A. 1826; B. L. Univ. France, 1827; L.M. Roy. Dub. Lying-in Hosp. 1827; Surg. Roy. Miners' Artill. Milit."

OXALATE OF CERIUM IN THE VOMITING OF PHTHISIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—From experience of the benefit derived from the employment of the oxalate of cerium in the vomiting of pregnancy, I have been induced to try it in phthisis, complicated by continued and exhausting vomiting. In a case of laryngeal phthisis in which the rejection of food by the stomach was an urgent symptom, considerable relief followed the exhibition of the first dose of the oxalate. Have any of your readers used this remedy in similar cases? and if so, will they state the results of their trials?

I am, &c. W. C. F.

SULPHURIC AND GALLIC ACIDS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Sulphuric acid and gallic acid are at present in high repute, and justly so, as antihæmorrhagic medicines; but as far as I have seen the practice of others, they are never given together. Now I have tried both remedies, singly and in combination, and beg to testify to the great superiority which the two acids possess in checking hæmorrhage when given together, than when only one is administered. The superiority is so striking that there seems something more than the mere fact of two acids being given instead of one. My experience has certainly been only in hæmorrhages from the uterus, whether from disease or during pregnancy; but as these acids are quite as effectual in arresting hæmorrhages from other organs, probably when given in combination the effect would be as striking as it certainly is in sanguineous discharges from the uterus. The doses in which they are given of course depends upon the amount of hæmorrhage, or the obstinacy with which it continues.

For ordinary cases which present no unusual severity, the following mixture is sufficient:—℞ Acid. Gallici ʒss., acid. sulphurici dil. ℥j; liq. opii sed., ʒss.; inf. rosæ co., ℥vj. M. Cap. coch. ij. mag. tertiâ vel quartâ quâque horâ.

I am, &c.

Birmingham, January 6. J. Lumley Earle, M.D.

BEEF TEA.

EXPRESSED JUICE OF GALIUM ALBUM IN THE TREATMENT OF EPILEPSY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If your enquiring correspondent will make use of the following receipt, he will obtain six quarts of a most nutritious beef-tea at a very moderate expense:—

Let all the meat be stripped from the head of an ox, commonly called ox's cheek; roughly bruise the bones, and set them to boil, on a slow fire, for six hours, with two gallons of soft water; at the end of that time throw in the above mentioned meat, and let the whole boil for two hours longer; supply the place of the evaporated water so as to make in all six quarts; strain, and the product will be six quarts of rich beef-tea, costing not more than half a crown.

In the last number of the *Monthly Packet* an account is given of an institution in France in which epilepsy is stated to be most successfully treated. It is at Tain, fifty miles south of Lyons. Here an Hospital has been established by a wealthy proprietor, the Count de Passages, in which the poor are treated free of cost, the contributions of the rich patients sufficing for its expenditure; the plant wholly relied on is the *Galium Album*, the expressed juice of which is given to those affected.

Could any of your readers give us more detailed information on this subject; one which certainly merits our attention, if only a tithe of the results said to be obtained, be found to stand the test of scientific enquiry.

I am, &c.

Cheltenham, January 7. Francis Cook, M.D.

COMMUNICATIONS have been received from:—

Professor Langenbeck; Dr. Baines: Mr. Charles Hunter; Dr. George Hodson; Mr. Le Gros Clark; Professor Day; Dr. John Ward; Mr. J. Vose Solomon; Mr. J. Weir Brown; Mr. J. S. Gamgee; Dr. Inman; Mr. Jabez Hogg; J. U. H.; Dr. Arthur Mitchell; H. H. R.; Dr. G. Pearl; Dr. Tanner; Mr. C. P. Collins; Dr. H. McCormac; Dr. W. Abbotts Smith; M. A. Baines; Mr. H. Thompson; J. V. F.; Mr. J. E. Turner; Justitia; Mr. R. Griffin; Mr. W. Griffith; Dr. W. Taylor; Mr. R. Annan; Mr. W. Saunders; Dr. J. L. Earle; Mr. Paget; Dr. Laycock; J. J. W.; Dr. Wadham; Dr. F. Cook; W. C. F.; Mr. E. N. Heath; Mr. G. B. Morgan; Mr. G. Wallis; Mr. Duchesne and Dr. Devenish.

APPOINTMENTS FOR THE WEEK.

January 11. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 7½ p.m.—Special General Meeting. 8½ p.m.—Dr. S. Fenwick, "Desquamative Gastritis in Scarlatina."

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. Professor Owen, "On the Osteology and Dentition of the Andaman Islanders."

Royal Medical and Chirurgical Society, 8½ p.m. Dr. F. G. Reed, "On Affections of the Cæcum." Dr. Aldis, "On the Poisonous Effects of Coal Gas."

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 7 p.m.—Council. 8 p.m.—Mr. Hutchinson will read some Cases of interest.

Metropolitan Association of Medical Officers of Health, 4 p.m. Meeting for Business.

Society of Arts, 8 p m. Meeting.

16. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Harveian Society of London, 8 p.m. Mr. W. Adams, "On the Treatment of Lateral Curvature of the Spine."

17. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Professor Tyndall, "On the Transmission of Heat through Gases."

Western Medical and Surgical Society of London, 8 p.m. Mr. C. Hunter, "On Tumour of the Jaw." Dr. Baines, "On a Case of Disease of the Pancreas."

To Surgeons, Dentists, &c.—The Best

HOUSE in LONDON for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City. (Established upwards of a Century.) Pocket and Dissecting Cases from 10s. 6d. each. N.B. The largest stock of Second-hand Dissecting Cases in London. Also, a great variety of New and Second-hand Army and Navy Regulation Cases. Instruments Bought, Sold, or Exchanged.

Dr. Lionel Beale's Clinical Microscopes.

These Microscopes are very Portable and can be carried in the Pocket, are well adapted for use at the Bed-side, and are Indispensable to Lecturers for Class Purposes. Price 25s.

W. MATTHEWS, Surgical Instrument Maker to King's College Hospital, 8, Portugal-street, W.C. Catalogues of Osteology Gratis.

Varicose Veins and Supporting Bands.

—SURGICAL ELASTIC STOCKINGS and KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working Classes. ABDOMINAL SUPPORTING BANDS for both Sexes ; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

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that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

Bastick's Preparations of Bark & Opium,

These el gant forms of remedial age ts, containing respectively all the active principles of Bark and Opium, are manufactured (unlike the corresponding preparations of the Pharmacopeia) by improved processes, which ensure uniformity of strength, and certainty of therapeutic action.

Doses : Liquor Opii ♏xx. ; Liquor Cinchonæ ʒj.

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DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury, or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom. In Tin Cases, containing ten feet, 6s. 6d. and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING, an elegant, economical and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above. In Tin Cases, containing twelve square feet, 1s. 6d. each.

EXTRACTS AND EDITORIAL NOTE FROM THE "NEW YORK JOURNAL OF MEDICINE."

"March 1, 1859.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this article is a very simple and neat dressing."

"I have prescribed the Cantharidine Tissue and Dressing (as prepared by you), for the last ten years. I have much satisfaction in bearing testimony to its effectual, mild, and safe action as a vesicant on the most delicate skin, and one of the best auxiliaries in the successful treatment of congestive and inflammatory diseases ; the dressing has the advantage of being cleanly, agreeable and curative in its application.

"JOHN PURSELL, M.D., F.R.C.S.E.

"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Birmingham."

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The following Waters as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains ; Soda, 15 grains ; Ammonia, 10 grains ; Seltzer and Vichy from their respective analyses ; and a very delicious, as well as useful, MINERAL ACID WATER.

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LITHIA with POTASH, and LITHIA with AMMONIA. These Waters are prepared by Mr. HOGG according to instructions originally given him by Dr. Garrod, and ordinarily contain 2 grs. and 5 grs. of Pure Carbonate of Lithia by itself, or in combination with 20 grs. of Bicarbonate of Potash, or 10 grs. of Phosphate of Ammonia ; but to meet particular cases, a suggestion for an increase or diminution would receive prompt attention.

Also, POTASH WATER, containing 20 grs. ; CITRATE of POTASH, 30 grs. ; CITRATE of POTASH and IRON, 30 grs. and 5 grs. ; SODA, 15 grs ; SELTZER and VICHY, from their respective analyses.

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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

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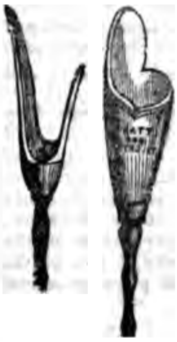

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Wooden and Artificial Legs, Crutches, Bandages &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths ; also, of a new Truss ; all of which have been approved and ordered by the Army Medical Board.

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ORIGINAL LECTURES.

◆

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

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By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

LECTURE II. — GENERAL RULES FOR PHYSIOGNOMICAL DIAGNOSIS — 1. *Unrestricted extent of observable Phenomena*—2. *Standards of Comparison needed, and how to be attained*—3. *Especially for comparison with Degenerations*—4. *All Methods of Research to be conjoined with the Physiognomical*—5. *Objects of Diagnosis to be carefully distinguished*—6. *Principles to be evolved and sedulously applied*—7. *The Method of Observation laid down*—8. *How influence of Hereditary Tendencies should be determined*—9. *Meaning of Hereditariness defined*—10. *Hygienic conditions of parents to be ascertained*—11. *The Tactus Eruditus needed*—12. *How results of Method should be recorded*—13. *And communicated to Patients.*

GENTLEMEN,—In my last Lecture I promised I would give you some rules for your guidance in that kind of observation and generalization upon which the physiognomical diagnosis of diseased structures and tendencies is founded. Now, the first rule is that you in no way restrict your field of inquiry. In the practice of Medicine the physiognomy of a patient includes every cognisable characteristic; his temperament, form of head and face, features, muscular firmness, complexion, expression, attitudes, gestures, tone of voice, manner of speaking, style of handwriting, and the like. In short, whatever we can see, or hear, or feel, or even smell. Many of these things will be noted at the bedside, but others belong to cranioscopy or to physiognomy proper, and are not, therefore, within my plan.

2. You will find it necessary to form standards for physiognomical comparison. Standards of comparison are necessary, indeed, in all branches of Medical art. If students, for example, begin the practice of physical diagnosis of diseases of the heart and lungs before they have become practically acquainted with the healthy sounds produced in those organs in different individuals and under varying conditions, they will have no sufficient standard of comparison with which to compare the unhealthy; and this is in fact the unrecognized source of numerous errors and difficulties. Hence, your first lessons in physical diagnosis must be on healthy persons. So it is also with physiognomical diagnosis. You should incessantly observe the healthy characteristics of persons of various races, ages, sexes, rank, occupations, and the like, so that right standards of comparison may be formed. Now, I fully concede that correct observation of these points scientifically implies a considerable extent of collateral knowledge; as for example, of ethnology in so far at least as races are distinguished by their corporeal characteristics and vital tendencies; of the constitutional changes which occur necessarily at various ages, whether of development or decline; of the differences of the sexes as to constitutional tendencies to morbid changes in function and structure, and which are greater than usually stated by writers on physiology and pathology; of the influences exercised by fundamental elements of the body as the cerebro-spinal and sympathetic systems, and the blood; and of the results of various hygienic or health-modifying conditions upon these systems and on important viscera. These subjects I cannot teach here, because they do not belong to Clinical Medicine; but as they constitute a necessary part of my course on the Practice of Medicine, I can refer a majority of you to the principles I develope on all these points of physiognomical inquiry.

3. Although ordinary physiognomical diagnosis is of great value in practice, what you have to observe medically is a tendency to degeneration, or actual degeneration; but in either case it is degeneration. Now this implies—(*a*) a standard of completeness, or perfection, and (*b*) a departure more or less wide from that standard. But both standards practically vary in degree to a very wide extent; no man or woman, considered pathologically, is perfect; consequently, you can only establish standards which are shifting and uncertain; and so it happens that the conclusions you draw from comparisons with such are uncertain. In this department of practice, as in all others, Medicine is a conjectural art, and you can only arrive at probabilities as to the kind of tendency to degeneration, and as to the nature and extent of morbid change. I the more strongly caution you against dogmatism on this point, because you will find that in a proportion of cases we can draw very certain conclusions as to the kind of tendencies and degenerations of tissue, and you will be tempted thereby to too great a confidence as to all.

4. You should sedulously connect your physiognomical with your physical and anatomical observations. Take, for example, a case of dilatation of the aorta from atheromatous degeneration. In such you may observe (i.) Those physiognomical characteristics which indicate both disease of the aorta and the diathetic tendency to atheromatous diseases of the vascular system. The one is local, the other is general, and might be manifested in the blood-vessels of other organs, as the brain, the lungs, the kidney, or the limbs, inducing congestive affections, apoplexy, pulmonary hæmorrhage, Bright's disease, aneurism, or arteritis—each with its consequences—according as the one or other set of arterial vessels became the seat of local disease. (ii.) You would have the physical signs and symptoms of aortic dilatation, with its sequelæ, and (iii.) On post-mortem examination you would have the anatomical demonstration of the tissue-change. These three sources of knowledge would supply the fullest grounds for certainty as to the course and nature of the disease you have had to treat, and your opinions would be soundly based. But let us suppose you meet with a similar case in practice, in which you are not permitted to make a physical examination, nor is the opportunity for post-mortem examination afforded you; that, in short, you have nothing but the physiognomy and the general symptoms to rely upon; what would be your condition if you had had no experience of these in their relations to change in function and structure? Clearly they would be comparatively useless as means of diagnosis, and you would be almost in the dark. But, on the other hand, if you had studied the entire group of phenomena in connexion with each other, the physiognomical characteristics alone would go far in enabling you to determine both the seat of disease and the nature of the change of structure; just as a zoologist determines from the form of a single bone or of a tooth, the habits and order of the animal to which it belonged. I cannot, therefore, too strongly impress upon you this rule for the conduct of your clinical studies of combining all methods of research with your physiognomical, and thus render it always available so long as you can use eyes and ears and fingers. I might add other inducements; the most striking are (a), the want of *time* in extensive town practice for that elaborate and minute investigation we practise in the wards; and (b), the impossibility of applying in country practice the instruments at all. The country Practitioner, to do this completely, would need saddle bags to carry with him his clinical and Surgical armamenta. Thus it is that the naked, yet educated eye, and ear, and touch are the best instruments after all for daily work.

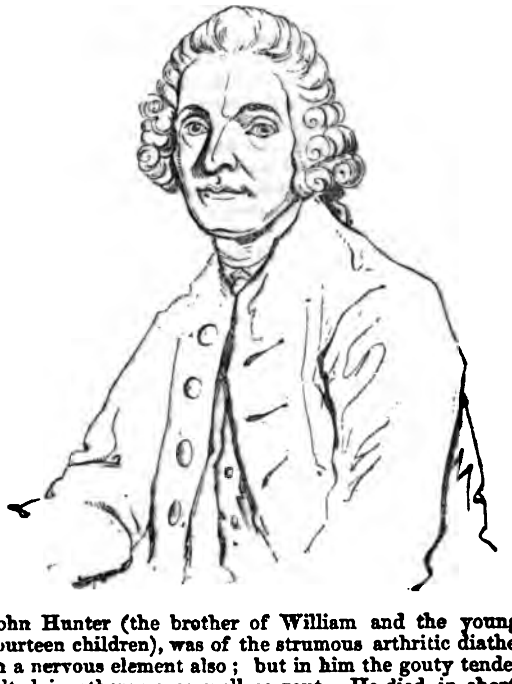
5. It is necessary to distinguish carefully the objects you have in view. You have to conclude as to two distinct classes of phenomena, namely the *tendencies* to certain modes of vital action, and the *results* of those tendencies as shown by morbid changes either of structure or function, or both. A tendency only, is a diathesis; the actual development of it into morbid states is a cachexia, a term long known to Medicine, and freely used by Cullen. The vernacular English phrase is "bad habit of body." Dyscrasia is a more modern term with a similar meaning. The word "constitution" is used very vaguely in the sense of diathesis, cachexia, and even temperament, but it applies to all general conditions whatever, whether they be tendencies or results of tendencies. Secondary syphilis is a constitutional disease, but it is a cachexia or dyscrasia, and not a diathesis. So also pyrexia or a general feverish state is constitutional but not diathetic

On the other hand, a tendency only is both constitutional and diathetic; *e. g.* the tendency to gouty diseases is the arthritic diathesis. Much confusion in research, and thereby much hindrance to progress in practice, result from the neglect of this simple rule, that terms should be used in a distinct and definite sense. This cannot be done, however, without clear ideas be had as to what is included in them, and to this end you should always bear in mind the derivations of words. A knowledge of these is now easily accessible by means of Dr. Mayne's Expository Lexicon, which every Medical student should have in his library.

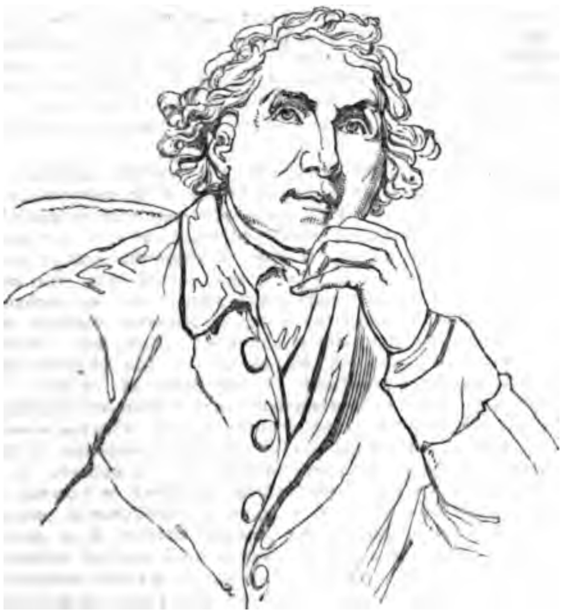
6. Although for the purpose of teaching I shall call your attention chiefly to typical examples of diathetic and cachectic states, it must be carefully remembered that these are intended to serve mainly as your future standards of comparison, and that in actual practice typical cases are not the most common. Nor must you conclude that you can apply these to individual examples, mechanically as it were, and without reference to general principles. Modes of degenerate nutrition vary much from other causes than the constitutionally predisposing, which are often transformed or modified thereby. Thus the diathesis which predisposes to tuberculosis or scrofulosis in youth or childhood, tends to cancer in middle or old age; gouty disorder in middle age becomes atheroma in the decline of life, or under certain dietetic or other conditions influencing nutrition in general. The general facts and principles I shall teach you are intended only to be helps to you in attaining to that power of physiognomical diagnosis which observation and experience alone can give, but which, when corrected and guided by principles, is of all modes of diagnosis the most valuable.

7. The physiognomical method you should pursue is of importance: perhaps a short notice of the leading points to be observed may help you:—(1.) *Age.*—The age of a patient means a certain stage of development or retrocession. Now, there is a general average as to the duration of life, and as to the age at which constitutional changes take place; but then this is only to be used as a standard of comparison. The changes thus marked by duration of life, in the average of mankind, are not always so indicated in the individual: many persons are prematurely old; others, in early life, have, as to some tissues, and not as to others, the changes peculiar to old age; in some there is what is termed "a green old age." Now, pathologically, advancing age is degeneration as well as retrocession. (2.) *Sex.*—The tendencies to degeneration or disorder vary much in the sexes, even with the same diathesis. Thus, a woman will inherit and continue in her children a tendency to gout, or to structural diseases of the vascular system, who has never had these tendencies manifested in her own person as gout or as disease of the blood-vessels. And the tendencies will be manifested and transmitted by her children according to the same law; that is, they will be manifested by the male, but not by the female. The differences to be noted in regard to sex are, in fact, to be found in both the nervous and vascular systems, as well as the reproductive. (3.) *The general forces of nutrition.*—These differ greatly in individuals according to the class of tissues involved. Thus, morbid tendencies and their results manifested in the blood and blood-glands and glandular tissues, in general, are more important than those of the vascular or nervous system, because their pathological results are more generally manifested. Individuals differ greatly as to the amount of primary or congenital vital force they possess, and in their consequent powers of resistance to morbific agencies. Hence there is a real difference between good health and a good constitution; for a person with weak vital powers may enjoy good health so long as the strain upon those powers is not greater than they can bear. In this way valetudinarians who take great care of their health often live longer than persons of a much stronger constitution who are reckless in their habits. Strength of constitution is therefore not to be measured either by health or long life, but by (*a*) the power of producing healthy offspring, and (*b*) by the capabilities of resistance to wear and tear,—by the lift, or horse-power, so to speak, of which the man is capable in the struggle of life, as well as the continuance in life. Numerous fallacies arise from confounding good health with a good constitution. I shall speak of the diagnosis of the latter when we discuss the physiognomy of nutrition. But I will here add the caution that life may be cut short in the best constitution by failure in a particular tissue of an important viscera, as when atheroma of the cerebral or cardiac vessels leads to apoplexy or fatty degeneration of the heart. (4.) And this suggests another rule as to what is to be observed. The *bony development*, especially of the head and face (including the teeth) will best serve to indicate the amount of congenital vital force; but it will be necessary to examine the condition of special tissues in each individual, more especially the muscular, nervous, vascular, and glandular, for each has both a special and a general influence. Thus amyloid degeneration of the blood-vessels leads to results different from those of atheroma. Imperfect vascular activity in the lungs manifests results widely different from those of imperfect vascular activity in the brain, the heart, the joints, or even of the teeth. In other words, you have to examine your patient in detail as well as a whole.

8. *Hereditary Tendencies.*—In the current method of diathetic diagnosis, the states of health of the parents are of leading importance. An inquiry into these will certainly be useful as affording collateral evidence of the probable diathetic tendencies or diseases of children, but it must be always remembered (*a*) that parents will transmit tendencies to diseases from which they have not suffered, and (*b*) that the statements as to parental diseases are often of the most unreliable character. You have, therefore, a better source of knowledge in the physiognomy of the parents, especially in the cases of children in whom the diathetic characteristics are seldom well-marked. But the physiognomy and diseases of near relatives as well as of parents will help you to collateral evidences of the constitutional tendencies and diseases of your patient. You will often be able to notice in large families how varieties of diathetic states arise from a common constitutional predisposition. For example, in a family derived from gouty parents, I have noticed in one a well-marked arthritic diathesis; in another a neuro-arthritic, *i.e.*, nervous tendencies and symptoms predominating; in a third a strumous arthritic, or the physionomy of strumous with gouty tendencies. In the two Hunters you have an illustration of this general fact. William Hunter was a well-marked example of the nervous temperament and gouty diathesis (neuro-arthritic). His smart dapper person, small limbs, small mobile features, thin alæ nasi and lips, are very characteristic, as well as his active habits and power of continuous mental labour. Although exceedingly temperate, at 60 he was a martyr to gout, and died of hemiplegia, or some form of cerebral paralysis, at 64.



John Hunter (the brother of William and the youngest of fourteen children), was of the strumous arthritic diathesis, with a nervous element also; but in him the gouty tendency resulted in atheroma as well as gout. He died, in short, of angina pectoris, a disease of the heart very commonly manifested in men of his diathesis, and associated in such with atheroma of the coronary arteries, as in his case. He had, in short, what may be termed strumous gouty degeneration of the arterial tissues. His florid complexion indicated the vascular element, while his rounded forehead, thickened alæ nasi, thick upper lip, and carious teeth in the upper jaw marked the strumous tendency.



In these family differences as to the diathetic tendencies of the children, it is not difficult to trace the influence of morbid states of the parents at the time of conception. It is constantly seen in parents with a syphilitic taint in the varying vigour of children born in succession. The children of old men are often strumous. John Hunter, it is clear, owed his strumous arthritic diathesis to the circumstances that his father was in his 70th year when John was conceived, and had at least one of the diseases of the gouty habit, namely, "gravel." And although great care was taken of John Hunter's health when young, yet he was threatened with pulmonary tuberculosis at manhood, had gout in middle life, and obesity and extensive atheroma of the cerebral as well as coronary arteries in the decline of life. He was a typical man of his diathesis; with a predisposition to tuberculosis and atheroma; he nevertheless, from the vigorous nutrition of his nervous system, was capable of great mental labour.

The family groups of diseases are further illustrated by the diathetic tendencies of other members of the Hunter family. Atheroma in the parents is very apt to become pulmonary tuberculosis in the children, as we shall see when we come to discuss the diathetic diagnosis of phthisis. While John Hunter narrowly escaped it, his elder brother James died of it, having first hæmoptysis, as also his nephew Dr. Baillie.

9. You will draw all the better conclusions from this class of family observations, if you have clear ideas as to what is meant by hereditary transmission. Mr. Buckle has set the fashion of scepticism on this hitherto universally admitted fact; nevertheless there is nothing in physiology or physic better established, being capable of proof both deductively and inductively. It is quite true that hereditary transmission of the characteristics, whether corporeal or mental, of the parents, is not absolute, not even as to order or genera; for the offspring of the human being, if conceived under extraordinary conditions, may be a mere monstrosity, like no creature whatever; or may resemble, in leading points, some brute animal. But this does not prove that under ordinary conditions the child of white parents will not be white, or of black parents black, or of black and white parents a mulatto. It only serves to establish the fact that what is transmitted is a tendency to certain definite modes of vital action, which tendency will necessarily end in certain results, provided the conditions suitable to the operation of the tendency concur. The human embryo cannot be said to be like its parents in any physiological particular,—not even, indeed, like a human being; but it has tendencies to become like a human being, and like one or other, or both, of its parents, and which are duly manifested under suitable conditions, as to age, and the like. In short, the actual form or thing is never transmitted hereditarily—only a tendency to become—or the future order of action of the vital forces. Hereditary syphilis is not transmitted, nor indeed any hereditary disease, but only a tendency to its development. In this way it happens that a child of syphilitic parents will be quite healthy at birth, and only manifest the hereditary taint some weeks or months subsequently, or even not for years. Hence the fundamental rule that in observing as to morbid hereditariness, you have to remember that it is not a disease, but a tendency to disease, which is transmitted, and that this tendency requires conditions both for its origin and development, as well as its transmission, not less than the reproduction of the species. In what these conditions consist is a very important practical question, to be solved in the usual way, namely, by observation and experiment; but it is by no means difficult of solution. One general principle I can give you for your guidance, which stands to vital phenomena in the same relation that the first law of motion bears to physical phenomena,—namely, that tendencies to certain modes of vital action, when once begun in an organism under certain conditions, continue to operate both in parent and offspring, until interrupted or deflected by other tendencies, arising under new conditions. And this includes the whole practice of Medicine as to the origin and prevention of hereditary morbid tendencies, and is indeed at its very foundation as an art. For the conditions out of which hereditary marked tendencies originate are the causes of diseases generally.

10. It is for this reason that another rule arises in the diagnosis of hereditary tendencies through parentage, namely, to extend the inquiry into the conditions under which the parents or ancestors of the individual have existed. If, for example, a man be of a family, several members of which have died of pulmonary consumption, and it be found, upon inquiry, that the parents have lived under conditions unfavourable to healthy pulmonary action, then it is probable he also has an hereditary tendency to unhealthy pulmonary action, although his parents may have been wholly free from phthisis,—for it is the hereditary tendencies to disease you have to detect, and not disease alone; and these may be determined in the way I describe, —namely, by ascertaining if their causes have been in operation. Now, the operation of such causes on the constitution of the parents may sometimes be determined physiognomically, although no actual or nameable disease result, as for example, in the case of men who have lived in hot climates, or have been subject to malaria, or undergone great mental labour, or have a syphilitic taint, and the like.

11. The wide field of observation thus laid before you may discourage you by its very magnitude, or perhaps you may experience discouragements of a more direct kind. But let me assure you that, difficult and extensive as the method may appear when thus laid down in detail, it is really within the reach of any student of ordinary intelligence and information. The main requisite to success is habitual, constant, and careful observation, which is easy to the systematic and industrious, because the physiognomies of men can always be observed. Now, this is not so with any other means of diagnosis; in all others you require the concurrence of the individual who is the subject of your observations, but in the physiognomical he must hide his face or person to prevent you using your method, so that you can always be practising the physiognomical art wherever there are faces and forms to be seen. But it is quite certain that you require constant practice for the due education of your senses in this art as much as in any other. That artistic tact which, in the Medical Practitioner, is termed the *tactus eruditus*, consists in the capacity of quickly observing minute differences and resemblances, and promptly deducing conclusions therefrom, so as to apply them readily in practice. Men differ in their natural powers in these respects; some observe and act with the rapidity and certainty of instinct, others are more slow; but to every man, a knowledge of his subject and systematic training of the faculties are needed.

12. In recording the results of your physiognomical observations, you should follow the same rule as in physical diagnosis, and, indeed, diagnosis generally, that is to say, state the particular observations upon which you found your conclusions as to the tendencies and morbid structural changes of the case. There are many reasons for this rule, but the

chief one is that you have no right to expect anyone will accept your bare assertion that a patient is of the scrofulous, gouty, or atheromatous diathesis; any more than that he has phthisis, peritonitis, aneurism, or any particular kind of deposit, as tubercle, cancer, and the like.

13. Lastly, you should be cautious how you announce to your patients the results of your observations and inquiries into their constitutional tendencies and diseases. Few persons are so vain as to think they are perfect; but fewer still like to be told they are imperfect, however truly; indeed, in this as in many other personal matters, the greater the truth the greater the libel. Your own good sense will guide you best to the use of such terms and phrases as will not shock or hurt the *amour propre* of your patient, while, at the same time, the knowledge of a weak point in his constitution is sufficiently communicated for his guidance in the treatment of disease and the management of health.

ORIGINAL COMMUNICATIONS.

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CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

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(Continued from page 6.)

The following eleven cases of hæmorrhage before the delivery of the child occurred in my practice during the year 1841, and the first four months of the year 1842.

Partial Placenta-Presentation.

Case 13.—On January 20, 1841, at 8.30 a.m., I was sent for by a Medical friend to Mrs. S., in Spitalfields, in labour of her fourth child, at full time. While washing, the day before, at one o'clock, she was attacked with a copious discharge of blood, without any pain, under which she fainted; a draining continued in a slight degree till about six in the morning, when another alarming gush took place, and labour-pains became slightly established. I found her much affected by the loss, and rather faint. There was a constant discharge still going on. The os uteri was dilated to the size of a shilling; and the anterior half of the opening was covered by the placenta. Head presenting. I gave her some ergot and brandy, and immediately ruptured the membranes. The discharge ceased; the pains became more active; and she was delivered of a dead child, naturally, at 5.30 p.m. The placenta passed in half-an-hour, and she recovered favourably.

Accidental Hæmorrhage.

Case 14.—On February 23, 1841, at 10 p.m., I was requested by a midwife of the Royal Maternity Charity to see Mrs. S., Whitechapel-road, in labour of her eleventh child, near her full time. Five days before she had fallen heavily and struck her side. She was soon after seized with hæmorrhage, which had continued more or less ever since. She had been under the care of one of the district Surgeons, who had placed her under an anti-hæmorrhagic treatment; and his absence from home occasioned my being sent for. I found labour fully established; the os uteri almost entirely dilated; head and funis at the brim; a considerable discharge going on; no part of the placenta to be felt; and the patient rather faint. I immediately ruptured the membranes, and the funis protruded into the vagina. Instead of the hæmorrhage ceasing on the discharge of the liquor amnii, as I hoped would be the case, it was much increased. The uterus began to act strongly, still the flooding continued. In about half-an-hour, therefore, after the membranes were broken, I introduced my hand into the uterus, and "turned" with comparative ease. The child was alive; the placenta passed directly after the child was born; and the woman recovered well.

N.B.—I suspected that the placenta had been largely separated from its attachment by the accident, and was surprised to find the funis pulsating.

Placenta Expelled before the Child.

Case 15.—On May 26, 1841, at 7 p.m., I was called by a Medical friend to Mrs. P., Holborn, who was seized early in the morning with a copious discharge of blood, in the eighth month of her fourth pregnancy. The flooding ceased entirely as suddenly as it came on, and she remained free till 5 p.m.; then it returned more violently than before. The uterus began to act at the same time, and the pains recurred frequently and strongly until just as I entered the room, when the placenta and child were both expelled simultaneously; the placenta first. The uterus contracted perfectly, and the woman recovered well.

Partial Placenta-Presentation.

Case 16.—On October 15, 1841, at 2 a.m., a Medical friend called me to Mrs. C., Minories, nearly at full time with her fifth child. She had experienced occasional slight hæmorrhages for about three weeks, during which time she had kept her room. On the 13th, at 11 p.m., there had been a sudden and copious discharge, which as suddenly ceased; the same occurred about the same time on the night of the 14th. My friend, on being sent for, found her very faint, and exceedingly distressed by a sense of constriction across the chest, as though a cord were tightly bound round the body, impeding respiration, and giving to the face the appearance of great alarm. When I arrived, this constriction was continuing; she could hardly articulate; the countenance evinced great distress; the pulse at the wrist was scarcely perceptible,—in fact, she was dying. There was not the least discharge, nor had there been since the last burst. The os uteri was dilated to a size larger than that of a crown-piece, very flaccid; and an edge of the placenta was lying separated from its attachment in the vagina, the membranes being broken. I got her to swallow some brandy and ergot, and delivered her by turning immediately. The uterus contracted tolerably well. She rallied for about half-an-hour; her powers then began to flag, notwithstanding the stimulants; jactitation supervened, and she died in an hour and a-half from delivery. There was not the least after-hæmorrhage. The child was dead, as might have been expected.

N.B.—This sense of constriction across the chest I look upon as one of the most dangerous symptoms, which accompany uterine hæmorrhage. It is seldom that a patient recovers who becomes the subject of it; jactitation almost always follows it, and frequently convulsions, preceding dissolution. It appears to me to depend on spasm of the diaphragm, occasioned by the bloodless state of the vessels of that muscle.

Partial Placenta-Presentation; Forceps.

Case 17.—On the same morning, October 15, at ten, I was sent for by another Medical friend to Mrs. B., at Dalston, aged 37, in labour of her first child, at her full time. She had been the subject of occasional slight discharges of blood for the last eight or nine weeks; but never to such an extent as to produce alarm. Very early in the morning, however, of the 15th, hæmorrhage to a large amount occurred, and was speedily followed by labour pains. I found the discharge still continuing, pains infrequent, but coming on regularly. The system not much depressed; and her spirits good. The os uteri would admit the extremities of two fingers easily, was thick, but softening. I felt the edge of the placenta at the posterior part of the circle. I immediately ruptured the membranes and plugged the vagina. The flooding ceased as soon as I had let off the liquor amnii. At one o'clock the pains came on much more strongly, so as to induce the gentleman in attendance to remove the plug at two; it was quite soaked with blood and liquor amnii, though there had been no external flow. The pains now increased much in frequency and violence, and at 4 p.m. the head was in the pelvis. Notwithstanding the uterus continued to act vigorously, there was no change in the position of the head till eight, when I was again summoned. I could now feel the right ear distinctly behind the right groin, the face looking to the right sacro-iliac symphysis. I applied the forceps over the ears, and delivered her of a living child without any difficulty in fifteen minutes. The placenta passed soon. It was in shape like a sole fish. There was considerably more than a common quantity of discharge during the night and the next day. On the 17th she had had a shivering, and was restless and talkative, hysteritis supervened, accompanied by cystitis, but by the end of the month she had quite recovered.

Partial Placenta-Presentation.

Case 18.—On November 16, 1841, at 8·30 a.m. I was called by a Medical friend to Mrs. A., Aldgate, near the full term of her third pregnancy. She was seized with an attack of flooding a month ago, which ceased as suddenly as it came on. There was no return till the evening of the 15th, when she again suddenly lost a large quantity of blood,—I was told to the extent of three pints. This also stopped suddenly, and at six in the morning a third copious discharge occurred. My friend was then sent for, but owing to the distance from his house he did not arrive until 7·30. He found her very faint; labour established, and a draining going on, the placenta was partially covering the os uteri; he immediately ruptured the membranes, and as the weeping continued, he sent for me. When I saw her she was still faint; the os uteri was almost entirely dilated; the vagina and external parts were well relaxed; the head quite above the pelvic brim; a part of the edge of the placenta hanging in the vagina; and a copious draining still going on. It was evident she could not bear much farther loss, so I determined on instant delivery, which I effected by turning without difficulty, after having given some ergot and brandy. There was no blood lost in the operation; the uterus contracted completely after throwing off the placenta, and she speedily got well. The child was alive.

Placenta-Presentation.

Case 19.—On January 16, 1842, at 2 a.m., I was sent for by a Medical friend to Mrs. B., Shoreditch. She had borne a large family and was attacked suddenly in the last month of pregnancy by hæmorrhage at six o'clock the morning before. It ceased as suddenly as it came on; and she thought little of it. Pains, however, were soon established, and with them a draining of blood commenced, which lasted all day. At 11 p.m. another violent gush occurred, and she fainted, her Medical attendant was then sent for, and he called me to his assistance. I found her still faint, the os uteri dilated to the size of a crown-piece, very lax, entirely covered by the placenta. The vagina was filled by coagula. It was quite clear that she could not sustain any farther loss; and that immediate delivery offered her the only chance of survival. Although, therefore, the operation was fraught with peril, I determined to turn the child without delay. After exhibiting some ergot and brandy, I passed my hand between the placenta and the uterine neck, separating the organ to such an extent as to admit my hand into the uterine cavity, ruptured the membranes, seized a foot, brought it into the vagina and turned the child. The operation was performed with perfect ease, very little blood indeed was lost in the delivery; the uterus contracted well, and expelled the placenta. She rallied wonderfully in a very short time and eventually recovered perfectly. The child was born dead.

Placental Presentation.

Case 20.—On March 13, 1842 at 9·30 a.m., I was sent for by a pupil to Mrs. B., Shadwell, about 7½ months advanced in her seventh pregnancy. Five weeks before she had suffered an attack of flooding, and a second on the 11th. About 6 or 7 o'clock on the morning of the 13th, labour pains came on, and with them another copious discharge. My pupil was then called, and he asked a neighbouring Practitioner to see the case, who was there when I arrived. I found that flooding had been going on for two or three hours, which had resisted all the means used to stay it. The os uteri was the size of half-a-crown, and the cervix was exceedingly rigid; the placenta entirely covered it. The patient was very much depressed, and there was very little pain. I though she would die before delivery could be effected. With a great deal of difficulty, owing to the rigid state of the cervix uteri, I got the child turned, and delivered by the feet. She lost very little blood during the operation, and none after. For a time she rallied, which gave us hopes that she might survive; but she began to lose ground again, and died in two hours. The child was born dead.

N.B.—This was another of those cases where the difficulty of introducing the hand into the uterus, appeared to me to depend upon the undeveloped condition of the cervix, rather than rigidity of the os uteri; a complication under placenta presentation, very greatly increasing the danger of the case, provided delivery by "turning" be resorted to.

Partial Placenta-Presentation—Forceps.

Case 21.—On April 12, 1842, at 8 a.m., I was requested by a Medical friend to see Mrs. E., in Blackfriars, in labour of her seventh child, near the full term. She had lost a large quantity of blood a week before; the hæmorrhage ceased and remained absent so long as she continued quiet, but recurred as soon as she began to move about. It returned violently on the morning of the 9th, since which she had kept her bed. There had been more or less discharge till the evening of the 11th, when labour-pains set in. Her attendant then found the os uteri open to the size of a shilling, partially covered by the placenta; and he ruptured the membranes. For some hours after that, there was no bleeding; but about 6 a.m. another copious discharge took place, which depressed her greatly; at 7·30 she became very faint, and he requested my assistance. I found her almost exhausted, she had fainted three or four times, and was just recovering from a prolonged state of syncope. She had taken a very large quantity of brandy. I found the head in the pelvis, the face looking towards the left groin. I could feel an ear distinctly. The uterus was very tender, and the pains were regular though not strong. I applied the blades of the forceps over the ear and delivered easily in a few minutes. The child was dead. The placenta came away immediately, being expelled into the vagina by uterine action. She was so much depressed that I feared she would scarcely survive delivery; but she rallied wonderfully, and the next day she appeared so well that I began to entertain hopes of her eventual recovery. Distressing vomiting, however, soon set in, the abdomen became tympanitic, without any great degree of tenderness; the symptoms varied much from day to day, until nine days after delivery, when she rapidly lost ground, and died.

N.B.—This woman's death was entirely to be attributed to the large loss of blood she had sustained. If she could have been delivered earlier, and the quantity lost at 6 a.m. could have been saved to her, she, perhaps, might have recovered; but with the os uteri dilated only to the size of a shilling when the membranes were ruptured, that proceeding would have been very hazardous. My opinion is that it was good practice to evacuate the liquor amnii, and wait. The result proved to a certain extent that it was judicious, because the pains soon came on efficiently, and all flooding ceased for some hours after.

Partial Placenta-Presentation.

Case 22.—On April 13, 1842, at 3·30 p.m., I was requested by a Medical friend to see Mrs. M., near the London Hospital, in labour at full time of her sixth child. She had gone on well in pregnancy till ten days ago, when she suddenly lost a considerable quantity of blood, without any external cause. There had been a slighter return of flooding seven days since, from which time she had kept her room. Early on this morning she had experienced another great loss, and pains supervened. When I saw her I found labour well established, though the pains were but slight. The os uteri was dilated to the size of a crown-piece, and a fourth part of the disc at the back part was covered by the placenta. A draining of blood was going on, and had been since the morning. She felt faint, but syncope had not supervened. I immediately ruptured the membranes, and gave some ergot and brandy,—the draining immediately ceased; at six the pains became stronger and more frequent, and she was delivered naturally of a living child at 10 p.m. Very little blood accompanied the expulsion of the placenta, and she recovered satisfactorily.

Unavoidable Hæmorrhage.

Case 23.—On April 23, 1842, at 7 a.m. I was sent for by a Medical friend to Mrs. R., Commercial-road East. It was her seventh labour, and she was at full time. During the last month she had suffered three or four attacks of flooding. At 1 a.m. labour-pains came on, attended with a sudden and violent discharge of blood, so that she fainted. I found her very faint; the os uteri was the size of a crown-piece, no portion of the placenta was covering the opening; but I afterwards detected that a part of the edge was close to it. I immediately ruptured the membranes, and gave exit to a very large quantity of liquor amnii. The hæmorrhage ceased for ten minutes, and it then returned so profusely, as to induce me to deliver by turning the child. This I accomplished easily. The uterus acted very well while the child was passing; but it relaxed immediately after its birth. I removed the placenta, by introducing the hand, and found it entirely separated from its attachment. The flooding continued; no means that we resorted to had any effect in producing permanent contraction, and she died in half-an-hour after the child's birth. The child was dead.

8, Portman-square.

(To be continued.)

AN EXPERIMENTAL INQUIRY INTO THE VALUE OF INCISION OF THE CILIARY MUSCLE.

By JAMES VOSE SOLOMON, F.R.C.S.
Surgeon to the Birmingham and Midland Eye Institution.

(Continued from page 432, Vol. II., 1861.)

The Treatment of Myopia by Intraocular Myotomy. (a)—In my first communication in the *Medical Times and Gazette* for January of the past year, I gave some account of the more recent opinions of the anatomy of the ciliary muscle. As, however, the presence of circular fibres is still a matter of doubt with some anatomists in this country, I would mention that they have been fully described by H. Müller in the *Archiv. für Ophthalm.*, vol. iii., part 1, and that an account has also been given of them by Van Reeken, Rouget, and Arlt.

As regards the accommodation of the eye for different distances, Helmholtz, Cramer, and others, have proved by direct experiments, that in accommodation for near objects no alteration takes place in the cornea, but that the anterior surface of the lens becomes more curved, its radius is at the same time smaller, and the anterior surface approaches the cornea; the posterior surface of the lens becomes more curved, but does not change in position. The pupillary margin of the iris is thrown forward, its periphery backwards. The ligament of the lens or zonula when tense flattens the lens. It is tense when the eye looks into distance, which, according to Donders, is then in a state of rest (b). The ligament of the lens is relaxed when the radial fibres of the ciliary muscle are contracted; the circular fibres press on the equator of the lens. The changes that occur in the eye during accommodation for near objects are determined, "but the mechanism of accommodation is not yet fully explained, no single hypothesis being supported by sufficiently decisive reasons(c)."—(Donders on Ametropia, p. 12.) The bearing of the above facts on the treatment which I advocate will be at once apparent.

Short-sightedness is referred by authors to increased refraction of the dioptric media, to change of form (elongation) in the antero-posterior diameter of the globe, and to increased action or spasm of the ciliary muscle.

Increased refraction may be caused by a too great prominence of the cornea; a normal convexity of the lens; or by anormal density of the vitreous humour.

Some of these conditions I have ascertained are capable of modification by operations which are at once simple and safe. The curvature of the cornea, for instance, can be reduced (*Case* 24). The refractive power of the vitreous humour I believe may be lessened by the extraction of a portion of it, the aqueous humour which supplies its place having a lower refractive power. It is not improbable that by the same procedure the lens, if it has been pressed somewhat more forward than in the normal eye, either from ciliary congestion or too great fulness of the vitreous, is brought nearer to the fundus of the eye, and so compensates in a measure for the disturbance of the focus, which is incidental to the presence of a posterior staphyloma. That an incision made through the pillars of the iris into the ciliary muscle on a line *parallel* with one of the equators of the eye (intraocular myotomy) will materially modify the action of the *circular* and other fibres of the ciliary muscle I have proved by a clinical experience of forty-one operations for shortsightedness.

The first series of cases of myopia, treated by intraocular myotomy, which were published in the *Medical Times and Gazette*, in January and February of the past year, showed that the operation has a two-fold effect on the eye, viz., on its power of accommodation, and on the nutrition of the choroid and retina. In some of the second series it will be observed that the near point has been removed after operation to a distance from the lens greater than was the far point prior to its performance; and that with the ophthalmoscope an improved circulation is proved to have taken place in the retina. More than a year has elapsed since the operations in the first series of cases were performed, without any fact having been observed which tends to indicate that the relief obtained is temporary.

The improvement of Case 2 has proved permanent. The boy is in a school at Saltley, and has been examined by Mr. William Tarleton, the Surgeon of the establishment.

In Case 3, the far point for small type was four inches prior to the operation; it is now ten and a-half. The far point for features was about fifteen yards; it is now thirty-five. She recognises members of her family at seventy yards. Her mother has recently informed me that before operation she could neither thread a needle or see to pick a pin from the floor. She now performs these acts with facility. With the ophthalmoscope a collar of black pigment is seen to embrace the left optic disc; there is no staphyloma posticum. The right eye, which was treated, in April 1860, by iridesis, and not by myotomy, became the seat of inflammation in February of the past year, and when presented to my observation was past recovery, from extensive fibrinous effusion into the vitreous space. Previous to February the sight of this eye was clear and good.

Case 4, who was amblyopic, and unrelieved by any sort of spectacles, continues able to thread a needle and to sew, etc., which she could not do before operation.

Last August I made an ophthalmoscopic examination, and found the optic discs were of a dirty white colour; the veins of the retinæ were unusually large and of the same colour as the arteries. In the left eye the vein formed a figure of diamond shape on the disc.

In Case 5, the far point for small type was, before operation, five inches only; it is now eighteen in one eye and thirteen in the other. The far point for features was, before operation, five yards; it is now from thirty to forty yards.

Ophthalmoscopic Examination made a Year after the Treatment —The optic discs appear flattened and scolloped at their external border. On the left choroid is a white lineal and nearly complete circle, as clean in outline as if it had been cut out by a punch. The right retinal artery and vein are of the same colour, *i.e.* red. The left veins are brown.

In Case 6, when last heard of, the far point for features was twenty-seven instead of three yards.

Case 8, whose far point for features was three yards before operation, has now a far point of upwards of thirty yards.

In Case 9, which was treated by Mr. Hancock's operation, the far point for small type and features remain as they were before the operation, viz., respectively four inches and four yards.

Since the publication of the first series of cases, I have continued to notice, after the performance of intraocular myotomy, there is a subsidence of the symptoms which are referred by Surgeons to a congested condition of the deep-seated tissues of the eye, such as muscæ volitantes, flashes in the dark, irradiation of the flame of a candle or gas. A common expression of patients is, "I now see everything more clearly than I did before the operation." In some measure this is due to a greater number of parallel rays being brought to a focus upon the retina. As this point is of considerable importance, a brief account of the symptoms in connexion with the myopic condition, which have yielded to intraocular myotomy, will not be out of place. A man of nineteen years of age, of full habit, suffers from flashes in the dark and constant frontal headache; the flame of a candle is surrounded by red rings. The iris is arched forward except at its pupillary border, which is incurved. His myopia has greatly increased. Every object is misty. He cannot read type smaller than half-inch, nor that at a greater distance than four inches. Intraocular myotomy is performed on both eyes, after which he reads with clearness half-inch type at sixteen inches, and minion at five. Buildings at a mile and a quarter distance are seen with distinctness. Headache, flashes, etc., are removed. He continues well for nearly six months, when having followed the most injurious employment he could select, viz., the lifting daily for eight or ten hours in succession of iron pigs of thirty and more pounds' weight, the retina becomes diseased: *vide Medical Times and Gazette*, January 19, 1860. Donders directs that patients with the symptoms I have described (a rapidly-advancing myopia) should not even stoop the head in writing or reading, so prejudicial is any posture which favours ocular congestion.

(a) The term "near point" when used in these papers is meant to denote the nearest point from the anterior surface of the lens at which the patient can see with distinctness. It does not mean the nearest point at which he sees with *comfort*.

The "far point," whether used in reference to type or features, also implies that those objects present a clear outline.

The purport of my inquiry was, in the first instance, purely utilitarian, therefore I adopted the same objects as tests which a short-sighted person makes use of when he applies to an optician for spectacles. He selects a pair of glasses for reading pica type, and another for recognising the features of persons across the street.

Dr. Donders tests the degree of myopia present somewhat differently, but then his object is to learn what strength of spectacles is required, while mine has been to ascertain what amount of advantage and comfort can be afforded to a myopic *without* imposing upon him the trouble, disagreeableness, and disfigurement of carrying an iron bridge upon his nose, and windows in front of his eyes.

(b) Henke, on the other hand, maintains that the accommodation for distant objects is effected by contraction of the radial fibres of the ciliary muscle.

(c) For an interesting epitome of the modern theories of accommodation I have been indebted to the disinterested friendship of Mr. Thomas Windsor, of Manchester.

A boy, 11 years of age, whose myopia is increased in the spring and summer months, and attended by intercurrent clouds, flashes, and on the slighest pressure of the globe, by the presence of phosphenes, has a far-point for pica (Jaeger's 8) of six inches, and for features of four yards. Intraocular myotomy is performed on one eye only (May, 1860); after which his accommodation becomes normal and all symptoms of congestion cease. Moreover, twenty months have elapsed without any recurrence of the symptoms which existed prior to operation (d).

A girl, 17 years of age, from Middleton, near Tamworth, who has a far-point for features of sixty-four inches, and for pica of nine and a-half inches; complains that her sight varies very much, being sometimes very dim. She is annoyed by occasional motes in the field of vision, and by flashes in the dark. She cannot bear to look at objects when facing the sun. The flame of a candle is indistinct, and surrounded by a red light. On July 6 the eyes are submitted to intraocular myotomy, and on the 30th of the same month the symptoms of congestion have entirely ceased. To use her own words, "all objects are clearer;" "the eyes are stronger;" "I can now look at objects while facing the sun;" "The candle-flame is of natural appearance." The far-point for features on August 30 is sixteen yards and a-half. Considering that in the large majority of cases of short-sightedness the ophthalmoscope affords evidence of a past posterior choroiditis or of a choroido sclerotitis, it is surprising that the subjective symptoms of congestion are not more frequent. Donders, who has studied myopia in a country where it is much more frequent than in England, even goes the length of asserting that all myopic eyes are diseased. Assuredly if the benefits of intraocular myotomy were limited to its power of correcting aberrations in the circulation of the choroid and retina, and thus prolonging the usefulness of the eye by keeping in check posterior staphyloma and other destructive changes, it would be worthy of a place in Ophthalmic Surgery. The operation, however, does much more, for in some cases it removes the near-point to as great a distance from the anterior surface of the lens as it is in the normal eye, namely, four inches; and the far-point so much that the patient ceases to disfigure his countenance by nipping the lids together, or to damage his eyes by making forcible efforts at accommodation. That the venous system of the retina is relieved we have evidence in the absence of phosphenes when slight pressure is made on the globe (Case 2), and from the condition of the vessels when examined by the ophthalmoscope (Case 11). It must not, however, be forgotten that great improvement may take place in the nutrition of a tissue, without any change which is perceptible to the eye occurring in its vascular system.

It may be argued that in properly-adjusted spectacles we possess a sufficient remedy for the inconveniences and dangers of the myopic condition, and, therefore we are not justified in running the risk attendant on a surgical operation.

This objection assumes three things: 1. That the spectacles are sure to be properly adjusted to the exact degree of myopia present, without which Donders affirms that the eye is endangered. 2. That the patient has the will to wear them. 3. That the surgical treatment is attended with danger.

Whether glasses are likely to be, as a rule, accurately adjusted I leave to the decision of those who have studied in this Journal the important papers of Mr. Z. Laurence and of Dr. Soelberg Wells, in exposition of Dr. Donders' views on the subject of spectacles. That many persons in England will not wear spectacles on account of cosmetic considerations is a matter of daily experience to Surgeons; nor less so is the fact that a very large class cannot avail themselves of such aid even if they should have the will to do so, because their prospects in life would be much prejudiced, or even ruined. In this category we place Ophthalmic Surgeons, mechanics, shop assistants, domestic servants, West-end footmen, waiters and housemaids, etc. Then there is a large class consisting of school children, who from shyness, or to escape the torments of their companions, practically refuse to wear glasses.

Having shown that many persons are unable to wear spectacles, I proceed to consider the risk which is imagined by some to attach to the operation. For the relief of short-sightedness alone I have operated upon forty-one eyes by intra-ocular myotomy, and one eye only has been damaged. The case was a little girl, an out-patient, who, as stated in my first paper, removed all the plaisters and freely exercised her eyes on the second or third day of the operation; but, notwithstanding this disregard of after-treatment, the fellow-eye made a good recovery. My experience warrants me, therefore, in stating the operation is quite safe when proper precautions are taken before and after its performance.

The objection that inasmuch as *accidental* injuries of the ciliary structures are followed by serious impairment of vision, therefore a clean incision of the same parts must be attended by great risk, will necessitate a reply, when the student's elementary works on Physiology and "first lines" of Surgery fail to differentiate the results which respectively follow the laceration and contusion of tissues highly endowed with sentient nerves, and those that attend their clean division by the Surgeon's knife in a patient who has been specially prepared for the proceeding.

The cases I have published justify the following among other conclusions:—

1. Intraocular myotomy is a safe and expeditious method of relieving short-sightedness.
2. The relief is not temporary.
3. In many cases it obviates the necessity of wearing spectacles.
4. It never injures the range of accommodation.
5. It renders the myopic eye more healthy by improving the nutrition of the choroid, retina, and vitreous humour. Myopic amblyopia is sometimes cured by it.
6. It has arrested a rapidly increasing myopia, and cured the choroido-retinal irritation with which it was connected.
7. It tends to prevent the increase of staphyloma posticum, by regulating the internal circulation of the eye, by lessening the convergence of the "optic lines," and the efforts at accommodation which are associated with the act of convergence.
8. The presence of a large staphyloma posticum does not neutralize the effect of the operation, nor in all cases does an opacity of the cornea.
9. The degree of myopia does not always bear a close relation to the breadth of a staphyloma posticum as judged by an ophthalmoscopic examination.
10. The earliest objective sign of staphyloma posticum consists in an apparent flattening and scolloping of one side, which is generally the outer, of the optic disc.
11. At the present stage of our inquiry, we are unable to assert that the operation cures staphyloma posticum, but it follows from four, five, and six, that intraocular myotomy renders this disease less dangerous to vision.

P.S.—When the space between the large retinal vessels is spotted by numerous patches of pigment, the operation appears to have little effect on the myopia.

(d) *Vide Medical Times and Gazette*, January 19, 1860.

CLEFT PALATE.

By A. G. FIELD, F.R.C.S.

The last Number of the *Medical Times and Gazette* contains a re-assertion of M. Langenbeck's claim to having been the first to supply a congenital deficiency of the hard palate by making use of the periosteum in a plastic operation.

While I admit the great difficulty of obtaining this desirable result, I cannot suppose but that some other Surgeons have been equally successful with myself; and I have certainly had the satisfaction of perfectly closing congenital cleft of the hard and soft palate in several instances; and I can scarcely imagine any defect of the hard palate so great but that steady perseverance, with a moderate amount of skill on the part of the Surgeon, and a fair amount of fortitude and patience on the part of the patient, may not lead to a perfect cure. My own experience has led me to conclude that the principal reason of failure is too much having been attempted at one time—Nature has been asked for too much at once, and so has refused the demand altogether, which she would readily have yielded in instalments. I think all who have operated much in this direction will bear me out in the assertion, that unless the opening in the hard palate is very small indeed, its closure must be the result of more than one operation.

Another point in the communication before referred to it is desirable to notice. The idea of separating the periosteum for the purpose of strengthening the flaps in the operation of staphyloraphy is certainly not new. My first instructions in operations on the palate were received from my friend, Mr. George Pollock many years ago, and I well remember he particularly urged the necessity of keeping the instrument close down upon the bone while flaps were being formed, and taking all that could possibly be got to make them with, including as much as possible of periosteum and for this purpose he frequently used a blunt instrument, precisely like one which I have myself employed for the last six years. I do not know that it matters very much to the cause of surgical science whether this improvement in the operation originated in Germany, or in England, but as it has been considered of sufficient moment to claim the attention of your readers, I beg to state that it was known to me many years ago, and that I derived my knowledge from the source I have mentioned.

Case of Congenital Cleft of Hard and Soft Palate—Complete Closure by Operation.

F. W., aged 19, had congenital fissure of the palate, extending through the velum forwards to the incisive foramen. The space was about an inch wide at the junction of the hard and soft portions, but the walls of the hard palate were nearly vertical, and covered by a good thickness of soft structures. The divided halves of the uvula approximated each other, but did not meet on an effort at deglutition being made (partly by the action of the divided azygos uvulæ, I suppose), though very widely separated when at rest. He suffered the usual inconveniences from this defect. His voice was nasal, and his utterance very indistinct. Fluids always escaped in a greater or less degree through his nose when he attempted to swallow them. Altogether the case was an excellent one for operation, so after improving his condition by extra diet for a few days, I operated on May 12, 1856. This was the first congenital case I ever attempted, and I did what I would not again, inasmuch as I closed the hard and soft palate at one time; the consequence was a prolonged operation and its attendant ills. The levator palati was divided by passing a knife through the soft palate, and the palato-pharyngeus was cut through by means of a blunt-pointed pair of scissors, while traction was made on the flaps by a thread passed through them, the ends being held in one hand, while the other was employed in the division of the muscle. Some considerable quantity of blood was lost during the operation, more than should be, owing to the extent of surface exposed at one time; but the bleeding was controlled as it occurred, partly by holding lumps of ice in the mouth, and partly, when necessary, by pressure with the tip of a finger. The flaps were united by eight silken sutures.

Twelve days after, all the sutures having been removed, the soft palate had united firmly excepting the uvula, and some union had also taken place in fore part of the fissure, but an opening still existed through which a finger might be passed into the nose.

June 20, 1856.—The edges of the opening were pared with a small scalpel, lateral incisions were made quite down to the bone, and the parts included between these incisions separated from the palate processes (certainly including much of, if not all, the periosteum). The opening was then closed by three silk sutures, the lateral incisions being filled with cotton wool.

The uvula, after the necessary quantity of mucous membrane had been removed, was united by means of one suture passed through its lower part, from right to left, a split shot being attached to each extremity. The uvula united, but a diminished opening remained in the hard palate, for the closure of which the operation of June 20, with slight modifications, was twice repeated within the succeeding two months, and it was not till I put in practice the principle which I advocated in this Journal on a former occasion, that I finally succeeded in completely closing the fissure. This happy result was attained in the following manner:—

I quote from the published report of another case:—

"Having completed the other steps of the operation in the same way as before; the parts were carefully dried and washed over with a solution of gutta percha in chloroform, and a thin sheet of gutta percha was applied over the whole surface. This I did because I believed failures in my previous efforts to obtain complete union depended on a portion of mucus being drawn from the nose between the edges of the flaps in the act of swallowing which it is impossible for the patient wholly to avoid. This belief was strengthened by observing, after the failure of a previous operation, that a shred of mucus was drawn further into the mouth after each time the patient closed it for the purpose of swallowing the saliva which collected while she held her mouth open for examination, and I imagine it occurs in the following manner: When the first part of the act of deglutition has been accomplished, and the morsel has passed beyond the reach of the tongue, the upper surface of that organ is left accurately applied to the roof of the mouth, and its return to the position it usually occupies is effected by the genio-hyoglossi muscles, which being inserted near the median line would, by their action, depress the middle of the tongue first, while its sides were still in contact with the palate; by this means a degree of suction would be produced whereby the loose edges of the flaps would be liable to displacement, and to have the nasal secretions drawn down between them into the mouth, preventing union of their surfaces, however accurately they may have been adapted."

Old Steine, Brighton.

(To be continued.)

A CASE IN WHICH ARTIFICIAL TEETH WERE LODGED BETWEEN THE TONGUE AND EPIGLOTTIS.

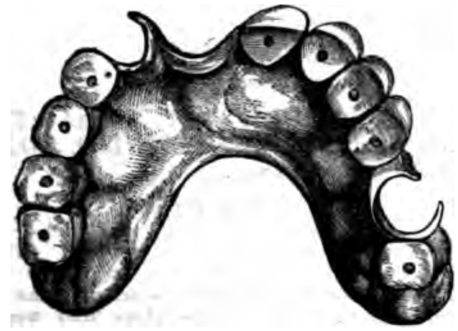
By JAMES PAGET,

Surgeon to St. Bartholomew's Hospital.

The following case seems worthy to be added to the records of foreign bodies found in places where they were least likely to be, and producing symptoms very similar to those of organic disease.

In July, a gentleman, 60 years old, after being engaged all day in more than usually fatiguing business, and exposed to cold air, felt faint and ill in the evening, and went to his bedroom at the hotel in which he was staying. While lying down, faint, or, perhaps, in the beginning of a slight epileptic seizure, he asked the servant to take out for him his artificial teeth,—nearly complete separate sets for the upper and lower jaws. The servant, he believed, took them out. Of what immediately followed he could remember nothing more than that he became much more ill, with difficulty of breathing, and a sense of choking and suffocation, in which, in great anxiety and alarm, he sent for Medical help. He was found suffering with much difficulty of swallowing and some dyspnœa. His tonsils appeared much enlarged and unusually red. These symptoms were treated, and in some measure relieved; and when one set of his teeth was missed on the day after the beginning of his illness, his Medical attendants, who suspected that they might have been swallowed, were begged not to speak of them to him, for fear of the excitement and alarm that such a suspicion might excite in him. All the severity of his symptoms being subdued in a few days, the patient returned to his house at Rhyl, where Mr. Theed, as usual, attended him. For the first few days, Mr. Theed saw appearances of slight inflammation of the fauces, but these soon subsided: from that time nothing morbid could be seen in his throat. He had considerable and increasing difficulty of swallowing, was obliged to drink very slowly, and to cut all his solid food into very small fragments, and force them down his throat with gulping. Occasionally he was almost choked by food becoming involved in a tenacious mucus, which appeared to be secreted in large quantity at and beyond the fauces. Occasionally, also, he vomited after taking food. He had frequent short, "hacking" cough; and once or twice hawked up a little blood. He suffered no considerable pain; but felt constriction about his cricoid cartilage, and always referred to that part as the seat of obstruction hindering his swallowing. His voice was rough and rather hissing; his breathing sometimes with wheezing.

Many times, while watching these symptoms, Mr. Theed suspected that they were due to some foreign body in or near the larynx: but he could see none; and the patient, as often as enquiries were directed to this point, declared somewhat impatiently that the thing could not be. Especially when with the tardily given permission of his relatives, he was asked if the false teeth, which he had lost on the night of his illness, might not have slipped into his throat, he maintained that it was quite impossible; for what he had lost was a whole upper set which, he believed, had been unluckily thrown away with the water into which they were put at night. The piece was far too big, he said, to go into his throat, or to be there without his knowing it. However, as none of his symptoms diminished and he was becoming very thin and feeble, Mr. Theed, in November, brought him to London for consultation. His feeble appearance, his dull pale face, his emaciation, and the recital of his case, made me fully expect that he had cancerous stricture of the upper part of his œsophagus. On examining his mouth and fauces, I could see nothing unnatural, till, on extremely depressing the back of the tongue, I saw something white near his epiglottis—but too obscurely to guess what it was. Passing my finger to the side of the epiglottis, I felt teeth there, and soon hooked out the whole lost set, of which, with their gold palate-plate, and other fittings, the adjoining sketch will tell very well the size and other characters.



The piece lay between the base of the tongue and the epiglottis, very closely fitted to all the surface on which it rested. The teeth were directed upwards, and I believe the incisor teeth were next to the epiglottis, and the notch in the palate-plate next to the root of the tongue.

The most remarkable point of this case, next to the fact of the patient being unconscious for more than three months of what he had in his fauces, is that a thing so large as that which the sketch shows could be out of sight at the root of the tongue. It may be well, therefore, to repeat that it was completely invisible, except when the base of the tongue was exceedingly depressed, and even then only a small part of it was obscurely seen. To this, and to the patient's dread of any other examination than that with the eye, it must be ascribed that the lost teeth were not discovered long before I saw him.

It may be worth notice, that the patient referred to the parts about the cricoid cartilage, as the place of obstruction in swallowing. This may be an instance of transference of morbid sensation, similar to that by which the irritation that excites coughing, wherever its true seat may be, is felt as if it were at the top of the larynx. A similar deceptive transference of sensation was observed in a lady whom I saw with what I supposed to be cancerous stricture of the upper boundary of the œsophagus. She always pointed to the cricoid cartilage as the place of obstruction: but her disease proved to be a cancerous ulcer of the tongue immediately in front of the epiglottis, and her pharynx and œsophagus were healthy.

Since the removal of the displaced teeth, the patient has regained health, and Mr. Theed's last report of him is "I think him as well as before" the accident.

P.S.—Since this narrative was in print, Mr. Theed has written that the patient has had "a very severe attack of epilepsy, which lasted for five or six hours, during which time the convulsions were so violent that if I had not removed (though with great difficulty) his *full* set of teeth, he would inevitably have broken them into pieces. This, I think, elucidates the previous mystery."

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Assistant-Physician to the Metropolitan Free Hospital.

◆

KING'S COLLEGE HOSPITAL.

CASE OF EXCISION OF THE KNEE-JOINT.

(Under the care of Mr. HULKE.)

Catherine S., aged 29, an Irishwoman, a soldier's widow, was admitted into the Lonsdale Ward, King's College Hospital, under the care of Mr. Bowman, with disease of the left knee-joint. She said that about two years previously, on her return voyage from Canada, she slipped four or five feet down the ship's ladder, and struck her left knee against an iron bar. This was immediately followed by pain and swelling, which disappeared after a few days' rest in bed, and leeching; but a little stiffness, and a slight halt in walking, remained. Six months before she came into the Hospital, the knee again began to swell, and soon became so intensely painful that she was obliged to keep to her bed. On her admission, the knee was bent at an angle of forty-five degrees, the outlines of the joint were masked by a considerable elastic swelling, and the tibia had a backward and outward displacement. There was intense pain in the joint, and starting of the limb, always worse during the night, so that her rest was much broken. and her strength, which at first held out well, began to flag. Complete rest was ensured by placing the limb in a M'Intyre's splint; the knee was blistered, and calomel and opium, of each one grain, were given twice a-day. On the sixth day her gums became sore, and the pills were discontinued. The condition of the knee was rather worse. At the outer side of the ligamentum patellæ there was a considerable swelling, and a feeling of fluctuation: at this point Mr. Bowman made a deep puncture into the joint, but no fluid escaped. Two days after this, on taking charge of Mr. Bowman's wards during the vacation, Mr. Hulke found the joint more swollen and more painful. At twelve o'clock p.m., fifteen drops of laudanum were thrown into the cellular tissue of the thigh, in an hour and a-half afterwards this was followed by perfect ease, and the knee continued free from pain till the following afternoon.

August 16.—From this time till September 22 twenty-five drops of laudanum, or fifteen to twenty drops of the Pharmacopœial solution of morphia, were injected into the front of the thigh twice in twenty-four hours. This never failed to give ease, and no local inconvenience ever followed the minute punctures of the syringe.

September 3.—Several lines were drawn with the actual cautery upon each side of the knee.

22nd.—As no improvement had taken place, and the patient's general condition was flagging, Mr. Hulke removed the knee joint through an H incision. The combined thickness of the portions of tibia and femur removed was one and seven-eighths of an inch. All the articular surfaces were entirely denuded of cartilage and deeply eroded, particularly the end of the femur. The osseous tissue was very vascular, but everywhere firm and healthy looking. The patella was bound by fibrous tissue to the outer condyle of the femur. The joint did not contain any pus, and the swelling was mainly due to pulpy synovial membrane. The limb was immediately secured in a M'Intyre's splint before removing the patient to her bed.

23rd.—Pulse 130. Sick several times during last night and to-day, but on the whole fairly comfortable.

24th.—Pulse 120. Less sick. Slept well. Little pain.

25th.—Pulse 130. A restless night; much disturbed by starting of limb. Knee much swollen. Incisions superficially closed, opened with a probe, and some pus let out.

26th.—Sickness. A long straight splint, reaching from the foot to the pelvis, was hooked to the outer side of the

M'Intyre. This fixed the thigh more completely, and she got some sleep.

28th.—Pulse 108. Much better in all respects.

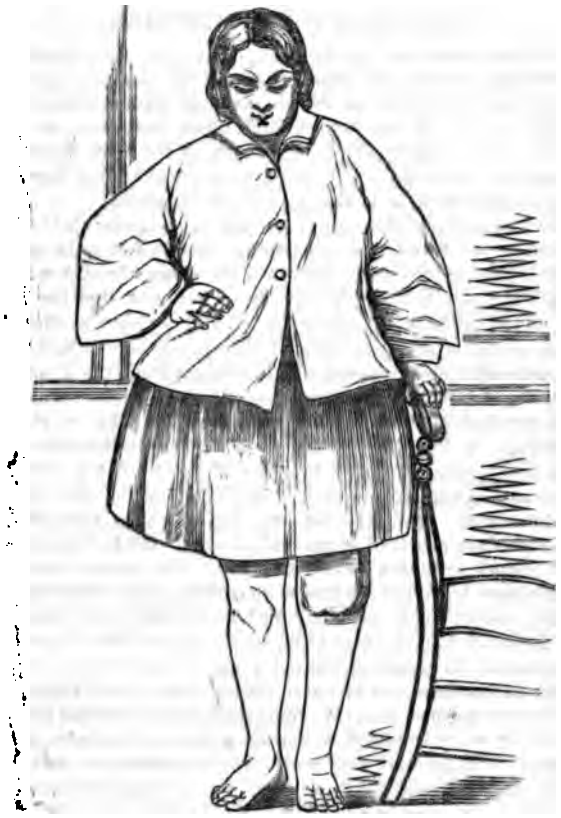
From this date she continued to improve till October 10, when the incisions having closed too soon, pus collected and caused some local and constitutional disturbance, which ceased on its evacuation.

October 16.—It was necessary to readjust the back splint; the femur was tilted slightly forwards.

23rd.—Eats and sleeps well. But little pain. Spirits good. The wound almost entirely closed.

January 8, 1860.—The metal splint exchanged for a leathern one. Gets up.

February 22.—Went to Walton-on-Thames. The left lower extremity is rather less than one inch and three-quarters shorter than the right. The lower end of the femur a little overhangs the tibia, and has a small outward twist. A slight degree of movement shows that as yet there is no bony anchylosis. She can put the foot to the ground, but fears to bear on it.



December 12.—Mr. Hulke again saw her. Her knee had long been quite free from pain. The scar had greatly shrunk, and was quite supple. All swelling and thickening had entirely disappeared. There was a slight hinge movement. The projection of the femur appears to be less, owing to the rounding off of its cut edge. With a light leather splint she gets about her house comfortably, but she continues to use a stick or crutch when she goes from home, from a distrust of the strength of her leg, and not because of pain or fatigue. She is now enormously stout and hearty-looking.

METROPOLITAN FREE HOSPITAL.

EMPYEMA—SPONTANEOUS EVACUATION—RECOVERY.

(Under the care of Dr. JAMES JONES.)

Isabella H., aged 16, a delicate, fair-complexioned girl. She had always been delicate, had often complained of pain in the side, and when ten years old she had had an attack of acute pleurisy. The illness for which she was admitted began by shivering and pain in the left side, which was much increased by inspiration. When Dr. Jones first saw her, three months later, she was pale and very thin. Left chest much enlarged; intercostal spaces obliterated; apex of the heart could be felt three inches to the right of median line. The whole of the left thorax absolutely dull on percussion; respiration 30; respiratory sounds absent throughout the whole lung, except some tubular sound and bronchophony over the root. Right side resonant throughout, except where occupied by the heart, coarse mucous râles. Cough troublesome. The left hand and arm and left side of the face œdematous. Urine free from albumen; bowels regular.

May 11.—Fluctuation with pointing were evident under the left breast. On the 16th the matter found vent in great abundance in the place indicated. Feels much relieved, can now breathe with more freedom. Air enters and escapes freely by the opening.

June 15.—Matter continues to flow through the opening. Chest much collapsed, especially under the clavicle. Respiration 24, easy and regular. Remains exceedingly thin and weak, but has not lost flesh lately.

September 15.—The infra-mammary opening continues to give vent to some matter. The compressed lung has expanded very considerably; respiratory murmur is plainly audible from the clavicle to the mamma, and more faintly in the axilla. Posteriorly the breathing gives a bronchial sound from the apex to the inferior angle of the scapula where all sound ceases. The apex of the heart is felt in the substernal notch. The patient has gained flesh to a very considerable amount and looks ruddy and healthy; the appetite is good. She says that but for the discharge from her side she should consider herself quite well. She is able to walk from the Commercial-road to the Hospital, where she continues to show herself occasionally.

PLEURISY WITH EFFUSION—ABSORPTION.

(Under the care of Dr. JAMES JONES.)

John M., aged 48, middle stature, strongly built, dark complexion. Had served as a soldier in India, where he suffered from fever. Was discharged for cataract in the right eye four years ago.

Three weeks ago he was suddenly seized with severe pain in the right side, which "caught his breath," some cough, but no rusty expectoration.

Present State.—Right side perfectly dull on percussion from the line of the nipple downwards, anteriorly and posteriorly. Some coarse mucous râles can be heard under the lower angle of the scapula, deeply seated. In the same region there is well pronounced œgophony.

Under the use of iodine paint and the internal use of iodide of potassium, the effusion slowly but steadily diminished, and the general health became much improved.

PLEURISY WITH EFFUSION—ABSORPTION.

(Under the care of Dr. JAMES JONES.)

Richard E., aged 52, a coal-whipper, was admitted on September 10. Three weeks ago he was seized with shivering, followed by a dry, hot skin, and severe pain in the right side, which was increased on strong inspiration or coughing.

Present State.—Right thorax perfectly dull throughout; no respiratory murmur audible from the root of the lung downwards; some bronchial breathing and bronchial voice anteriorly and superiorly. Intercostal spaces obliterated. Well pronounced œgophony under the inferior angle of the scapula. Left thorax resonant with exaggerated respiratory murmurs. Urine scanty, not albuminous. Bowels regular; pulse 100; decubitus on the right side or back. Under the use of mercurials, diuretics, blisters, and iodine paint, he improved steadily.

October 8 (four weeks after admission).—Breathing much easier; dullness greatly diminished; feeble respiratory murmur audible under the scapula; no œgophony; urine copious and natural; can lie on either side without distress; says that he feels quite well, except that he has not recovered his strength.

PLEURISY WITH EFFUSION—ABSORPTION.

(Under the care of Dr. JAMES JONES.)

Ellen B., aged 7, a pallid, weakly child, was admitted on September 13. Thirteen days ago she was seized with shivering, followed by fever and severe pain in the left side.

Present State.—The whole of the left chest is absolutely dull on percussion. No respiratory sounds are audible in any part, except at the root of the lung. There is no displacement of the heart, nor is the chest, on measurement, found to be enlarged. There is a troublesome dry cough. Ordered Hydr. chlor. gr. j., o. n., emplast. lyttæ magnum, lateri; middle diet.

October 11.—Has continued to take the mercurial regularly up to this time. The left thorax is now resonant within four inches of the lower margin of the ribs. General health apparently quite restored. No mercurial action on the gums.

Remarks by Dr. Jones.—It is unnecessary to remark on the great frequency of pleurisy. The fact that scarcely a thorax can be found in and after adult age, in which adhesions do not exist in some portion of it between the pulmonary and costal pleuræ, is sufficient to demonstrate its frequency. The generality of those cases, however, are what may be denominated simple adhesive inflammation of the pleura, unattended by effusion of serum in sufficient quantity to give physical indications of its presence. It is, perhaps, not generally known, however, to how great an extent pleurisy with effusion in sufficient quantity to give rise to compression of the lung to a degree sufficient to arrest its functions, prevails amongst the ill-clad, under-fed, intemperate operatives at the East end of London. The out-patients' room at this Hospital is seldom without several well-marked cases of this kind. They continue to attend as out-patients, and get well under the most unfavourable circumstances. These cases, when compared with those which occur amongst the well-fed well-cared-for middle classes, would almost induce the belief that the diseases were different. But is it not the circumstances of the patient which influence the course of the disease? In the well-fed patient there is generally an amount of plethora, a condition of hyperæmia, which tends to effusion. The overburdened vessels find relief by a disgorgement of the more fluid parts of their contents into the pleural cavity. The same condition tends to check absorption when the more acute stage has passed off. In the half-starved patient, on the other hand, the ill-supplied vessels have no inducement, so to speak, to get rid of any portion of their contents, and, if forced to do so by the severity of the inflammation, they are always ready (and willing) to reabsorb it. How far the results of the same disease in two opposite conditions of the system may bear upon the treatment by venesection and other modes of depletion, is worthy of grave consideration. Have we not in disusing venesection in pleuritis with plethora, given up a remedy capable of accomplishing much, and if used with judgment, unmixed good? Is the disuse of venesection a necessary corollary of the supporting treatment of the present day? We resort to mercury, iodine, and other drugs to promote absorption. Do we not, in giving up venesection and depletion, deprive ourselves of a far more powerful and much less hurtful agent than any or all of those which we now employ? I do not wish to be understood as advocating the return to the use of copious and frequently-repeated blood-letting, which, by destroying the vital stamina of the patient, either hastens his death or, if he be so fortunate as to escape with his life, produces an amount of debility which leads to a slow convalescence. Moderate blood-letting, by reducing the mass of fluid in circulation, tends to encourage absorption, the early and rapid accomplishment of which is of so great importance in pleurisy. The ill-fed man with a condition of the circulation the opposite to plethora, recovers from an attack of pleurisy which in the plethoric is sufficient to destroy life. The first case is interesting as an example of severe pleurisy running through all its stages, unmodified by treatment. It presents several points of much interest, especially with reference to paracentesis.

Assassination of a Medical Practitioner.—A man named Vincent had been some years since under the care of M. Guyot, a provincial Practitioner, and long after under that of M. Hannin. Without finding any fault with either of these attendants, he suddenly came to the resolution, probably under a monomaniacal impulse, of assassinating them both. He had come to this determination seven or eight weeks since, pretending that these two Practitioners had given him medicines injurious to his health. As they were engaged in consultation together he watched them, armed with a pickaxe and a pistol. With the former he assassinated M. Guyot, but he was prevented shooting M. Hannin.

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Medical Times and Gazette.

SATURDAY, JANUARY 18.

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THE DRAINAGE OF WINDSOR.

We have taken an opportunity, during the past week, of extending our former observations on the sanitary state of Windsor, in order to be able to give our readers some independent and, if possible, unprejudiced testimony on the subject; a measure which appears to us the more desirable since such excessively wide divergences are exhibited between the statements of facts already at their command.

On examining the outlet of the main sewer into the Thames, we found that an opening about 5 feet wide by 3½ feet high is left above the surface of the water, through which the wind can blow freely into the sewer, and that the last 80 or 100 yards of its course are left entirely open to the air. The sewage is so much diluted that the stream differs but moderately, though perceptibly, in colour from the Thames-water; and, notwithstanding the stillness and heaviness of the atmosphere, scarcely any smell could be detected at the opening. Following the course of the sewer towards the town, we recognised the presence of gases, not in undue quantity, at the storm-overflow outlet and at the man-holes which were opened; and we noticed that ventilating apertures are provided at intervals of about 100 feet throughout the whole length below the town. In passing through the streets traversed by the main sewers, many stack-pipes were pointed out to us as having been attached to or inserted in the taller houses since 1858, in accordance with the suggestions of Mr. Austin; but the question whether those suggestions have been carried out to the letter is one which does not fall within our province. We must mention that the bad smells of which we complained at certain points in the streets on a former occasion were very much less perceptible at our last visit, and may perhaps have been due to temporary causes. There was a good depth of water over the inlet from the Thames above the town, and a copious flow through the sewers, the river being rather above its average height. Moreover, the number of flushing-tanks appears to be ample, and the frequency with which they are discharged, as far as we could learn, is quite sufficient. So much, then, for the present state of the main sewers, which appears to us to offer no just ground of complaint, except as regards the exposure of the lower opening, to which we have before adverted.

But the danger, after all, does not lie in a stray whiff of ill odour which may assail one's nostrils in the open air, but in the chance which the sewer-gas has of finding its way into the inmost recesses of a house inhabited by human beings; and the worse planned and worse ventilated the house, the greater is the danger. It is here that we believe the real defects of drainage in Windsor to exist, notwithstanding the severe lesson taught in 1858. With reference to this point, the houses may be divided into those which have closets and sinks inside their walls, and those which have not. Each class, again, may be divided into those which have closets supplied with water, and those which have not. Fortunately, there are very few of those with internal closets which are not supplied with water; but a great number of the closets are of old and inefficient construction, and are, as well as the sinks, peculiarly liable to accidental derangement. A very small proportion, on the other hand, of the external closets are supplied with water; almost all being dependent on supplies thrown down them by the occupiers. It is easy to see that even now, when water is by no means scarce, there is great negligence in this important matter; but the danger is very much reduced by the distance at which most of these places stand from the houses. Now the reason, as we are informed, why persons cannot be compelled to supply their houses thoroughly with water is, that a Company, which is said to consist of only one member, holds a monopoly of all the water supplied to Windsor, and that consequently the commodity cannot be offered to the inhabitants at the price stipulated by Act of Parliament; which monopoly we hereby counsel the people of Windsor to attack and demolish at their very earliest convenience. The number of cesspools which still exist is inconsiderable, and can scarcely be said to affect the general state of the town. As far as we could learn, they are all at distances exceeding 100 feet from any public sewer, and are almost all in open gardens, where they are easily under control.

We feel sure that we are doing the town no injustice when we assert that in surface-dirt it considerably exceeds the average of English towns; and that this is mainly due to the carelessness of the people themselves, though the means for the removal of filth at the command of the Local Board of Health might perhaps be more largely exercised with advantage. But the habits of making unnecessary messes about the neighbourhood of houses, of tolerating muddy foot-paths, yards covered with slush and stagnant pools, and pig sties, require a kind of moral scavenging before they can be eradicated. The class of houses, however, to which these remarks chiefly apply enjoyed an immunity from the fever of 1858, which was thought strange at the time, but which was doubtless to be accounted for by the absence of internal communication between the houses and the sewers, as well as by the fact that, although ill-built, without sufficient windows, and with floors often below the level of the ground, they are not on the whole much crowded together.

With respect to the drainage of the Castle, we can only repeat our former statement, that it is simply excellent, and express our confidence that no investigation that could be made would succeed in discovering the origin of the late Prince's illness in anything belonging to the sanitary arrangements of Windsor Castle. We are the more inclined to this belief by the information, derived from a very good authority, that no other case of fever has occurred in the Castle during the entire autumn.

The introduction of the new drains in 1847 was preceded, as we are assured by those who know best, by so thorough an extermination of every brick and pipe belonging to the old drains and cesspools that it is scarcely credible that any vestige of them can remain. The ground under the buildings was almost all turned up, and that around them cut through by trenches taken all round in search of unsuspected drains, before any new works were commenced. We may explain that certain smells of which we spoke as being perceptible in the basement were due entirely to close and imperfectly ventilated urinals and other places of the kind, and had nothing whatever to do with the drains.

In the face of the comparative immunity from fever which Windsor has enjoyed for three years, and the occurrence of only a single death in the town from fever this autumn, it is most unfair to call the town a nest of fever, or to speak of the Windsor fever as if it were a special disease unknown elsewhere. The same causes which produced outbreaks in other towns in the same year had also their natural effect in Windsor, and it is the accidental vicinity of the Royal residence which has procured for the sanitary state of the town such an unpleasant, but really fortunate notoriety. While, however, we are anxious to protect the people of Windsor from statements which go beyond the truth, we cannot take leave of them without telling them in plain words that they are a slovenly and dirt-loving people; that they are systematically negligent about the drainage of their houses; and that unless they set about those househould reforms which are the business of individuals rather than of the community, the autumn which follows the next unusually hot and dry summer will assuredly bring the same terrible guest to their doors.

We have to thank the Surveyor to the Local Board of Health for accompanying us round the town, at the cost of much time and trouble to himself, and thereby enabling us to make a more thorough investigation than we could otherwise have done.

EMBOLISM.

It is always interesting, when a doctrine has come to be considered by a particular school as in some degree its own property, to notice the spirit in which the writings of others on the same subject are treated by the authors who adhere to that school. Jealousy is a passion which still retains so much power of agitating the scientific as well as the parochial breast, that we are never surprised at being compelled against our will to recognise some marks of it in places where it should least intrude. We are not led, however, to these reflections by any special bearing that they have on the subject before us. We only notice among Dr. Cohn's 700 conscientious and laborious pages an occasional trace of that —let us say friendly—criticism which is so freely bestowed by the school of Berlin upon that of Vienna, as well as of that slight impatience of anything emanating from the French capital which is more or less common to all who write or speak on the right bank of the Rhine.

The history of the theory of Embolism in the 17th century involves the mention of the names of Bartoletti (1630), Kerkring (1670), and Bonet; the last of whom arrived, by exact and copious observation, at results not very different from those which are now accepted, allowing for the changes which Medicine has undergone in the meantime. Boerhave and Van Swieten in the next century made further observations in the same direction, and Morgagni followed with but partial success. At the commencement of our own century these older writings had fallen into neglect, and were kept altogether in the shade by the authority of Cruveilhier, whose theory of phlebitis obtained for a time the first place in pathology. In 1828 Alibert and Victor Francois published cases which were evidently to be explained by embolism; the essay of the last of these authors has been made the subject of charges of plagiarism against Professor Virchow, from which he is zealously defended by Dr. Cohn. Tiedemann, Hasse, Durand-Fardel, and one or two others, bring to a close with various minor contributions to the literature of this subject, the "epoch before Virchow."

Since the year 1846, in which a large portion of Virchow's observations were published, a great light has undoubtedly been thrown on this hitherto obscure subject, the credit of which is mainly due to Virchow himself. He was the first to make systematic experiments by introducing foreign substances, such as various kinds of clot, portions of muscles, scraps of caoutchouc, and other bodies into the vessels, and noting the results. We cannot undertake here to give a complete account of the theories which he has based on these experiments, still less of the very extensive commentaries on those theories given by Dr. Cohn. Our business is more with the observations and deductions of the latter author;

whom, moreover, we must omit to follow into his discussion of all the literature bearing on the subject since 1846. Suffice it to say that the few English writers noticed, among whom we find the names of Kirkes, Burrows, Simpson, Bennett, and Richardson, obtain their fair share of credit, though it is is stated on another page that the Astley Cooper prize was adjudged to Dr. Richardson, "manifestly with injustice," in the presence of Professor Brücke's essay; and that the Author notices as an interesting fact, at the end of his historical summary, that even in Paris, in spite of everything, the truth and importance of the doctrine has at last been recognised by the selection of Obstructions of the Pulmonary Vessels as the subject of an Academic prize in 1860.

The discussion of the sources of embolism, of course, includes that of the general theory of the coagulation of the blood. We accordingly find Virchow's, Richardson's, and Brücke's theories most carefully discussed and tested by experiments in the work before us. After giving his reasons, founded chiefly on these experiments, for dissenting from all of them, Dr. Cohn states his own conclusions somewhat as follows. In all blood, by virtue of the fibrin contained in it, a disposition to coagulate pre-exists. This fibrin is held in compulsory combination with the alkalies, but is freed from the combination as soon as a solid body is introduced on which it can separate itself in the simple way of contact. The facility or difficulty of the separation will be regulated by the excess of fibrin, or of solvent salt-medium respectively. In the normal state of the blood a solid body can only be furnished by the cohesion of red or white blood-cells into a mass. In pathological conditions, such bodies are supplied by torn shreds of lining membrane, fragments of old clots, and other accidental substances. The stoppage or retardation of the blood-stream is one of the conditions favouring the conglomeration of the blood-cells, but not the only one; changes in the proportions of water and salts manifestly have an effect in assisting or preventing this phenomenon. It must be the task of the future to obtain a thorough mastery over these relations; in this way only can an insight be obtained into the more minute phases of the process of coagulation, or at least of its immediate conditions. This action by contact is an established physical fact, though its essential nature is not at present explicable.

The idea of a spontaneous coagulability of the blood seems to be entirely set aside by the test of experiment. Whatever may be the influence of altered composition in rendering the blood liable to be influenced by external causes, no facts that will bear examination can be adduced to justify the use of this term in its strict sense. Nor, as Virchow has shown, can the inner coat of the arteries or veins, destitute as it is of vessels, give out any exudation which shall produce coagulation of the contained blood. The swelling of the inflamed outer coats, and the changes taking place in them, must be held to produce that local disturbance of the circulation which causes coagulation in phlebitis and arteritis. The changes which the clot itself undergoes, when formed, are sufficient to furnish ample materials for farther mischief; these were noticed by Cruveilhier, but correctly explained by Virchow. The organisation of the clot, its conversion into cellular tissue, and communication with the vasa vasorum around, are the processes by which a quiet and possibly harmless obliteration of the vessel may take place. The breaking up of the clot, or, as fortunately seldom happens, the development of cancer in it, are the main sources of danger. In the case of clots caused by failure of the heart's power, after long suppurations, typhus, or puerperal fever, for example, the positions in which they are found are the best proofs of their origin. These are chiefly in the veins of the leg and thigh, in the pelvis, and in the sinuses of the skull, in which the conditions are found which most favour stagnation. A case related by Dr. Cohn bears on this point. A girl who died with hydropericardium, and hydrothorax on the right side, had been compelled by dyspnœa to rest for a long time on her right arm. This became blue and œdematous, a state of things accounted for by the discovery of a solid clot quite obstructing the subclavian vein of that side. It commenced, as such clots usually do, at a valve, and extended some distance backwards from it; the walls of the vessel being perfectly normal. These facts contribute somewhat to the explanation of phlegmasia alba dolens. The so-called vegetations found about the walls and between the trabeculæ of the heart are fruitful sources of emboli; and often have more to do with senile gangrene than is generally suspected. The diffusion of tubercle and cancer by means of the vessels does not admit of universal demonstration. It is proved to take place in many cases, but in many others must remain matter of opinion. On one side may be quoted such cases as one where a deposit of cancer in the lungs has been traced to a similar disease of the tibia; on the other, the fact that cancer usually follows the course of the secreting organs, and is more often found in the liver than in the lungs. Tubercle also can be traced from the mesenteric glands to the liver; but many of its modes of distribution require farther investigation. The transfer of gangrenous matters by these means is beyond doubt, and there seems to be every reason for believing that hydatids sometimes follow the same course. The effects of accidental entrance of air into the veins, as well as of the questionable process of spontaneous fermentation, are collateral circumstances connected with this subject; and the possibility of emboli being produced by the concretions sometimes found in the thoracic duct must not be lost sight of. The passage of the lymphatic vessels through their glands must preclude the idea of the passage of any solid body from any great distance along them, and renders it necessary to adopt some such explanation as that of Virchow,—that an infection predisposing to cancer may be communicated to different parts of the body by fluids which traverse the lymphatic vessels and glands.

The sources of emboli, then, that is to say local coagulations, may take place either in the veins, arteries, or portal system. It is evident, moreover, that each of these tracks has a natural boundary, at which solid substances travelling along it will be stopped: that for the veins being the capillaries of the lung, for the arteries those of the whole periphery of the body, and that for the portal system the liver capillaries. In the case of the lungs, a preference is shown for particular branches, and chiefly for those of the lower lobe. This is a consequence of the mode of travelling of the emboli, which travel along the sides of the vessels, like the slow-moving sheath of white corpuscles in the capillaries, and exhibit a downward tendency in proportion to their volume. When the heart's action is violent, the number of emboli is increased; and if a large number enter the lung together, part of them find their way to the upper lobes. Similarly, when the blood-stream of the lower lobes is narrowed by exudations or by external pressure, the course of the emboli is diverted upwards. Apart from these considerations, the tendency of a number which start at the same time is to keep in a straight line, and to enter the same vessel in single file; they do not diverge into branches unless the main stream is blocked. Virchow cannot see any mode of accounting for the discovery of a number of small emboli in the district of a single vessel than by supposing them to be fragments of a larger clot which has become fixed in the stream, and been broken up. Dr. Cohn, on the contrary, considers this to be the natural disposition of a crowd of small bodies. It is noticed that the right lung is much more often the seat of these obstructions than the left, especially in the case of persons with diseased hearts, who commonly lie on the left side, and thereby cause a greater flow of blood as well as of air to the opposite lung. We must reserve for future consideration the results of arterial embolism, as well as the practical measures proposed to be founded on the doctrine.

THE WEEK.

THE TENDER MERCIES OF A LUNATIC ASYLUM IN JAMAICA.

An inquiry has been held, by three Commissioners, specially appointed for the purpose by an Act of the Legislature, into the condition and management of the Public Hospital and of the Lunatic Asylum, Kingston, Jamaica. That inquiry was instituted in consequence of certain definite charges brought by Dr. Lewis C. Bowerbank. These charges appear to have been deliberately sifted, and for the most part emphatically proved. The Commissioners find that the site of the Hospital is not unexceptionable; but that it will do well enough if about £16,000 be expended in drainage and improvements! The arrangements of the Female part of the Lunatic Asylum are said "to reverse every condition which ought to be observed. The wards, which are of wood, are small, low in the roof, close and ill-ventilated. They are so slightly raised above the ground that the earthy exhalations after rain cannot but act injuriously on the patients. Except by closing the windows and substituting one evil for another, no efficient protection exists against the damp or cold." The wards on the Male side are said to be "badly lighted, badly ventilated, and inconveniently situated relative to each other. Opening on the public street, the windows enable the patients, notwithstanding all attempts to prevent it, to communicate with persons outside; the latter supplying them with rum, tobacco, salt fish, and other articles unsuitable to their condition."

The drainage, as it is described, would be an abomination even in a cold climate. The Medical staff of the Hospital is destitute of proper organization. The internal economy is as bad as possible.

"The patients had to complain of the neglect and inattention, and also of the frauds, coarseness, and want of feeling of the nurses and servants. Their food was served to them, often, without common decency; and when served, was frequently cold, badly cooked, and insufficient in quantity. So little attention was paid to their comforts, that cesspools nearly under their windows, have remained weeks, and even months, uncleansed. No screens or appliances prevented the sun streaming in and causing them gratuitous suffering. The wards were infested with bugs, which were picked up by the poultry—the poultry being the property of officers and servants, and improperly maintained in the Hospital."

Patients were robbed of their food, money, and clothes. But whatever may be alleged against the management of the Hospital, that must have been a Paradise compared with the Lunatic Asylum. This was a mere place of confinement and not of cure. "During no part of the period," says the Commissioners, "over which our enquiries have extended, has anything like systematic curative treatment been applied to the inmates of the Kingston Asylum. But if it were impossible to treat the lunatics for their cure, it was at least possible to treat them with kindness and humanity." On the contrary; the poor lunatics were not only allowed, but encouraged for the brutal pleasure of their keepers, to fight and wound each other. Lunatics have been placed in charge of lunatics. Female lunatics have become pregnant. They slept in verminous cells, in absolute nudity, and this even during the periodic illness of the sex. "No provision beyond that of bathing in a large bath, of which the water was only changed once a-day, was made for the personal cleanliness of the females. No towels were allowed after the bath." Between August 5, 1859, and June 27, 1860, out of 65 inmates 19 died, and two more were in a dying state. Sick lunatics were treated with great neglect and want of attention by the Medical officers. Beating, and ill-usage of every kind, was practised by the attendants. Deaths occurred for which a Coroner's jury should have been summoned, but was not.

"But," continue the Commissioners, "of the abuses of the period referred to, the first and most prominent place must be assigned to a practice called 'tanking.' By tanking a person, is meant, forcibly holding him down under water, till he gasps for breath, or sinks down in a state of exhaustion. We have come to the painful conclusion that death has, on more than one occasion, been accelerated, if not actually caused, by this cruel practice. Whenever a female lunatic was contumacious or incurred the displeasure—though only the capricious or vindictive displeasure—of the matron, she was ordered to be tanked. Thereupon she was immediately seized by one or more of the servants, usually assisted by other lunatics required to lend their aid, plunged into the stone bath, incorrectly termed the tank (whence the name), and there held down by force under the water, until exhaustion ensued. In contempt of all decency, labourers from the male side were used to be called in to 'tank' the stronger and more refractory females; often in an actual, more frequently a virtual, state of nudity, bruising their bodies, and making lewd remarks upon their persons. Women have been 'tanked' who were in extreme old age, who were sick and ill, and who were far advanced in pregnancy. On one occasion a nurse refused to proceed further, notwithstanding the presence of the matron, from an apprehension of the consequences. But so little consideration was felt for these victims of mismanagement, that the water in which all this inhumanity was perpetrated was not even clean. It is proved to our satisfaction that it was habitually the same in which the entire body of inmates had previously been bathed, and in which similar tanking operations had just been transacted. Its state under such circumstances may be supposed. But this foul compound was constantly swallowed by the sufferers; vomiting and disturbance of the bowels frequently ensuing, and in the bath itself. Tanking did not absolutely cease till the dismissal of the matron in July, 1860."

The Physician was under the "virtual control of the Female Superintendent, a woman of rude mind, and violent temper," because he was in her husband's debt. Lastly, there seems to have been peculation in the stores and supplies. It really seems as if, between Jamaica and a worse place, the difference is not greater than is commonly supposed. It is admitted that great and signal benefit has ensued during the last year under the present Inspector, although for a time many of the malpractices enumerated were carried on without his having detected them. The moral of the thing is this—that, whether at Colney Hatch, or Hanwell, or in Jamaica, an inefficient and irresponsible system of management will lead to the greatest abuses and cruelties. Get a Physician with a character to lose; give him *full* authority, and a good salary; and let it be seen whether the Asylum remains a house of detention and cruelty, or a place for humane treatment and cure.

The Legislature of Jamaica will probably pass an improved Bill for the Management of these Institutions this year.

THE ARMY MEDICAL MEMORIAL.

The Medical Officers of the Army have again made an effort to re-obtain the relative rank which was conferred on them by her Majesty's Warrant of October, 1858, and of which they have been deprived by the subsequent Warrant of March, 1861. It will be remembered that by the 16th paragraph of the former Warrant it was provided that a Staff or Regimental Surgeon should possess the same relative rank as that of Major, *according to the date of his commission*: by the latter, that all Assistant-Surgeons promoted to the rank of Staff or Regimental Surgeons subsequent to the date of the warrant should rank as Majors, *but junior of that rank*. This alteration will greatly affect the standing and privileges of the Army Surgeon, placing him, whatever be his age or length of service, in a position below the youngest Major. As far back as August last, Sir George C. Lewis was memorialised by a deputation of Medical Officers, who received from him an assurance that their complaints should meet with due consideration. No steps, however, being taken on the part of the Government to redress their grievances, and to restore the rank of which they had been so ungraciously deprived a second deputation presented another memorial on the 10th of the present month. This was signed by nearly two hundred Medical Officers of all ranks, including Inspectors, Deputy-Inspectors, Surgeon-Majors, Surgeons, and Assistant-Surgeons. The answer given by the Secretary-at-War was, that, "although the Government were anxious to give the most careful consideration to those points on which the members of the Army Medical Department conceived themselves aggrieved, yet that, for the present, no practical changes could be effected, pending an inquiry instituted by a Committee recently appointed by the Government to investigate the matter." He added, that the Government would doubtless act in accordance with the recommendations of the Committee. It is to be hoped that the authorities will not continue to pursue a line of policy which has produced a general feeling of disappointment and distrust amongst the members of the Department, and which virtually amounts to a breach of faith with those gentlemen who have been induced to enter the public service by the prospect of the rank and position conferred by the original Warrant.

THE SCHEME FOR UTILIZING THE SEWAGE OF LONDON.

A "Metropolis Sewage and Essex Reclamation Company" has been formed, and is supported by the Hon. W. Napier and Mr. W. Hope. They have sent in a plan to the Metropolitan Board of Works, offering to take the Metropolitan sewage, and employ it in irrigating waste land in Essex; to pay a per-centage out of their profits, and to bear all losses themselves. The advantages of this plan are that the sewage will be converted to its normal uses, and the river will be freed from the risk of bringing it back from Barking to the Houses of Parliament; of which it seems the promoters of the main drainage scheme now appear to entertain serious fears. The scheme has been negatived for the present by the Metropolitan Board of Works, justly enough, in order to obtain further information respecting the whole project. The newspapers show that a Mr. Bidder has obtained an injunction against the Croydon Board of Health, forbidding them from polluting the River Wandle with sewage. From the evidence given in this case, it appeared that thorough absorption by well drained land is the only mode of dealing with sewage.

PROVISION FOR WIDOWS AND ORPHANS.

We deeply regret to hear that the family of the late Mr. G. M. Jones, of Jersey, is left very inadequately provided for. A subscription is being raised for them, which we hope will be contributed to largely by our Surgical brethren. Mr. Jones was a man of genius; and will long be remembered for his successful excisions of the knee-joint and the impetus he gave to the higher branches of conservative Surgery, no less than for his demonstration of the uses of large doses of tincture of digitalis in the treatment of delirium tremens. At present the orphan families of three eminent members of our Profession—Quekett, Pittard, and G. M. Jones—are pleading for help. We are fully aware that it may be said, Why did not these men exercise the prudence and forethought which their humbler brethren find necessary, and themselves lay up provision? But we must take men as we find them. The laborious exercise of the gifts of invention and original research is virtually a contribution to the common Professional fund, and we believe that many a man who can devise a brilliant physiological experiment or surgical operation, thereby consumes the nervous energy which a man of more placid temperament expends on his day-book. When then we contribute our mite to the relief of these distressed families, let us do so ungrudgingly. We have been compensated in advance by the genius and labours of our departed brethren.

REVIEWS.

Mercur und Syphilis: Physiologisch-Chemische und Pathologische Untersuchungen über das Quecksilber und über die Quecksilberkrankheiten. Von Dr. Robert Overbeck. Pp. 349. Berlin: 1861.

(*Mercury and Syphilis: Chemical and Physiological Researches on Mercury and Mercurial Diseases.* By Dr. Robert Overbeck.)

The old controversy about the beneficial or injurious effects of mercury in the treatment of syphilis having again been revived by Professor Hermann, of Vienna, who is the leader of the modern anti-mercurialists, and Dr. Michaelis, of Cracow, the defender of the faith in mercury, a number of papers, *brochures*, and books, have recently appeared in Germany on this subject, which form quite a library by themselves. Seeing that the combatants generally moved in a vicious circle, from which there was no escape to a good and open high-road, Dr. Overbeck, of Detmold, has struck out a new path, viz., that of direct experimentation, by which it is to be hoped that the question concerning the relations of mercury and syphilis may be brought to a final and satisfactory solution.

The chief points of inquiry to which Dr. Overbeck has directed his attention, were the absorption of the metallic mercury, in the form of mercurial ointment, and of certain other mercurial preparations; and the effects of, and the diseases produced by, mercury. In experimenting with the ointment, which, according to the author, if fresh, is a simple mixture of the finely divided metal and of fat, and which, if old, also contains oxide of mercury bound to a fatty acid, he traced finely-divided globules of the metal, not only in the skin and cellular tissue, but also in the intercostal muscles, the pleura, the fæcal matters, the kidneys, the liver, the blood, the mucous membrane of the mouth, the fleshy substance of the heart, the brain, and the sediment of the urine, but not in the bones. These experiments were made on cats, dogs, and rabbits, on which part of the thigh, chest, abdomen, or head were shaved, ointment rubbed in, and then a bandage applied, so that the animals could not lick at the part operated upon. The globules found by Dr. Overbeck had generally a diameter of from $\frac{1}{200}$th to $\frac{1}{2000}$th of a line, while in the ointment their diameter was on the average $\frac{1}{60}$th of a line.

The absence of mercury in the bones is a very remarkable fact, which becomes of additional interest by the results obtained in producing the mercurial cachexy in animals. The pith of the whole question pending between mercurialists and antimercurialists is, whether there is a difference or not between the symptoms of secondary syphilis and chronic hydrargyrosis. This it seems almost impossible to decide by clinical observation merely; for although many valuable additions have been made to our knowledge in this way, there was always room left for doubt, while experimental pathology, on the contrary, seems eminently suited for settling the question, in showing the results of the administration of mercury in animals, where not only the symptoms may be observed free from any complications, but where we also have the light of pathological anatomy to guide us in our conclusions.

The most prominent constitutional symptoms following the administration of mercury, observed by the author in the animals on which he experimented, were inflammation of the skin and of the conjunctiva, salivation, inflammation of the stomach and the intestines, hyperæmia of the liver, the kidneys, the urethra, and the salivary glands, and certain changes of the blood. In the bones, however, no trace of hyperæmia, periostitis, caries, necrosis, or any other morbid alterations could be discovered, although the bones of the whole skeleton of all the animals operated upon were carefully examined. There are, therefore, no diseases of bones caused by mercury in animals, and from this the conclusion may be drawn that there are none such in man. Still, it may be objected to this, that pathological phenomena might occur in men which are not observed in animals; and it therefore becomes necessary to argue the question apart for man. The author then gives us a critical summary of the opinions of some of the most celebrated writers on the subject, especially Sir Astley Cooper, Canstatt, Falck, Hermann, Lorrinser, Bonnet, Becker, Otto, Lobstein, Fricke, Virchow, Rokitansky, and others. The circumstance that particles of mercury visible to the naked eye have been observed in human bones, which the author does not question, he explains by assuming that they were only observed after the bones had been macerated; while they never exist in the bones of the living body, nor immediately after death. By putrefaction the blood-vessels, the connective tissue, the fat, the blood-globules, and all albuminous matters are destroyed, and thus the mechanical impediments to the confluence of small particles of mercury are removed. The presence of the metal in macerated bones is therefore of no importance whatever. The only bones which may be really affected by mercury, are the jaws, in which necrosis undoubtedly takes place after the administration of the drug; but this is evidently due partly to the direct spreading of inflammation from the mucous membrane of the mouth, and partly to the periosteum being laid bare, and brought under the influence of irritants, such as air, etc., whereby inflammation of the periosteum, and subsequent necrosis of the jawbones, may be readily induced. This necrosis is, therefore, no direct consequence of mercurialism, but only an accidental result of a local disease induced by mercury. Mercurialism and syphilis are, according to the author, widely different morbid processes. The essence of chronic mercurial poisoning consists of anæmia; the albumen and the blood-globules being diminished, the coagulability of the blood being increased, while the amount of water may be augmented or diminished. Mercurialism is not accompanied by plastic exudation of any kind, which is the very essence of constitutional syphilis.

We regret being unable to follow Dr. Overbeck further in his important and interesting argumentation, which is, throughout, based on carefully-conducted experiments, and sound criticism of clinical observations, such as on the action of iodide of potassium and chlorate of potash in syphilis; on the effects of sulphureous thermal waters in hydrargyrosis, etc. We strongly recommend his book to the notice of the Medical Profession of this country, as one which, although it cannot be said to exhaust the subject on which it treats, must certainly be considered as one of the most important contributions to pathology which have appeared for some time.

Half-Yearly Abstract of the Medical Sciences. July to December, 1861. Edited by W. H. Ranking, M.D. Cantab., and C. B. Radcliffe, M.D. Lond. Vol. XXXIV. London: Churchill. 1862. Pp. 370.

When we look at the large space which the thirty-four volumes of this Abstract occupy upon our humble book-shelves, and consider the present active condition of Medical literature and research, we cannot help thinking that this "Abstract," if it is to fulfil its purposes, is susceptible of improvement. It professes to be "a practical and analytical digest of the contents of the principal British and Foreign Continental Medical works published in the preceding six months, together with a series of critical reports on the progress of Medicine and the collateral sciences during the same period." To carry out this programme literally would doubtless involve very severe labour on the Editors' part; hence the work has far more the aspect of an "abstract" than of a "digest." It may be described as a series of useful "cuttings" from the various Journals, Transactions, and Reports of Societies, but does not show any of that bee-like process on the part of the Editors, which consists in first devouring and digesting, and then producing a honey-like mental pabulum. Of this, too, as of former volumes, the value to the literary man is greatly disparaged by the fact that the Abstracts are often not made from the original papers, but from the often hasty and careless, and never full and satisfactory, reports in the journals. Out of the 208 articles of which the work consists, 176 belong to the First Part, which is entitled Practical Medicine, Surgery, and Therapeutics, and of these 170, at the least, are mere snippings from journals, reports (not always first-hand), and Transactions, with abstracts of half-a-dozen not first-rate pamphlets. The remainder of the book is dignified with the title "Reports on the Progress of the Medical Sciences," and among the thirty-two articles of which they consist, we look for some evidence of the process of editorial digestion; but no, the "Report on Practical Medicine" consists merely of about twenty short and common-place reviews of an ill-assorted lot of books and pamphlets, among which will be found a notice of a pamphlet by two ladies on Workhouse Incurables, and of works on Sore-throat and Constipated Bowels. The Report on Surgery consists also of half-a-dozen indifferent reviews of books, and a sort of Saturday-pie collection of cuttings, which might as well have been inserted in the first part of the work. We speak from a sense of personal wants, when we say that the very able Editors must put the Half-yearly Abstract into a better state of health if they wish it to live long. They may as well abandon the "Reports," and convert it into a collection of cuttings, and index to Medical Periodicals, or else should bestir themselves to give what they profess in the title-page, but do not. Not one Continental work is noticed in this volume, unless the American Dr. Bumsted's work on Syphilis is to be entitled to that designation.

The Retrospect of Medicine, being a Half-Yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite, M.D., Lecturer on Midwifery, etc., and James Braithwaite, M.D. Lond. Vol. xliv. July to December, 1861. London: Simpkin. Pp. 432.

This does not contain quite so many articles as the rival volume of Ranking, but is more carefully compiled, and has a well-arranged Synopsis and Commentary on Midwifery at the beginning. Its contents are almost entirely derived from journals, not from books.

FOREIGN CORRESPONDENCE.

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GERMANY.

Speyer, December 9.

ON LARYNGOSCOPY.

In my report of the proceedings of the late Congress of German Naturalists and Physicians, which appeared in your Journal for December 7, I briefly mentioned a communication which was made to the Medical section of the Congress by Dr. Lewin, of Berlin, on laryngoscopy, and which embodied investigations sufficiently important to deserve a place in your columns. The author introduced his subject by stating that it was not difficult to understand why laryngoscopy should have so quickly found admittance into the Practice of Medicine, as by its means we are able to recognise diseases of organs, which had hitherto been inaccessible to direct observation, and the morbid changes of which have not only a direct and immediate intetest as far as they are concerned, but are also important as frequently reflecting diseases of remote organs, such as the lungs, the heart, and even general dyscratic disorders; besides, we may by the same means succeed in performing local applications, and even surgical operations, which had been all but impossible before.

After having demonstrated his laryngoscope, which is in many respects superior to that of M. Czermak, Dr. Lewin proceeded to describe the appearance of the pharynx, larynx, and the trachea in the living body, and the best method of investigating the condition of these organs. He first considered in detail the vocal cords, which are in many persons, especially in professional singers, unusually red without being diseased. They undergo considerable changes in the mild and severe forms of acute catarrh, in which we either find them covered with disseminated spots, or they present a most intense redness throughout. Sometimes a strongly distended vein is seen to run parallel with the free inner edges of the vocal cords. In two cases of this kind which came under the notice of Dr. Lewin, the Medical attendant had diagnosed croup on account of the cough and dyspnœa; but the affection consisted of a true specific inflammation of the vocal cords, which appeared quite bloody, and a speedy cure by local applications was brought about. In chronic catarrh, the colour of the vocal cords becomes also much changed, and the mucous membrane thickened. Granulations and excrescences are also formed upon them, which may be quite similar to those caused by syphilis. The changes of the voice are of a different character, according to the spots affected and the intensity of the disease.

Ulceration in consequence of catarrh has never yet been observed in the vocal cords. If there is great loss of substance, the patient is generally either syphilitic or tuberculous. The differences between the syphilitic and tubercular ulcers are in many cases so considerable that from them alone a correct diagnosis of the constitutional distemper is possible, without any regard to the other symptoms. The extent of the ulcers and the cicatrices, and the places occupied by them, determine the nature of the changes of the voice.

Amongst the disturbances of motility to which the vocal cords are liable, the chief are abnormal tension, with unsymmetrical movements of the arytænoid cartilages. This may be congenital or acquired. Dr. Lewin related an interesting case of the former, in which hoarseness and a sort of intermittent whooping-cough was hereditary, in consequence of this affection. In other cases the movements of the vocal cords are insufficient, so that they do not approach the median line in an equal manner. The cause of this affection may be in the cords themselves, or in the neighbouring parts, as for instance, the vocal processes, the posterior wall of the larynx, and the arytænoid cartilages. In several cases Dr. Lewin has by removing impediments to a free motion of the vocal cords, succeeded in effecting a complete and rapid cure of hoarseness and aphonia of very long standing. Paralysis of the vocal cords also occurs; and it affects either the dilatators or the constrictor of the glottis, so that there is stenosis or insufficiency. The causes of the paralysis are either central or peripheral, acting upon the recurrent nerve. It may be due to extravasation, softening and tumours in the brain, or rheumatism, aneurism, infiltration of glands and muscles, or hepatisation of a portion of the lungs. Amongst the different forms of aphonia, Dr. Lewin described that caused by poisoning, by hysteria, by reflex action, and by diphtheria. In all these cases the change of voice is different, according to whether one or both cords are affected and whether the paralysis is complete or incomplete; there is then either complete aphonia, or more or less considerable hoarseness, or the voice has merely a nasal timbre, which latter may be due to paralysis of one vocal cord, paralysis or infiltration of the soft palate and impermeability of the nose. This is often accompanied by difficulties of deglutition.

The tumours which occur on the vocal cords may originate from catarrh, syphilis, and scrofula, and are generally of a benign character. According to their site and size they cause alterations of the voice, or cough and a sensation of pressure, or of the presence of a foreign body, excessive secretion of mucus, dyspnœa, and even suffocation. Such growths as are provided with a pedicle are more dangerous, but also more easy to remove.

2. Dr. Lewin then described the diseases of the arytænoid cartilages, viz, hyperæmia, swelling of the mucous membrane by infiltration; if it appears in yellow specks, it is a sign of tuberculosis being present. Ulcers occur on the upper as well as the lower surface of the cartilages; granular degeneration of the mucous membrane is also not rare. Swelling indicates a perichondritis of the vocal process. The fold of mucous membrane between the two arytænoid cartilages is of great importance. If this is diseased, spasmodic reflex phenomena are induced, as vomiting, difficulty of deglutition, spasm of the glottis, etc.

3. The posterior wall of the larynx is often affected by thickening and ulceration, but rarely by tumours in the mucous membrane. The ulcerations are often important for the diagnosis between syphilis and tuberculosis, even when auscultation and percussion of the chest gives unsatisfactory results. If therefore the diagnosis between these two diseases is uncertain, laryngoscopy must be resorted to.

4. The ventricles of Morgagni are important by their modifying the voice; and morbid changes occurring in them may cause hoarseness. They are sometimes affected with swellings and tumours of the mucous membrane; polypous excrescences are frequent, and generally caused by local irritation, as fish-bones etc., but they also follow measles and scarlatina. In old persons there is a peculiar dilatation of these ventricles, probably in consequence of atrophy of the mucous follicles, with drying up and rarefaction of the mucous membrane.

5. The epiglottis is not unfrequently affected by inflammation, œdematous infiltration, ulceration, and softening. Ulceration may be caused by syphilis, tuberculosis, and scrofula. In several cases of advanced phthisis, Dr. Lewin has observed almost total destruction of epiglottis,—which is a very ominous symptom.

6. The ligamentary- and glosso-epiglottica are often affected by inflammation and superficial ulceration. This latter often causes difficulties of deglutition and obstinate cough, which resist all general treatment, but are speedily cured by local applications. In syphilis and scrofula Dr. Lewin has seen extensive destruction of the foveæ glosso-epiglotticæ. Syphilitic excrescences are by no means rare there, and in one case a mulberry-shaped tumour of this kind caused asthmatic fits, by pressure on the epiglottis.

7. The root of the tongue often shows considerable changes of the follicular glands, which are sometimes swollen and infiltrated, especially if syphilis or scrofula is present.

8. The posterior wall of the pharynx is subject to different forms of inflammation which may be distinguished as follicular, submucous, exulcerating, hyperplastic, and varicous. Follicular inflammation is chiefly caused by catarrh, and frequently combined with abdominal plethora. Ulcerative inflammation is not always caused by syphilis; nor can the cicatrices, which are sometimes observed, be always considered as the last remnants of a venereal process. Varicous pharyngitis is often the cause of hæmorrhage, which is generally confounded with hæmorrhage from the lungs. Hyperplastic inflammation may cause asthmatic symptoms.

9. In certain cases it is possible to see the trachea up to its bifurcation. The morbid conditions of the trachea, as may be distinguished by means of the laryngoscope, are dilatation, especially in marastic old persons, where there seems to be atrophy of the parts, and also in asthma and bronchiectasy; hypertrophy of the mucous follicles of the posterior wall of the trachea, stenosis of this organ, either by thickening of its mucous membrane, or by pressure from cancer of the œsophagus, or by other tumours of neighbouring parts, and finally ulceration.

10. In syphilitic patients the posterior surface of the palatine arches may be ulcerated. These are also subject to paralysis. If they are thickened and the tonsils hypertrophied, the local application of chromic acid effects a cure. By this means Dr. Lewin has completely removed forty-four hypertrophied tonsils which had resisted excision. Great caution is, however, necessary in this operation, in order to avoid chromic acid being swallowed; this is easily prevented by the Physician fixing the tongue of the patient with two fingers.

In conclusion Dr. Lewin reverted to the fact that polypus of the larynx, which before the introduction of the laryngoscope into the practice of Medicine, generally caused sudden death, might now be easily recognised and removed. Laryngoscopy ought to be resorted to in all diseases of the pharynx and larynx, as in hoarseness, difficulty of deglutition, sore-throat; in cases of foreign bodies in the aërial passages, and also in tuberculosis and syphilis. It is often the only means by which we are able to decide whether a hæmorrhage comes from the larynx, pharynx, or the trachea. In spasmodic vomiting, in diphtheria, and in obstinate cough, it is also advisible to employ the laryngoscope, as we may thus often find a palpable cause of the disease, and which it is then easy to remove.

GENERAL CORRESPONDENCE.

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SPONTANEOUS SLOUGHING IN A CHILD.

LETTER FROM DR. O'NEILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—On the perusal of the interesting communication of Dr. Thorowgood in your last issue, I was forcibly struck with the similitude which the case bore to one which had lately come under my observation at the Lincoln General Dispensary. The patient was a male child, somewhat out of health, and had been put under treatment at the Institution on November 2 for a patch of eczema on the scalp. On November 14 the eruption had nearly disappeared, and the child was better in every respect; but on the following day he was taken so ill that the parents thought he was going to die. And certainly, when brought to the Dispensary on the morning of the 16th, most people would have thought that the poor little fellow's days were about coming to an abrupt termination. He took no notice of surrounding objects, but lay in his mother's arms, pale and cold, and with a pulse hardly to be felt. The skin for three or four inches around the genitals had a red, glossy appearance, and the genitals themselves were red and swollen. On the perineum, immediately behind the scrotum, there was a black circular spot of gangrene about the size of a halfpenny. This state of things the mother affirmed she had only observed for the first time that morning. My first impression was that extravasation of urine had taken place; but I soon ascertained that such was not the case, but that most probably the disease was of an erythematous or erysipelatous character, modified by the constitution of the child and the atmosphere in which it lived.

I ordered the patient to have a little wine every hour, and the parts to be smeared with an ointment of bismuth and lard. To my astonishment, the child recovered, and that, too, with very little sloughing of the perineum, and it is at present quite well. I am, &c.

Lincoln, December 17. William O'Neill, M.D.

THE CAUSES OF INFANTILE DISEASES.

Letter from Mr. Ballard.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your strictures upon my theory of infantile diseases would lead your readers to suppose that my observations and arguments had reference only to infants suckled at the breast, which is not the case; for they not only include the evils attendant upon a deficient supply from this source, but refer especially to those who are fed from badly-constructed feeding-bottles and teats, and particularly to those who are subjected to the use of the "sugar-teat"—the Zuzel or Zulp of the Germans. Both of these highly-destructive apparatuses, I am well aware, are frequent sources of death and disease, according to the theory I have advocated, among the children of the affluent, where, of course, plenty abounds.

However grotesque my theory may sound to those who do not investigate it, I have no fear of it being found so by those who do. To illustrate one phase of the good that would result from its general adaption, I am sure that we should hear no more of imbecile youths, with "deformed upper jaws," and "dirty habits." I am, &c.

10, Southwick-place, January 14. Thomas Ballard.

PROGRESS OF CHOLERA IN 1861.

Letter from Mr. Nerchere.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am not aware whether any person in England has called your attention to the march of cholera through the Old World this year. You know that it was unusually severe in India this hot season. It began in Eastern India and prevailed extensively along the whole coast line of the Bay of Bengal; made its way to the North-Western Provinces, and to Central India, and finally to the Punjaub, causing great ravages in Agra, Delhi, Gwalior, Lahore, and other smaller cities; the deserts of Western Punjaub appear to have arrested the progress of the disease, and the basin of the Indus escaped completely. The Afghan hills and mountains escaped likewise, though in these high plateaux and upland valleys a very severe epidemic of typhus replaced the cholera. This last disease, however, appeared at Kandahar and Southern Cabul in August and September; the disease advanced in a North-Western direction and was terrible in its effects at Cabul in the end of September and in October; the Cabul correspondent of the *Delhi Gazette* estimates the deaths in the City of Cabul at 7000. The disease has now left Cabul, and is breaking out in Persia; this is the ordinary road to Europe, and cholera might be expected in Western Europe in the autumn of 1862. From its steady North-Western march in Asia we may infer that it will progress *viâ* Constantinople, Turkey, Hungary, Poland, Prussia, England, France; thence to Spain and Africa, to disappear in the deserts.

The disease is severe, principally, at the outbreak; towards the decline most cases recover; the treatment has nearly always failed in the beginning and height of the epidemic; the treatment generally adopted in the North-West Provinces and in the Punjaub, was opium and stimulants, calomel in ten-grain doses, once or twice, chloroform and other stimulants being continued as long as life lasted. It is said that some cures were effected by chlorate of potash injected under the skin; but I believe this was tried when the epidemic was at its decline.

The contemporary diseases in India had a very low type. Remittent fever has been very common, and often accompanied by an adynamic tendency, rendering the disease fatal. "Typhoid intermittent" has been common; I mean by this name what is called "jungle fever," a term very likely not well understood in England. Collapse in dysentery has also been more frequent than usual. This low type of disease may generally be considered as a prodroma of cholera; here, however, it prevailed extensively in the trans-Indus territory and in Afghanistan (the hilly track) where no cholera epidemic appeared.

I do not want to discuss the pathology of cholera. I have no doubt, however, that it is a blood-disease, and not a poisoning by animalcules, as has been supposed by many. It appears to me to be a fever, belonging to the same sort of diseases as intermittent and remittent fever. Severe remittents this year were nearly always accompanied by purging and vomiting, and occasionally collapse. (This in non-choleraic time and stations.) Quinine I should, therefore, consider as the best prophylactic, together with cleanliness and plenty of exercise in the open air.

Should the several town and parish authorities have taken no steps that way yet, it should be impressed upon them that improved cleanliness and ventilation in crowded quarters, is especially desirable at present, in view of the possibility of a cholera epidemic in the autumn of 1862.

Let, on the other hand, members of the Profession think what they will do in the way of treatment should the epidemic break out. The remedies at present in use are in my opinion worthless in the majority of cases. Perhaps something may be done by the employment of inhalation; not, indeed, from a tube—which is useless in a disease where respiration is already hurried and embarrassed—but by building small air-tight rooms and filling them with gases and placing the patients in them; diluted oxygen might thus be tried, and on failure, other gases might be substituted, such as laughing-gas, etc. I am, &c.

Albert Nerchere,

Assistant-Surgeon 1st Regiment Punjaub Rifles.

Kohat, November 26, 1861.

SULPHURIC ACID IN DIARRHŒA.

Letter from Mr. William Griffith.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having been the first person to introduce to the Profession the treatment of diarrhœa by sulphuric acid, when I published some cases in 1851, showing the successful results of its administration, and having since continued its use up to the present time, I have had ample opportunities of confirming my views, and I must confess that my experience differs from that of Dr. Andrew Clark, as related in his Hospital Notes and reported in the last number of the *Medical Times and Gazette.* Dr. Clark states "that it is much less effective alone than in combination," and he recommends a mixture of acid. sulph. arom., tinct. camph. comp., ætheris chloric., spiriti menth. pip., syr. rhœados, and decoct. hæmatox. I have no doubt that the above mixture without the aid of the acid would cure a number of cases of ordinary diarrhœa, as the opium contained in the tinct. camph. co., combined with the logwood and assisted by the stimulants, would check any excess of alvine secretion in numerous instances. In comparison with the acid, opiates are slow in effecting the cure, moreover they tend to aggravate the sickness commonly attendant on disordered bowels, produce thirst, a dry tongue, and loss of appetite. Whereas the diluted sulphuric acid given by itself, allays thirst, subdues sickness, arrests vomiting, stops the purging; and so rapid is its effect, that it frequently cures by a single dose. I am, &c.

William Griffith,

One of the Surgeons of St. George's-Parish, Hanover-square.

Belgrave-road, January 7.

INSANITY NOT DEFINED IN LAW.

Letter from Dr. Scholefield.

[To the Editor of the Medical Times and Gazette.]

Sir,—If the law will tell us what it means by insanity, we will then tell it when a prisoner is insane. Define the conditions, and it becomes easy to determine whether any given case furnishes those conditions.

If the law is unable or unwilling to define what it means by insanity, then it leaves the question open to debate. Where there is no written law, we seek the light of Nature. Each separate case must be argued at full length. Everything that science can say for the presumed lunatic is admissible if said, and if not said there is a censurable omission. This is one of the first principles of English criminal law. The advocate will stretch the elastic boundary to its utmost limit, so as to enclose his client within its protecting lines. And Medical men known to entertain views in harmony with the course of argument which the defending counsel is instructed to adopt, will be brought into the witness-box. Until insanity be legally defined, this course of procedure is not only allowable, but necessary. So long as the meaning of a term is a matter of opinion, so long shall we have the war of opinion.

I would, in passing, observe that, although every Medical man is, as a matter of course, at liberty to hold extreme views on the relation of insanity to crime, and although we may admit that, occasionally, such extreme views are correct and in advance of general Medical belief, yet, as a rule, when a Professional man gives an opinion in his Professional capacity, it should be, not his own specific view, but the view of the Profession as a whole. The Profession is responsible in public estimation for the opinion of one of its recognized members. The opinion has its weight because it is looked upon as the Medical opinion. Hence no man has a right to impose his nostrums upon the jury as if they formed a part of our authorized Pharmacopœia. A man of crotchets should doff his diplomas before he gives evidence. If we keep within this rule, I conceive that we shall add weight to the Professional voice, whilst retaining sufficient scope for legitimate discussion. But to return.

So long as mental disease has no legal definition, many cases of such disease must be the subject of a special discussion, and this necessarily implies debate, difference of opinion, and some real and more apparent contradiction.

The general principle of representative government is, that every intelligent person shall have a voice in choosing his representative in Parliament. This principle is so vague as to be useless. But the law defines its meaning. It declares who are and who are not politically intelligent. Such persons shall vote, and such persons shall not vote. The law may be right or wrong in the practical application of its general principle, but, at any rate, it is definite. But suppose it did not thus define its meaning? Suppose the general principle let loose among us without definition? Every person intellectually capable of exercising rightly his electoral powers has a vote! Why, what a field for debate. Our little discussions as to the sanity of a prisoner would sink into insignificance before this great question of political competency.

When is a man drunk? Drunkenness, self-induced insanity, like its prototype, is difficult to define. The most diverse evidence is given on this point. Six men see the same man at the same time, and in answer to the question, "Was he drunk?" give six different statements. Why? Because the word has six different meanings,—describes six different states. The word is indefinite, and therefore it leaves the witness the choice of any of the six answers which suits his purpose.

Let us take another case—one in which the law has defined its meaning. In the logic of the law, an individual only is capable of being possessed of life, and consequently of being dispossessed of it. An individual is further defined as an organism capable of separate existence. And, again, separate existence commences when the child is fully separated from its mother,—fully born. Now this reasoning may be sound or unsound, but it is law. And it follows that a child cannot be murdered—deprived of life—before it is fully born. But let us suppose that the law did not enter into these precise definitions. Suppose it merely to say that an individual is capable of being deprived of life. Into what murkiest abyss of speculation should we be plunged! What constitutes individualism? Is it inherent in soul or body? Does individual life commence with the first intra-uterine molecular combination? Is a child at breast an independent individual being? Shall we wait till he can walk and talk and use his spoon before we elevate him from cypherhood into a social unity?

In a leading article, some months back, the *Times* contends that the law does define its meaning of the term insanity, and quotes Erskine as its authority. According to this writer, the insanity which bars capital punishment—legal insanity—means irresponsibility, and that the test of irresponsibility is delusion.

Now we do not wait to consider whether this is a definition proper, including all, excluding none, so clearly apprehensible as to require no further explication. We do not ask the meaning of the word *delusion*, or what evidence is to establish it, or whether a man may not think himself made of glass, and yet have sound moral estimates. It will be time enough to consider these points when it is ascertained that the law either expressly or by tacit acknowledgment has adopted this definition of the *Times*, whose article, by the way, seems to assume that all criminals are sane, and all Medical witnesses who think otherwise are "crazy," a conclusion to which we should less object if we were, in consequence of our mental weakness, exempt from punishment.

If this be the legal definition of insanity, what an amount of irrelevant, illogical, illegal evidence do our judges allow Medical witnesses to furnish, and advocates to elicit! The simple point of inquiry should be, Is the prisoner irresponsible as tested by his labouring under some insane delusion? Every question beyond this is beyond the mark.

The history of criminal trials in reference to the plea of lunacy shows that this definition is not attended to. Total irresponsibility is not essential to acquittal. Imperfect responsibility has over and over again been admitted as a bar to capital punishment. Other reasons than that of permanent delusion have successfully established this imperfect responsibility. In fact, the great difficulty in all these cases is to determine what amount of mental deficiency justifies society in commuting the greater punishment of death into the punishment of perpetual restraint. For in most cases it is looked upon as a punishment. Such convicts are "criminal" lunatics, never released if they recover their reason. And being a punishment, does it not imply that the law looks upon such criminal lunatics as in some measure responsible?

A defined principle of law is immutable, and has no respect to consequences. If total irresponsibility, evidenced by permanent delusions, is the legal definition of exculpatory insanity, then this test would be applied in every case. In every case—excepting, of course, when Royalty pardons—unmitigated punishment would on conviction follow crime, unless the defined mental condition which exculpates from guilt could be established. In this case suicides and infanticides would be included within the reach of this defined exposition.

But how do we deal with self-murder? In ninety-nine out of every hundred cases the coroner, who represents the law, directs the jury to return a verdict of insanity. A form of proof is gone through. The man was sometimes low, he was excitable, he was sensitive, two drachms of fluid were found in the ventricles. How easily is the jury satisfied! How very small is the evidence which decides the verdict! Would this evidence weigh the scale in a case of ordinary murder? If received in this case, does it not show that the law has not bound us down to a precise verbal definition of insanity?

The same indefinite extension of the meaning of the word "insanity" is seen in trials for child-murder. How rarely does the mother fail to establish her right to acquittal on the ground of insanity, even in the most revolting cases?

These cases of infanticide and suicide are introduced merely to illustrate our one point. If the plea of insanity is admitted as valid in these instances, then the law has no definite test of insanity.

I would, however, in conclusion, ask the public whether countenancing as it does this loose, ultra-crotchety application of the doctrine of insanity in cases of suicides and infanticides, it is justified in casting furious stones at so-called mad-doctors, because they sometimes discover a not very visible crack in the moral structure of a homicide? Is it for science to know only that which coincides with presumed public utility? Shall we call the murderer sane, because his crime endangers society; and shall we call the suicide insane, because his crime terminates on himself? It is for science to discover truth. It is for the law to adapt truth to social requirements. If in political arrangements we have expediency, yet in science we have abstractions—principles.

The public encourages extreme views, because it listens approvingly to the most crooked crotchets. But the public, or rather the press, wishes to cramp us on one side, after giving us infinite space on the other. I appear before a jury, and tell them that no sane man would kill himself. I am praised with faint blame, a verdict of "temporary insanity" is recorded, and the "good men and true of that county do forthwith take their ease." Before a second jury I affirm that no sane woman can kill her own child. This assertion is received with a grave satisfaction by judge and jury, and the interesting prisoner is acquitted on the ground of insanity. Well, I then come before a third jury; and we have a case of murder. Why shall I not say that when a man without motive, known or supposed, in a moment of passion, kills another, he is insane? Is this assertion less probable than the assertions which have passed unchallenged before?

I end as I began. If the law will tell us what it means by insanity, we will tell it—any one can tell—who is insane. But if insanity does not admit of precise definition, then every doubtful case must be carefully argued upon; and the present method of examination must be amended, if not altogether changed.

I am, &c.

Pickering. W. S. Scholefield, M.D.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 7.

Dr. Copland, President, in the Chair.

Dr. Murchison read a report on a specimen, exhibited at the last meeting of the Society, of

AMYLOID TUMOUR OF THE BRAIN.

The patient had been under the care of Dr. Stewart, in the Middlesex Hospital, for tubercular disease of the lungs, but he had had no cerebral symptoms. On microscopical examination of the tumour, there was found a fibrous matrix, and in its meshes a transparent homogeneous substance, quite structureless. Partly from its co-existence with tubercle of the lungs, and partly from a slight blueish tinge with iodine and sulphuric acid at the margin of the section, he thought it was amyloid. On looking at the tumour again, however, after it had been in spirit for eighteen months, he was unable to produce any tinge by the application of iodine and sulphuric acid. He therefore did not think it necessary to ask for further examination, in order to confirm what he was not now himself able to find.

Mr. Canton showed a specimen of

EXTROVERSIO VESICÆ.

The parts were dissected, and there was also a cast of the parts previous to dissection, and also the pelvis. The person from whom they were taken was a man, aged 24, who had been supposed to be a female, and who was admitted into Charing-Cross Hospital in the dress of a female. He died of pneumonia. He was tall and had a peculiar waddling gait. There was want of union of the pelvic bones in front, and the lower part of the abdominal parietes was deficient, the posterior part of the bladder being adherent to the anterior wall of the abdomen and the canal of the penis was deficient above. The orifices of the ureters and of the ducts of the seminal vesicles were easily seen. There was oblique inguinal hernia. The anal orifice was placed so far forwards that there was scarcely any perinæum. On dissection it was found that the crura penis were very large, as was also the transversus perinæi muscle. The rectum was nearly straight. The sacrum also was broad, but there was very little of curve, and it was directed in a slanting direction downwards and forwards.

Dr. Bristowe exhibited two portions of intestine removed from patients who died of

TYPHOID FEVER.

One patient, a man, aged 30, began on December 9 to be ill with "biliousness," but there was no note as to there having been any diarrhœa. On the 12th he began to have symptoms of acute mania, and was admitted in a state of great excitement on the 13th. There were then no symptoms of typhoid, no tenderness of the abdomen, and no diarrhœa. The maniacal symptoms passed off, but on the 19th they returned. He subsequently had diarrhœa; but on the 25th, when Dr. Bristowe saw him, after an interval of several days, the motions were quite natural. He died collapsed on the 25th. The spleen was large and soft; in the lower part of the ilium was a solitary ulcer, about three or four inches from the ileo-cæcal valve. This case was interesting, Dr. Bristowe said, from the slight local evidence of the disease, and from the maniacal symptoms, which passed off and again returned. In the other cases there were some symptoms of typhoid, but no diarrhœa, and no rash. This patient had only been ill five days. At the autopsy the lower part of the ilium was found to be much diseased, but not ulcerated. The mesenteric glands were not diseased.

Dr. Murchison said that the second case was interesting, as showing how soon typhoid fever might prove fatal. Generally, death did not ensue until the second week. Authors, he said, had mentioned but few cases in which death had taken place before the fifth day; and these cases were quite exceptional. He referred to an outbreak at Clapham, in which suspicion of poisoning had arisen, from the rapidity with which death had followed. Clear evidence of the real nature of the disease was, however, after death found in the small intestines. Dr. Murchison, on one occasion, made a post-mortem on a child who died thirty-six hours after seizure by typhoid. She was suddenly seized, whilst playing, with vomiting and purging, soon followed by violent delirium, and died in thirty-six hours. Peyer's patches and the solitary glands were found to be enlarged; there was no ulceration, but the appearances were exactly those of the early stages of typhoid disease of the intestines.

The President then remarked on the staining of the lining membrane of the arteries in typhus fever. He thought that the recent distinctions of the varieties of fever would not hold for the past. They were recent distinctions, and ought not to be held as constant. In writing on fever, he had given the varieties that then existed, and also alluded to those which existed before. We ought not, he said, to take for Gospel the present distinctions of fever, but to consider them merely as the varieties of fever now prevalent.

Dr. Wilks related a case of

CANCER OF JEJUNUM, HEART, SPINE, ETC.

The case from which the specimens came was interesting on account of the rarity with which these organs are affected. The patient, a lad, died of paraplegia which was found to be due to a cancerous growth involving the spine; at the same time there was carcinomatous disease of the jejunum which appeared to have occurred primarily in the walls of the bowel and affected it in a remarkable manner by infiltrating the valvulæ conniventes. There was also a cancerous polypus in the right auricle of the heart, springing from edge of fossa ovalis. Several other organs were likewise affected.

ECCHYMOSIS OF THE HEART IN POISONING BY ARSENIC.

Although many writers have made the observation that the endocardium is ecchymosed in cases of poisoning by this substance, yet others have ignored the fact. Dr. Wilks, therefore, wished to state that in the few cases which he had seen, this ecchymosis had always existed, and in two instances which had lately occurred in Guy's Hospital, the endocardium of the left ventricle was most markedly affected, a large patch existing on the septum, and the columnæ carneæ being also spotted.

Dr. Harley believed that the state of the blood gave rise to the ecchymosis, and, he said, this condition of the blood was produced by several other mineral poisons besides arsenic. The staining he had observed, however, was of a dark purple colour, and not always in the right ventricle. Some poisons, he said, had great power in producing ecchymosis. This was specially observable in the poison of the African puff adder. Animals killed by it had ecchymosed spots, under the skin, in the muscles, under the periosteum, and, indeed, almost everywhere. The longer the animal lived after the bite, the larger was the ecchymosis. After death the blood took a long time in being oxygenated, and was long before, in the veins, it coagulated.

The President asked if in Dr. Wilks's case the arsenic had been given in large doses, or small repeated ones.

Dr. Wilks said that half-an-ounce had been given, and the man had died in twelve hours. There had been, he said, lately in Guy's Hospital a case in which death followed in two hours.

In reply to Dr. Murchison, Dr. Wilks said that the staining depended on actual extravasation.

The President said that in his writings he had pointed out that arsenic would give rise to endocarditis.

In reply to Dr. Harley, Dr. Wilks said that the pyloric end of the stomach was acutely inflamed.

Dr. Harley then gave the particulars of a case of chronic poisoning in an artificial flower maker. Here the pyloric end of the stomach was inflamed, the cardiac end being free.

Dr. Wilks said that in most cases the reason why the pyloric end of the stomach suffered most was simply that the poison was mechanically directed to that part first. In cases of poisoning by sulphuric acid, there was a large black patch in that position. Dr. Wilks did not, however, deny that arsenic had a specific effect in certain parts as it passed over the intestines to the rectum.

Dr. Harley was glad to have an opportunity of drawing attention to the fact that the action of arsenic on the stomach was regulated by other laws than the mere mechanical action of the poison. Arsenic acted on the cardiac end of the stomach, whether it was taken by the mouth or injected under the skin of the back, or even when put directly into the veins, if the animal lived long enough. In chronic poisoning, on the other hand, the effects of the arsenic were generally more marked at the pyloric end.

ETHNOLOGICAL SOCIETY.

Tuesday, January 14.

Mr. J. Crawfurd, F.R.S., President, in the Chair.

A Paper, by Professor Owen, was read

ON THE OSTEOLOGY AND DENTITION OF THE NATIVES OF THE ANDAMAN ISLANDS.

Professor Owen commenced by a brief notice of the geography of the Andaman Islands, and condensed an account of the physical characters and habits of the natives, from the "Reports" of the able superintendents and surveyors of the convict settlements, recently established by the East Indian Government on these Islands: quoting more particularly from the statement of a Brahmin Sepoy, one of the transported mutineers, who after escaping from the convict establishment, passed upwards of a year (from April 23, 1858, to May 17, 1859,) with a tribe of Andamaners. His statement accorded with previous accounts that the diminutive black aborigines of these islands have no notions of a Deity, of spiritual beings, or a future state; that both sexes go naked without any sense of shame. There is promiscuous intercourse, save with the parent, which only ceases in regard to the woman, when she is allotted as wife to a man, but is retained as the prerogative of the male sex. "It is impossible," writes Dr. Mouatt, Inspector-General of Jails, Calcutta, "to imagine any human beings to be lower in the scale of civilization than are the Andaman savages. Entirely destitute of clothing, utterly ignorant of agriculture, living in the most primitive and rudest form of habitations, their only care seems to be the supply of their daily food."(a) The chief weapons of the Andamaners are bows and arrows, some of the males also carry a kind of spear. Scarification of the skin in certain maladies, tatooing, and shaving of the scalp are performed by chips of glass skilfully detached from bottles cast ashore after wrecks, by sharp blows with a stone. The iron with which the arrows and spears are headed is also obtained from wrecks. The Andamaners appear to be devoid of fear: they are powerful for their size, can carry greater burthens than the Hindoos; are swift runners, and clear rapidly, by jumping, the fallen trees of the jungle and rocks of the tidal shore. As climbers they are little inferior to monkeys, being used from childhood to climb the lofty, straight, unbranched trees of the forest in quest of fruit and honey. They are excellent swimmers from their childhood, and wonderful divers, "fishing for shell-fish in deep water." "I have seen," deposes the Sepoy, "three or four of them dive into deep water and bring up in their arms a fish six or seven feet in length, which they had seized."—"They could perceive canoes approaching long before they were visible to me, and could see fruits and honeycombs in the jungle which I could not. Their vision penetrates to great depths in the sea, where they could see and shoot fish with arrows, when the object aimed at was not apparent to me. They see well at night, catching fish in the pools left by the tide at that season; and shooting the wild pigs which came to the coast to drink by night." By their acute sense of smell they often detect afar off the existence of fruit in the neighbouring lofty trees. "I never met with any one affected with gonorrhœa, syphilis, itch, piles, small-pox, or goître; but I have seen them affected with vomiting, colic, diarrhœa, intermittent fever, head-ache, ear-ache, tooth-ache, abscesses, rheumatism, catarrh, cough, painful and difficult respiration. The only remedies I have seen used are 'red earth rubbed up with turtle-oil,' a cold infusion of certain aromatic leaves, the wetted leaves being applied to the head or other inflamed parts, and local bleedings by sharp splinters of bottle glass. They spin ropes; make wicker baskets, large nets for catching turtle—smaller nets for catching fishes; and they scoop out their canoes by means of a small kind of adze, tipped by a semicircular blade of iron. Thus, for all their immediate wants, invention has supplied the instruments called for by the nature of the surrounding objects and sources of food. But their life is little beyond that of the brute animal; and the low grade of humanity with the dwarfish stature and black colour of the Andamaners, have always made a further knowledge of their physical characters peculiarly desirable. Professor Owen was enabled to contribute the present notice of the osteological and dental characters, by the opportunities kindly afforded him by Dr. Fred. J. Mouatt, Inspector of Indian Jails, who had brought over the bones of an adult male native of the Andamans, now presented to the British Museum. The proportions of the bones indicated a well-formed, robust, adult male of four feet nine inches in height. The characters of this skeleton, especially of the cranium and teeth, were minutely detailed and illustrated by drawings and diagrams. The skull is well formed, of the oval type; forehead rather low and narrow, and jaws slightly prognathous; differing very decidedly from the Negro, Papuan, and Australian types; and in a minor degree from the Malayan and Mongolian forms. It is characteristic of a race to which some of the scanty dwarf aborigines of Java and Borneo offer the nearest resemblance. Professor Owen finally submitted the following remarks on the question of the source whence the Andaman Islands might have derived their native race. He first offered a warning against the assumption that the Andamans were as they now are when they received their first human inhabitants, and entered upon an explanation of the geological and geographical evidences of great changes in the relations of land and sea in that part of the world. "The cardinal defect of speculators on the origin of the human species was the assumption that the present geographical features of the earth's surface preceded the origin of such species." The Monogeneist, on that assumption, bent on tracing all the human races from one source and one existent centre, exaggerates the application and value of casual remarks to show, *e.g.*, "that the Australians are not a pure race, but hybrids between true Negroes and Malays," a proposition which the author held to be refuted by osteological and dental characters. The Polygeneist, on the other hand, invoked a separate creation of each race for each existent continent or island home of such race. The important considerations of previous changes of land and sea, coeval with human existence, are here left out of sight. Antecedent generations of the dwarf Andaman race might have co-existed with the geological changes that have obliterated the continent of their primitive origin. In every essential human physical character the Andaman race participates with their more intellectually gifted brethren. They offer no mark of specific distinction. The size of the brain would indicate aptitude for civilization.

Explosive Paraffine.—Mr. W. Herapath, of Bristol, makes the public acquainted with an easy method of proving whether the oil is dangerous or not. Let two or three drops of it be allowed to fall upon a plate or saucer, and apply to them a lighted match; if the flame spreads over the surface of the drops the oil should on no account be used, as it will under many circumstances prove explosive. The genuine paraffine or petroline will not burn except upon a wick.

(a) Selections from the Records of the Government of India, No. XXV., "Andaman Islands," Preface, p. vi.

MEDICAL NEWS.

APPOINTMENTS.

Begbie.—James Begbie,' M.D. Univ. Edin., F.R.C.P. Edin., F.R.C.S. Edin., F.R.S. Edin., has been elected one of the Non-Professorial Examiners in the Faculty of Medicine at the University of Edinburgh.

Deville.—Titus Deville, M.D. Lind. Univ. U.S , L.F.P.S. Glasg., M.R.C.S. Eng., has been permanently appointed Lecturer on Practical Anatomy at the Royal School of Medicine, Manchester.

Duggan.—William Nelson Duggan, M.D. Univ. St. And., L.R.C.S., has been elected Assistant House-Surgeon to the Chester General Infirmary, in the room of George Charles Walker, M.D. Univ. St. And., M.R.C.S. Eng.

Fitzpatrick.—Dr. Fitzpatrick has been selected to act as substitute for Dr. G. M. Den, M.D. St, And., C.M. Glasg., L.M. Dub., L.F.P.S. Glasg., for the Kilmacavogue Dispensary District, Ireland.

Golding.—Benjamin Golding, M.R.C.P. Lond., has been elected Consulting-Physician to the Charing-cross Hospital, on resigning the office of Physician.

Hurst.—Mr. John Hurst has been appointed House-Apothecary and Assistant to the Hon. Sec. of the Bridgewater Infirmary, Somersetshire, in the room of Mr. Henry Whitney, resigned.

Maclagan.—Andrew Douglas Maclagan, M.D. Univ. Edin., F.R.C.S. Edin., has been elected one of the Non-Professorial Examiners in the Faculty of Medicine at the University of Edinburgh.

Mason.—John Bridges Mason, L.R.C.P. Edin., M.R.C.S. Eng.,'and L.M., has been appointed Poor-law Medical Officer for District No. 1 of the Ross Union, Herefordshire, and one of the Surgeons to the Ross Dispensary, *vice* Charles Edmunds Thomson, M.R.C.S. Eng , L.S.A. Lond., resigned.

Paget.—Thomas Paget, F.R.C.S. Eng. (Hon.), M.R.C.S. Eng., L.S.A Lond., on retiring from the office of Hon. Surgeon to the Leicester Infirmary, has been appointed Consulting-Surgeon.

Roberts.—Edward Stokes Roberts, jun., M.R.C.S. Eng., has been elected House Surgeon to the General Infirmary, Chester, in the place of James Hughes, M.R.C.S. Eng., L.S.A. Lond.

Robertson.—William 'Robertson, M.D. Univ. Edin., F.R.C.P. Edin., has been elected one of the Non-Professorial Examiners in the Faculty of Medicine at the University of Edinburgh.

Sutton.—John Maule Sutton, Univ. St. And., M.R.C.P. Loud., F.R.C.P. Edin., M.R.C.S. Eng., and L.M., L.S.A. Lond., has been elected one of the Physicians to the Queen's Hospital, Birmingham, in the room of William Francis Noott, M.R.C.P. Loud., resigned.

Willshire.—William Hughes Willshire, M.D. Univ. Edin., M.R.C.P. Lond., Senior Assistant-Physician to the Charing-cross Hospital, has been appointed Physician, in the room of Benjamin Golding, M.R.C.P. Lond., resigned.

DEATHS.

Cockburn.—January 12, at Pentland-villa, Murrayfield, Edinburgh, Archibald William Cockburn, M.D. St. And., F.R.C.S. Edin., Deputy-Commissioner in Lunacy for Scotland.

Croudace.—January 10, at South Moor-House, near Sunderland, John Rowe Croudace, M.D.

D'Auvergne.—Recently, Edward D'Auvergne, M.R.C.S. Eng., Surgeon R.N., (seniority 1852.)

Davies.—January 9, Henry Davies, of Duchess-street, Portland-place, formerly of Savile-row, Burlington Gardens, F.R.C.P. Lond., M.R.C.S. Eng., aged 79.

Dow.—November 23, at St. Kilda, Victoria, Australia, Robert Campbell Dow, M.D., of Sandhurst, aged 29.

Henderson. — December 6, at Kingston, Jamaica, James Henderson, formerly of Aberdeen, M.D., aged 45.

Hutchinson.—In July last, at Fiji, Sandwich Islands, John Hutchinson, late of Milton-street, Dorset-square, M.D., F.R.C.S., formerly Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Mitchell.—January 2, James Mitchell, of Castlegate, Nottingham, M.D., Univ. Edin., L.R.C.S. Edin., L.S.A. Lond., aged 39.

Parke.—January 8, at Gayle, near Hawes, Yorkshire, M.R.C.S. Eng., L.S.A. Lond., aged 45.

Sullivan.—January 5, suddenly, at Alfriston, Sussex, John Sullivan M.R.C.S. Eng., aged 23.

Taylor.—January 10, at Luss-road, Helensburg, Dumbartonshire, David Kissock Taylor, of Main-street, Anderston, Glasgow, M.D. Univ. Glasg., L.F.P.S. Glasg.

Watson.—Recently, William Watson, M.D., M.R.C.S. Eng., Surgeon R.N., on the retired list, (seniority 1809.)

Williams.—January 9, at Southwold, Wangford, Suffolk, James Williams, M.D. Univ. St. And. (exam.), F.R.C.S. Eng. (exam.), L.S.A. Lond., aged 45.

Prize Babies.—Mrs. Baines, the well-known sanitary philanthropist of Brighton, has issued a scheme for giving prizes to poor mothers who may prove successful in rearing healthy children. The scheme will involve a considerable amount of sound teaching to the poor mothers who are competitors, and has our best wishes.

Southampton Medical Society. — The following Officers for the year ensuing were elected at the Annual Meeting held on January 7, at Dr. Maul's :—*President*, Dr. Oke; *Vice-President*, Mr. F. Cooper; *Committee of Management*, H. Dayman, F.R.C.S., J. King Sampson, F.R.C.S., and Dr. Scott; *Hon. Secs.*, Mr. Leonard A. Lawrence, and Dr. Langstaff; *Librarian*, Dr. Sims; *Treasurer of the Book Club*, Dr. Scott.

University of Edinburgh.—At a meeting of the University Court of the University of Edinburgh, held on Friday week—present, the Right Hon. W. E. Gladstone, Lord Rector, Principal Sir David Brewster, the Hon. the Solicitor-General, Robert S. Grieve, Esq., Dr. Brown, Dr. Alexander Wood, and Dr. Christison—the following gentlemen were elected non-Professorial Examiners in the Faculty of Medicine, viz. : Dr. James Begbie, F.R.C.P., Dr. William Robertson, F.R.C.P., and Dr. Douglas Maclagan, F.R.C.S. This is a step in the right direction. Professors ought not to examine their own pupils.

Royal Institution of Great Britain.—At a special general meeting, held on Monday, January 13, 1862, the Rev. John Barlow, M.A., F.R.S., Vice-President, in the chair, the following Address to Her Majesty the Queen, in reference to the decease of H.R.H. the Prince Consort, Vice-Patron of the Royal Institution, on December 14th last, was read and unanimously adopted :—"To the Queen's most excellent Majesty—May it please your Majesty,—We, the Members of the Royal Institution of Great Britain, respectfully desire to express to your Majesty our grief for the loss which has fallen upon the kingdom, upon our Institution, and with exceeding weight upon your Majesty personally. May it please God, who grants consolation in His own due time, to give it to your Majesty, even while your thoughts are directed towards him that is gone, and may the recollection of our Prince's doings whilst in life, have an abiding influence for good upon the many millions who have heard of and rejoiced in his name."

The Proposed New Edition of the French Pharmacopœia.—The French Codex Medicamentarius, displacing that which had been ordered to be framed by the Parliament of Paris in 1748, appeared in 1818, and the new edition of this, which was published in 1837, is the present French Pharmacopœia. Twenty-four years having thus elapsed, it has been deemed quite time to issue a new edition, and a committee has just been appointed for its preparation. As a palliative for the confused state of things in the absence of authorised formulæ of new medicines and improved procedures, the pharmaciens were authorised in 1850 to sell or prepare any preparations which had become authorised by the Académie de Medecine, publishing their formulæ in its *Bulletin*. The committee consists of MM. Dumas, Inspector-General of Superior Instruction; Grisolle, Professor of Materia Medica and Therapeutics; Regnault, Professor of Pharmacology; Tardieu, Professor of Legal Medicine; Wurtz, Professor of Medical Chemistry; Bussy, Professor of Chemistry; Chatin, Professor of Rural Botany; Guibourt, Professor of the Natural History of Medicinal Substances; and Lecanu, Professor of Pharmacy. To these are conjoined three members of the Academy of Medicine—MM. Robinet, Boudet, and Gobley; and two Paris Pharmaciens — MM. Mialhe and Mayet.

Life Assurance in France. — From the tenour of a paper inserted in a recent number of the *Union Médicale* (1862, No. 2), with the entire approbation of its editors, it would seem that some members of the Profession in France regard the duty of the Medical Practitioner with respect to replying to the queries of Assurance Offices in a somewhat extreme light. With us the question has only been as to the payment for the information afforded, such payment now being generally admitted as due from the offices. In France, however, they are questioning the right of the offices to ask the questions at all, and of the Medical Practitioner to reply to them; maintaining that, even with the candidate's own permission, such information should not be afforded, it being often requisite to keep secret, even from our patients themselves, our exact opinion as to their maladies and prospects of living. The objectors, too, seem to have little faith in the promises of secrecy on the part of the Companies, believing that a man who has been refused will always find out the part his attendant has had in the result. This is perhaps more likely to happen in France, since it seems to be sometimes there the practice for the candidate himself to forward the queries to his attendant, and even to wait for the reply in some instances. It is argued that the entire *onus* of proving the assurability of the life proposed should be thrown upon the Medical Officers of the Companies.

MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY.—The distribution of Scholarships and Prizes took place on January 9, in the lecture theatre of the Royal Institution. Mr. J. Jordan presided. The following are the names of the successful candidates :—Third Years' Students —Scholarship, value £20, Mr. Herbert Grove Lee, Thame, Oxfordshire. First Prize, value £5 5s., Mr. Frederick Royston Fairbank, Rugby, Warwickshire ; second, £3 3s., Mr James Allen, Pott Shrigley, Macclesfield ; third, £2 2s., Mr. John Walter Morris, Rochdale. Second Years' Students —Scholarship, value £15, Mr. Samuel Messenger Bradley, Victoria-park, Manchester. First Prize, value £5 5s., Mr. Joshua William Renshaw, Ash House, Stretford ; second, £3 3s., Mr. Frederick William Booth, Ashmond, Lees ; third, £2 2s., Mr. Hugh Moss, Congleton, Cheshire ; fourth, £1 1s., Mr. John Mottershead, Butley, Macclesfield ; Certificates of Merit—First, Mr. John Mottershead, Macclefield ; second, Mr. J. Latham Rushton, Rainow, near Macclesfield. First Years' Students—Scholarship, value £10, Mr. Ebenezer William Edlin, Manchester. First Prize, value £5 5s., Mr. T. M. Johnson, Salford ; second, £3 3s., Mr. John Ward, Rushford Park, Levenshulme, Manchester ; third, £2 2s., Mr. William Longbotham, Middleham, Yorkshire ; fourth, £1 1s., Mr. C. J. Renshsw, Ashton-on-Mersey, Cheshire. Certificates of Merit—First, Mr. John William Bentley, Leigh, near Manchester ; second, Mr. Walter Whitehead, 16, Union-square, Bury. Mr. Turner's Prizes for Comparative Anatomy and Physiology—Senior Class : Prize, Mr. John Walter Morris, Rochdale. Junior Class : Prize, Mr. C. J. Renshaw, Ashton-on-Mersey. Royal Infirmary Clinical Surgery—Prize, Mr. J. W. Bentley, Leigh.

MEDICAL PRACTITIONERS IN THE DEPARTMENT OF THE SEINE.—At the present time there are no less than 2047 Medical Practitioners,—viz. 1667 Doctors of Medicine or Surgery and 380 *Officiers de Santé*, or Practitioners of an inferior rank, not allowed to perform operations. Of these, nineteen-twentieths belong to the town of Paris itself, 1947 being returned as *intra-muros*, and 100 as living in the communes beyond the fortifications. This proportion of Practitioners is enormous, for taking the population of the Department at two millions, it gives about 1 Practitioner per 1000 inhabitants, of which number a large proportion applies to the Hospitals. However, if much profitable remuneration is not to be looked for, honours attend the Medical body in abundance, thus we find 1 Grand Officer of the Legion of Honour, 19 commanders, 68 officers, 341 chevaliers,—in total 429, *i.e.*, about 20 per cent. of the total of the Practitioners of the Department, or rather of Paris and the banlieu.

THE HARVEIAN SOCIETY.—On Thursday, January 2, 1862, the Annual Meeting of this Society was held at the Stafford Rooms, Tichborne-street, Edgware-road, Dr. Sieveking, President, in the Chair. There was a large attendance of both members and visitors. The following gentlemen were elected to the offices specified, viz. :—*President*—Weeden Cooke, Esq. *Vice-Presidents* — William Adams, Esq. ; J. Burden Sanderson, Esq. ; Spencer Smith, Esq. ; H. C. Stewart, L.R.C.P. Ed. *Treasurer*—Henry William Fuller, M.D. *Honorary Secretaries*—William Wadham, M.D. ; J. Brendon Curgenven, Esq. *Council*—Albert Bernays, M.A., Ph.D. ; Frederick Cock, M.D. ; J. K. Hornidge, M.B. ; E. S. Haviland, M.D. ; W. Boyd Mushet, M.B. ; J. C. Langmore, M.B. ; W. O. Priestly, M.D. ; W. S. Sedgwick, Esq. ; Patrick Burke, Esq. ; Charles R. Drysdale, M.D. ; Ernest Hart, Esq. ; T. H. Hill, Esq. Dr. Browning read the Annual Report and the balance-sheet, which showed that the Society was in a prosperous condition. The Annual Address was then delivered by the President. His main topic was the consideration of Harvey as a type of the unity of the Profession. He strongly urged upon the members the study of the "Exercitatio de Motu Cordis," the greatest work in Medical literature, the basis of all rational Medicine, and then drew attention to the fact that Harvey delivered his Lectures at the College on Circulation, as a Lecturer on Surgery, by virtue of his appointment, under the foundation of Lord Lumley and Dr. Caldwell. This foundation was destined for the teaching of Surgery in the College of Physicians ; the original deed stating explicitly that the money left by Dr. Caldwell was to be paid "ad usum lectoris artis seu scientiæ Chirurgiæ." He dwelt upon the fact that the Lumleio-Caldwellian lectures had not realised the intentions of the founders, inasmuch as the teaching of Surgery had been altogether neglected in the College of Physicians, although the gift had been received by that body with every mark of respect and gratitude. He urged that it was most desirable that the College of Physicians should even now seek to repair a fault that had been so long perpetrated and appoint Lecturers on Surgery at the College, a feature that was the more desirable since the College now gave a licence to General Practitioners. He urged that it would be a graceful way of showing the sense the College entertained of a social and political, as well as scientific importance of a real unity of the Profession, if they were, in the present absence of Surgical Members in its body, to elect into its Fellowship eminent Surgeons. By such means the best proof would be given that the College acknowledged the responsibilities undertaken by its ancient Charters, which assert that "The science of Physic doth comprehend, include, and contain the knowledge of Surgery."

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 11, 1861.

BIRTHS.

Births of Boys, 918 ; Girls, 963 ; Total, 1881.
Average of 10 corresponding weeks, 1852–61, 1730·2.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	780	781	1561
Average of the ten years 1851–60	653·7	655·8	1309·5
Average corrected to increased population ..	..	..	1440
Deaths of people above 90	5	11	16
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	3	15	3	10	7	2
North ..	618,201	..	7	23	3	9	17	5
Central ..	378,058	..	5	9	6	14	8	2
East	571,129	1	..	11	6	14	19	2
South ..	773,160	..	5	15	9	15	11	5
Total.. ..	2,803,921	1	20	73	27	62	62	15

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

The following papers shall be inserted as soon as possible :—Dr. Huxley on Lunatic Asylums ; Mr. Mann on "Scirrhus of Prostate" ; Mr. Morris on "Bronchial Polypi" ; Dr. Duchesne on "Digitalis in Delirium Tremens."

Our space will not permit the publication of the St. Andrews' Examination Papers. They will be found of the same character as the ably-compiled Examination Papers we have published before from the same University.

We hope that *The Grocer* will succeed in its mission of enlightening both the understanding and consciences of its readers.

Correspondents are informed that we strictly limit our notices of deaths to those of members of the Medical Profession.

Mr. Edwin Cheshire.—The Editor regrets that want of space will prevent publication.

Dr. K., Brighton.—The pamphlets on the Disinfection of Sewage by Earth are published by the Rev. H. Moule, Dorchester.

We have already noticed the Purton Spa, near Swindon, and shall be glad to receive accounts of cases relieved by it. We may remind our readers that this spring contains a notable quantity of bromine and iodine, with a large proportion of neutral sulphates and a small proportion of chloride of sodium. Hence it is not offensively briny to the taste, and is preferable to the mineral water of Castro Caro, in Tuscany, spoken of in our Number for January 4.

A meeting of the Governors of the County Hospital at Winchester will be held on Monday the 20th instant, to receive a Report from a Committee appointed to consider the question of the necessity of erecting a new Hospital. It is proved that the present Hospital is too small, the space around it too confined, and its sewerage impossible. It is to be hoped then that the Governors will move with the times, and consent to the erection of such an Hospital as modern science and humanity demand. The accounts given in the *Hampshire Independent* of the proceedings of the townspeople in their opposition to a sewage scheme, seems to show that their brains are softening under the impulse of selfishness and ignorance.

C. W. E.—The new Licence of the Royal College of Physicians of London is intended for the General Practitioner. Its possessor is allowed to supply medicine to his patients and to be remunerated for the same, he is therefore not a "Physician" in the generally accepted meaning of that term. He has no right to the title of "Doctor" unless he possesses a degree from a University.

St. Bartholomew's. — Homer made Nestor say, three thousand years ago,—

"Well might I wish, could mortal wish renew
That strength which once in boiling youth I knew;
But Heaven its gifts not all at once bestows,
These years with action crowns, with wisdom those,—
The field of combat fits the young and bold,
The solemn council best becomes the old;
To you the glorious conflict I resign,
Let sage advice, the palm of age, be mine."

Surgical operations such as are described will but dim the lustre of a long and splendid Surgical career.

The Slums of Windsor.

A correspondent asks if it be seriously true that the most filthy tenements in Windsor are the property of two eminent Medical men of that town.

An Unqualified Practitioner at Liverpool.

A letter has been received from a correspondent at Liverpool, detailing an instance in which an unqualified Assistant succeeded to the practice of his deceased master, and protected himself by entering into partnership with a duly registered Medical man. The writer asserts that the unqualified partner has been met in consultation by two of the leading Practitioners in the town. The case appears one which would be best dealt with by a local Medical Ethical Board.

The Camera Obscura.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In an article of the January number of the *Medico-Chirurgical Review*, entitled "Recent Researches on the Optical Relations of the Eye," it is stated that the Camera Obscura was discovered by J. B. Porter in 1560.

The absurd mistake in the name is too obvious to require notice. If, however, any of your readers who have paid attention to the history of science in the sixteenth century can help us to the date, I shall be obliged. Am I not correct in believing that the discovery was first announced in the seventeeth book of Porta's "Magiæ Naturalis Libri Viginti," which was published in 1589, the earlier editions having only contained a few of the books (three or four)?

How then does the Reviewer arrive at the year 1560 as the date of the discovery? I am, &c. F.R.S.

Oxalate of Cerium in the Vomiting of Phthisis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a case of phthisis pulmonalis, in the first stage, in which there is very obstinate and persistent vomiting, I have tried the oxalate of cerium with success, however, only so far as this, that the oxalate itself is always kept down, but it does not make the stomach more tolerant of any thing else, for every other kind of medicine, and almost all food, is still instantly rejected. I was induced to try the salt in this case by the fact that not long before vomiting came on the catamenia had entirely, and rather suddenly, ceased, and it seemed as if the vomiting might be due to uterine irritation, as is the vomiting of pregnancy. The same reason led me to give the oxalate in another case of obstinate and frequent vomiting attending amenorrhœa, and greatly interfering with treatment. In this case it proved a most valuable remedy, always at once stopping the sickness, and enabling the patient to take all necessary medicines and food without discomfort. I am, &c.

January 11. W. Cholmeley, M.D., etc.

Coroners and Medical Witnesses.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As a subject deeply affecting the Medical Profession, I forward you for publication the particulars of a transaction which has recently occurred to myself.

For the last four or five years I have discharged the Medical duties of the Brentwood Police-Station, in many instances without remuneration, but my services were always willingly rendered when required.

On the 16th inst. the body of a new-born infant was found in a ditch by the police, and taken to the station. I was summoned in consequence, and after making a minute external examination of the body, I requested the Inspector who had charge of the case to ascertain from the Coroner for this division of the county whether I should make a post-mortem before the inquest was held, as I could not otherwise say whether the infant had breathed or not. The Inspector informed the Coroner that the case was in my hands, and that I was waiting to know what farther steps I should take. Without assigning any reason, the Inspector was desired by the Coroner to go to another Practitioner, whom he named, and ask him if he would like to have the case. The Inspector saw the gentleman so nominated and laid the whole of the circumstances before him. Without the slightest hesitation or expression of reluctance, he accepted and proceeded with the case. I am, &c.

Brentwood, December 27, 1861. Benj. Baker, M.R.C.S., etc.

Epidemic of Typhoid Fever at Windsor in 1858.

A letter has reached us from Dr. G. Pearl, containing an account of some facts which fell under his notice during the epidemic of typhoid at Windsor in 1858. He asserts that the fever did not commence in Windsor, but that it existed in the neighbouring towns and villages before Windsor was attacked, and gives an instance of its transmission by a member of a family who were suffering from typhoid at Old Windsor, a village two or three miles distant. This person came to reside with a lady at Windsor. The latter was attacked by typhoid and communicated it to another person who died. He also relates another case in which a servant girl contracted the disease and was sent home to her family, who lived in one of the Crown cottages—cottages especially constructed with reference to sanitary arrangements. The fever spread to other members of her family. There appears to have been some doubt, however, as to the nature of the latter cases, for although Dr. Pearl believes them to have been typhoid, Dr. Murchison and Mr. Simon referred them to scarlatina. Dr. Pearl asserts that the patients were confined to their beds for twelve or fourteen weeks, that none of them had sore throat or any of the sequelæ of scarlatina. He believes that Windsor at that time was not more filthy than other garrison towns, and that the more neglected parts were the last attacked. His observations during the epidemic led him to the opinion that typhoid and typhus are different forms of the same disease.

Responsibilities of Medical Men.—Case of Suspected Birth.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The perusal in last week's *Medical Times and Gazette* of the case of "Weir *v.* Hodson," brought to my recollection the following not very dissimilar case, which happened in this district some twenty years ago:—

A widow, aged above thirty, who bore an indifferent character, was visited by desire of the Procurator Fiscal, with instructions officially to report if there was reason to believe that this woman had recently given birth to a child, which, it was suspected, if born alive, had not been accounted for. The Medical man after the examination, gave to the authorities a written report, upon soul and conscience, that "in his opinion, this woman had recently given birth to a child." On this the authorities obtained a warrant from the Sheriff, by virtue of which the woman was committed to jail, a precognition of the general facts therewith connected being at the same time taken and submitted to Crown counsel at Edinburgh, previous to public trial. Not quite five weeks had elapsed, when the woman gave birth in jail to a child, apparently at the full period of utero-gestation.

By advice of a lawyer and pending the expected criminal trial, the woman at once raised an action before the Supreme Civil Court, for damages from the unfortunate Medical reporter. Believing that by law he was protected from damages, being in the discharge of a public duty, he applied to the Public Prosecutor, who, be it recollected, acts, or is supposed to act, under the Lord Advocate, the Public Prosecutor for Scotland. The reply was that the woman's action or claim for damages, was a civil action, with which Crown counsel could not interfere; their charge against her at the instance of the Crown, being a criminal one. There was a dilemma, and being deserted by the public authorities,—very probably according to law—rather than risk the expenses of a civil action before the Supreme Court, our friend at once compromised the matter, by payment to the woman of a swingeing sum of money! Shortly after, without further proceedings, the woman was liberated unconditionally from jail. Not long afterwards, to the great chagrin of the poor victim to public duty, it was found that, although rather rare, there were on record examples of births, from one month or considerably more, subsequent to the birth of a child; an old and much respected friend of my own, (the late Dr. M., of Perth, some time deceased), having pointed out two living examples of births fully five weeks subsequent to the first. What effect the knowledge of this would have now on Crown counsel, it is difficult to conjecture. The remarks at the conclusion of your report of Mr. Hodson's case seem every way worthy of attention,—"the county ought to reimburse him, or the Home Secretary." Without some such protection, how can public authorities fairly expect honest and independent action on the part of Medical men, in cases that may lead to such results as in the above? I am, &c.

Banks of Lochleven, January 13. L.R.C.S. Edin., 1810.

COMMUNICATIONS have been received from:—

Mrs. Baines; Mr. Benjamin Baker; Mr. Edwin Chesshire; Mr. Rawlinson; Dr. F. C. Faye, Christiania; Dr. Inman; Mr. C. Hunter; Mr. A. Mitchell; Dr. Ashley; Dr. Hughlings Jackson; "Risum Teneatis, Amici?" Dr. Bond; Mr. Hutchinson; Mr. F. W. Cooper; Mr. T. Ballard; Mr. J. S. Gamgee; Mr. Roper; L.R.C.S. Edin., 1810; Mr. R. Morris; F.R.S.; Dr. Huxley; Mr. J. Mann; Mr. A. G. Field; Dr. Whitehead; Dr. R. H. Bakewell; M.D.; Mr. C. F. Maunder; Mr. S. C. Sadler; C. W. E.; Dr. B. Hobson; Dr. S. W. J. Merriman; Dr. E. B. Gray; Mr. J. W. Hulke; Mr. R. T. C. Scott; Mr. F. D. Fletcher; Dr. M. Mackenzie.

APPOINTMENTS FOR THE WEEK.

January 18. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

20. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Mr. J. Baker Brown, "On a Case of Suppressed Menses with Absence of the Vagina."

21. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Junior Medical Society of London, 8 p.m., at University College Hospital. Council Meeting at 7 p.m. Mr. Griffiths, "On the Greater Frequency of the Deposition of Tubercle at the Apices of the Lungs."

Pathological Society, 8 p.m. Council Meeting.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

22. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Society of Arts, 8 p.m. Meeting.

23. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Professor Tyndall, "On Heat."

24. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Professor Rolleston, "On the Affinities and Differences between the Brain of Man and the Brains of certain Animals."

ORIGINAL LECTURES.

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CLINICAL LECTURES
DELIVERED AT
ST. THOMAS'S HOSPITAL.

By FREDERICK LE GROS CLARK, F.R.C.S.
Surgeon to the Hospital.

LECTURE XII.

FRACTURE OF PATELLA—PHLEBITIS—HERNIA—NÆVUS.

GENTLEMEN,—Two cases of injury to the patella have been admitted during the past week, to which, from their peculiarity, and the coincidence of their occurrence, I am induced to direct your attention.

Case 1.—C. P., aged 64, was admitted on November 14. It appears that he had been the subject of a transverse fracture of the patella about eight years since. For this he was under treatment, and recovered in due time in the usual way, that is, with ligamentous union, and a serviceable limb. On the day of his admittance, he had been tripped up and thrown on his knees, by two dogs which were coupled together. The consequence is a further injury which was at first obscure on account of the great amount of swelling around and in the front of the joint. As the swelling subsided, the nature of the injury became apparent. The patella is divided into three fragments; the upper being attached to the extensor muscles, the lower to the ligament, and the central piece, of course broader than the other two, free. At this time the fact was elicited of his having previously suffered from a similar injury. The interval between the middle and lower fragment is much more distinct than that between the upper and middle; and there can be no doubt, from the patient's intelligent explanation, that the former represents the fibrous union succeeding the first accident. The treatment now required differs in no way from that of a fracture under ordinary circumstances.

Case 2.—J. M., aged 32, was admitted on November 14, having on that morning fallen on the door-step of his own house. There was some bruising of the knee, but very little swelling, and the nature of the injury was palpable enough from the wide separation between the two fragments into which the patella was divided. On questioning the patient, it appears that four months since his patella had been broken, and that he had not very long had the free use of the limb, when he met with his present accident. The ligamentous band which constituted the union had evidently given way, and thus, with comparatively little mischief to the joint, the intervening period of reparation had been negatived; and he has to undergo the same treatment as before.

The point of interest in these two cases is the contrast of the injury under the different circumstances. In the former patient, an elderly man, the fibrous union had become consolidated by time, and had thus acquired more toughness than the bone: whereas, in the latter, a much younger man, though the fibrous union was sufficiently strong for the ordinary use of the limb, it had evidently not acquired sufficient firmness to resist force tending to break it. The texture of the uniting medium had not, in fact, assumed the true fibrous character which the lapse of time gives to it. The practical lesson to be educed is, that we ought to guard our patients against careless use of a limb which has been the subject of this accident, until a considerable time has elapsed. And I may take this opportunity of impressing this lesson upon you for another reason. Fibrous union will stretch and yield very considerably for some time after we feel justified in setting our patients at liberty; and therefore precautions, in the form of support, and limiting extension of the knee-joint, should be insisted on, even after permission is given to use the limb in walking. Many are the disappointments to which the young Surgeon is subjected from a neglect of this precaution, even after the most careful and judicious treatment, and, apparently, the most satisfactory results.

A case of strangulated inguinal hernia was admitted during the past week, which yielded to the persevering use of the taxis; and it is on this account that I am induced to say a few words on the subject. The patient, a man about 30 years of age, had been the subject of rupture for some time, and had worn an ill-constructed truss, which allowed the hernia to descend into the scrotum, whilst he was at the water-closet. The symptoms of strangulation were, at first, very acute, and the tumour very tense and tender; he had vomited. The warm bath gave relief, and allowed of the taxis being employed without much pain; but the House-Surgeon, failing in reducing the rupture, ordered ice to be applied, and sent for me. I found the external aperture, through which the rupture protruded, large and prolonged over the sac, and was surprised, considering the tightness with which the neck was girt, that the taxis occasioned so little pain. For some time no effect seemed to be produced; yet the circumstance I have just mentioned encouraged me to persevere much longer than it is my custom to do. The patient vomited at this time; and when I was about to relinquish any further effort, a gurgling sensation induced me to continue. I also changed my position to the opposite side of the patient; and after bidding him try if he could accomplish what I could not, I ultimately succeeded in effecting the reduction A considerable quantity of chloroform had been administered, but without any apparent effect.

There is nothing uncommon in the above detail, and yet there are points of practice illustrated which are of great importance in your surgical treatment of hernia:—1. Under what circumstances and for how long should the taxis be persevered in? Rough manipulation is to be deprecated under all circumstances; and I believe to prolong the taxis when the symptoms are urgent and the tumour is very sensitive, is fraught with much risk, and is not unfrequently the cause of failure in success of a subsequent operation. But, in instances such as the present, where the strangulation was recent, and the local suffering scarcely appreciable, though the tightness of the stricture and the sympathy of the stomach left no doubt of the existence of strangulation, it is right to persevere. It is proper in all cases, but especially as in this, where the neck of the tumour is large, to use the fingers and thumb of one hand to direct the hernial contents towards the abdomen; and it is well to vary the side and exchange hands, as you may thereby succeed in giving a better direction to your pressure. Moreover, you may often learn something from the patient's mode of helping himself; and it is interesting to watch with how much tact and delicacy he will apply the taxis. Change of position, also, by raising the patient's legs, and by directing him to turn on one side or the other, should not be neglected. 2. What are the signs of probable success in the taxis? Diminution in the tension of the tumour is one, and a gurgling sensation, as if the contents of the bowel were passing beyond the stricture, is another; though these may sometimes occur without a favourable result. When these indications are present, gentle uniform pressure will often accomplish more than manipulation. 3. When, in such a case as the above, should an operation be resorted to? I do not think there is the same urgency in the absence of all tenderness in the tumour or pain in the abdomen, as where these symptoms are present, especially when such tenderness and tension have been in a measure relieved by the means employed. Yet, when the general symptoms are urgent, it would not be wise to delay the operation, even should there be an amelioration in the local condition; and especially so if the contents of the sac are ascertained to be intestine. It is scarcely necessary to add that these remarks apply only to previously existing ruptures, in which strangulation is recent; for the absence of pain may otherwise indicate a fatal loss of sensibility in the hernial contents.

A case of trifling *injury to the head* has proved fatal under a complication of circumstances, which is unusual. A middle-aged man was admitted, having fallen on his head and sustained a scalp-wound. Two or three days afterwards delirium tremens came on, and whilst under treatment for this, before the opium administered had tranquillised him, an epileptic fit closed the scene. The post-mortem examination discovered nothing which we were previously unacquainted with; the skull was not injured, and the brain presented no peculiar appearance.

Another *scalp-wound*, far more severe and extensive, is doing well. In this case several inches of the scalp were torn down, and required temporary sutures to keep it in place. No ill result followed their presence for a few hours, and the vitality of the flap has not been lost at any part. The immunity of the scalp from mortification under these circumstances, would seem due to its independent supply of blood; independence, that is, of blood received from sub-

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cutaneous tissues. At other parts of the body or limbs, a similar accident would almost certainly have entailed some loss of texture, for the wound was a contused one.

Of *phlebitis* I have had two cases: one in a female from injury to a varicose saphena vein at the knee-joint; the other in a man, accompanied by erythema of the leg. In the former the inflammation, marked by thickening and much tenderness at the seat of injury, yielded to the timely application of leeches and rest. In the other, the saphena, for two-thirds of its course up the thigh, was a hard, thick, and tender cord: leeches applied along its course have arrested further mischief. Doubtless, in both instances the main vein has been permanently obstructed at the seat of inflammation. You will have remarked the distinction between this form of inflammation and that which attacks the absorbents. In the former the tenderness and hardening creeps gradually upwards, but without necessarily extending to the groin or armpit. But in absorbent inflammation, the nearest lymphatic ganglia are speedily involved, and the chief seat of tenderness and swelling is found in their locality. Local suppuration is not an infrequent consequence of traumatic phlebitis, and requires prompt evacuation of the pus. In the above instances this result was anticipated by the simple treatment adopted.

From time to time cases of *nævus* have been under treatment in various ways in the Hospital, and I will take the present opportunity of directing your attention to this subject; as the frequency of the disease, and the consequent importance of arriving, as nearly as possible, at definite and satisfactory modes of treating its different forms, constitute a sufficient claim upon your attention. I shall not embarrass the practical part of this subject by dwelling upon the structural anatomy of the diseased tissue, constituting nævus; for I believe that many of the distinctions, founded on assumed varieties in structure, are rather hypothetical than real, and have but little to do with the treatment. It is sufficient for my present purpose, to define nævus as a vascular tumour, having its seat especially in the capillary system of vessels, which, becoming augmented both in number and size, are fed by proportionately large arteries. The impression that there is an intervening cellular texture appears to be a mistaken one, and to have originated in the appearance presented by the cut vessels, which led formerly to a similar misapprehension regarding some of the normal erectile tissues. This disease is usually, but not invariably, congenital; and its tendency to spread is almost universal, though varying much in different cases.

There are but few tissues which have an entire immunity from these vascular growths,—the skin, areolar tissue, mucous membrane; muscles are the occasional seat of it. There are certain characters which all nævi, whatever their site, possess in common. There is swelling, in some instances very limited, in others very great; and this tumefaction is influenced by pressure, subsiding under compression, and again resuming its former dimensions when released: any excitement of the circulation, especially crying in infants, augments the swelling. When near enough to the surface, discoloration is present, dependent evidently on the accumulated plexus of vessels carrying blood. The above characteristics were all present in the case of a child recently under treatment for cellulo-cutaneous nævus of the lower eyelid, and which was cured in the way I shall presently describe. Pulsation is by no means a regular attendant on nævus; when present, it is due, I believe, to the large size of the supplying arteries, and not resident in the distended capillaries. All of these swellings bleed readily and freely when wounded; and the hæmorrhage from them is difficult to control.

1. The simplest form of the disease, and that with which we are most conversant from its frequency, is the skin nævus. This is usually congenital, though it may be so small as not to attract attention until its growth leads the mother to seek advice. This form of the morbid growth is generally raised a little above the level of the healthy skin, and of a bright scarlet hue. This is to be distinguished from the "claret marks," which are permanent stains of the skin, and have no tendency to extend. Pressure, in the true skin nævus, disperses the blood for a moment, but the colour immediately reappears when the pressure is removed. 2. The subcutaneous nævus has its seat in the areolar tissue immediately beneath the skin, and presents a swelling more or less elevated, and of a doughy feel, subsiding also under pressure, but rendered tense and often blue, when the little patient cries and struggles. 3. These two forms may be combined originally, more frequently, however, the subcutaneous nævus subsequently involves the skin, as it spreads in different directions. There does not, however, appear to be the same tendency on the part of the cutaneous nævus to involve secondarily the areolar tissue: many of these skin affections will radiate over a large surface, without dipping into the deeper textures at all. 4. The mucous surface is subject to conditions similar to those affecting the skin; or, I should rather say, such parts as are near to the orifices, as the lips, tongue, vagina: other textures, as muscles, are also occasionally the seat of this vascular disease; but such tumours are usually supplied by larger vessels, and pulsate like aneurisms. These supplying arteries are convoluted and elongated, and thus aid in forming part of the tumour. Of the same character are, apparently, those tumours which affect, for instance, the orbit, known by the rather indefinite title of "aneurism by anastomosis."

The treatment of nævus necessarily varies according to the form of the disease and the texture in which it resides. I will speak briefly of each, stating the results of my own observation and experience.

First, of *Cutaneous Nævus*. I think there is scarcely any part of the skin which I have not seen affected with this common form of the disease. It is probably most frequent on the head and face; but I have repeatedly seen it on the extremities, and on all parts of the trunk, as well as on the female genital organs; the interior of the mouth and the tongue are also sometimes the seat of this superficial form of vascular growth. The only effective treatment is simple destruction of the diseased tissue; pressure or any other modified method is, in my experience, useless: the skin must be destroyed. For this purpose I employ either strong nitric acid or caustic potash; I give the preference to the former, as being more under control; but I occasionally use the latter, when I want to produce a deeper eschar. In applying the nitric acid I use a small glass rod, and provide myself with a piece of blotting paper, wherewith to absorb any that is superfluous. The acid should be applied about one line beyond the diseased patch, and should be allowed to remain on the part, or be re-applied until the loss of colour, and change to a yellowish hue, assures you that the destruction is complete. A piece of adhesive plaster is the only necessary dressing; and the eschar should be allowed to separate spontaneously. When the potassa fusa is rubbed on a nævus, it is well to be provided with some vinegar, to neutralize its action when you are satisfied that enough is done.

The *Subcutaneous Nævus* may be treated in various ways; and I have repeatedly employed acupuncture, seton, injection, and ligature, besides another method to which I generally give a preference, and of which I will speak presently. Acupuncture is both tedious and uncertain. A broad, lance-shaped needle should be employed, and the healthy skin perforated at least half-an-inch from the margin of the swelling: by repeated thrusts, radiating in different directions, the diseased growth may be thus perforated and cut up; and the benefit to be anticipated is due, in part to the pressure of the extravasated blood, and partly to inflammation. I cannot, however, recommend this method to you, as it is uncertain, and may even irritate the growth, and the bleeding is often very troublesome, even from a small puncture. But, with the addition of a caustic probe, I have found this method invaluable. The proceeding, which was suggested to me by the risk attending injection, is this:—I melt some nitrate of silver in a watch-glass, and coat the extremity of a fine probe with it. After cutting up the tumour and removing the lance-shaped needle, I immediately introduce the caustic probe along the same track, and moving its point about, thus dissolve the caustic in the interior of the tumour. The advantages are these. You are able to apply and limit your caustic solution to the diseased texture, whereas an injected irritant will often diffuse itself into the healthy areolar tissue. There is no destruction of skin; and the track of the needle being cauterised, there is no risk of bleeding. Moreover, a track is secured for the exit of pus which subsequently forms; and the disease is cured by this inflammatory destruction of its texture. A large subcutaneous nævus may be treated in this way in segments.

Of injection I can speak favourably, except for the risk just alluded to: diluted iodine, or a solution of alum, answer the purpose: but I have entirely neglected this method since I have employed the caustic probe. Vaccination is sometimes effective, but uncertain, and sometimes attended by much inflammation. It is applicable when the nævus is cellular and extensive. A seton answers the purpose in some instances, but I do not recommend it, on account of the continued irritation it produces, and the troublesome bleeding which may follow its introduction. Extirpation of a superficial nævus with the knife I have never employed, for the obvious reason that the attendant hæmorrhage would be dangerous; but this method of removal seems to be the only suitable one when the disease is developed in a muscle.

Many instances have occurred to me where it has been requisite to apply various modes of treatment in the same case. As, for example, where the labia and vagina were the seat of the disease, for the cure of which both the ligature and nitric acid were required; or, again, as in the case already referred to, where the lower eyelid was involved both superficially and subcutaneously, and in which nitric acid and the caustic probe were used effectually, without being followed by any ectropium.

The employment of ligature, in my experience, is both safe and certain; but it usually involves the loss of skin, and leaves a consequent cicatrix. I give preference to this mode of operating where the scalp is the seat of the disease, and, as is usual here, both skin and subcutaneous areolar tissue are involved. The best mode of strangulating a small nævus is to transfix its base with two hare-lip pins, passed through at right angles to each other, and then encircle them with a ligature. I generally puncture the swelling before finally tying the knot, to allow the escape of the expressed serum. The points of the pins should be then cut off, and strips of adhesive plaister be interposed between them and the skin. Where the diseased growth is very large and pulsating it may be desirable first to dissect up flaps of integument, after making a crucial incision across it; or it may be requisite to tie such tumour with divided ligatures, passing them subcutaneously around it, and including separate segments in different nooses. This is not difficult, and is an effectual mode of dealing with large subcutaneous nævi; but in treating smaller ones, with some exceptions, I now generally employ the caustic probe.

I have never been tempted to tie the supplying arteries of these tumours, and I cannot learn that the experience of others is very encouraging in this respect. Nor has it occurred to me to have a case requiring ligature of a main arterial trunk. This operation has succeeded in some instances, but entirely failed in others.

There is one trivial form of this disease, for such it appears to be, which I have been frequently requested to treat in young persons who are beginning to pay some attention to personal appearance. I mean small crimson spots on the cheeks or nose, where they are very unsightly, and have a tendency to spread. If you cannot discover the supplying vessel in these cases, the best way is to touch the spot with nitric acid. But in some instances you may notice the crimson artery creeping along to its destination. Then you may cut across this vessel, and immediately touch the spot with nitrate of silver. When the tongue is the seat of the disease, nitric acid or caustic potash should be used; I prefer the former. I have seen a few of these cases, and have found them very troublesome, sometimes requiring a ligature. The tongue should be carefully dried before applying the acid, and the nitrate of silver may subsequently be rubbed freely over the surface, whilst still moist with the acid.

The most singularly diffused exemplification of this disease with which I have met was in an out-patient at the Hospital some years since, whom I unfortunately lost sight of soon after I first saw him. In this case the limbs and trunk presented a multitude of the scarlet skin nævus, in patches varying in size from a fourpenny piece to a half-a-crown. There must have been scores of them.

I would remark, in conclusion, that in treating subcutaneous nævus, as I have described, with the caustic probe, I encourage suppuration by the application of water-dressing or a bread poultice. The discharge, as I have said, finds its way out along the track of the needle; occasionally, though but rarely, another point of exit is formed. The swelling is slow in subsiding, but the cure is manifested by the altered density of the texture, the loss of any blue tinge the skin may have presented, and the absence of any change in size when the child cries. I have now treated a great many cases in this way, without any untoward occurrence, or the necessity of having recourse to any other expedient to complete the cure.

ORIGINAL COMMUNICATIONS.

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CASE OF BRONCHIAL POLYPI.

By RICHARD MORRIS, M.R.C.S., L.S.A. Lond.

M. A. P., a female, aged 19, came under my care on June 4, 1860, she had generally enjoyed good health until the last six months, during which time she had had an occasional cough with expectoration of mucus. Dyspnœa and huskiness of the voice. Has generally assisted in the management of a public house. Her parents are living and enjoying good health. For the last twelve months she had suffered from amenorrhœa and hysteria.

Present State.—Has rather a dusky countenance. Pulse 95, small. Tongue slightly furred. Appetite impaired. Has a cough, and expectorates some thick mucus occasionally streaked with blood which has continued for the last six months. Has not wasted much. Complains of pain opposite to the lower third of the sternum and underneath the right scapula. The least exertion is attended by dyspnœa, and "a sensation of tightness in the chest as if she wanted to bring something up." About a fortnight ago she expectorated several masses of what appeared like worms, and continued to do so for nine successive days, the first mass being the largest, and gradually diminishing in size each day. Immediately before the paroxysm, the voice became weak and almost converted into a whisper, and attended by violent fits of coughing. The expulsion was not preceded by any hæmoptysis, but the polypi were mixed with a quantity of adherent mucus. On the right side, under the clavicle, there is large crepitation, which can be heard as low down as the nipple, and extending to the scapula behind. On the left side, the respiratory murmur is very indistinct. Chest tolerably well formed. No symptom of phthisis. She continued to expectorate these bronchial polypi for twelve months, at intervals of two or three months. On examination, these masses appear to be fibrinous casts of the bronchial tubes, milky white in colour, tubular, and tolerably firm, and ramify like the terminations of the bronchi into smaller tubes. The treatment adopted was mineral tonics with expectorants, combined with a mild nutritious diet and occasional counter-irritation, which caused a decided improvement in her general health; but she continued to suffer from dyspnœa, with huskiness of the voice.

I saw the patient a few days ago. She had a tolerably healthy appearance. Has an occasional cough, with expectoration of mucus. The auscultatory symptoms not much altered. Has not brought up any bronchial polypi for the last four months, but feels certain in her own mind that she will, from the peculiar sensation she experiences in the chest.

Remarks.—There are a few peculiarities in this case. The patient was young, and the number of casts expectorated was considerable, amounting altogether to about twelve. The first of these casts, from its size, evidently came from the largest bronchi, whilst each succeeding one was gradually diminished in calibre. The disturbance in the general health was scarcely so much as might have been expected from the long continuance of the disease.

Loughborough.

ON A CASE OF

CHRONIC PHTHISIS, SUBSEQUENTLY AN ATTACK OF LARYNGITIS—

EMBOLISM—OBLITERATION OF THE PULSE AT THE LEFT WRIST.

By EDWIN BISHOP, M.D.

The following case came under my care in 1859, during my residence at Devonport, and it seems of special interest now that Embolism is attracting attention. I think it desirable that the symptoms should be reported from the time the patient came under my observation.

A. A., aged 38, by trade a tailor, but not required to work much at his business, having other means of subsistence. He had been under Medical treatment several months, by the Surgeon of his club, who prescribed mineral acids, cod-liver oil, and change of air. Having derived no benefit, but, on the contrary, declining, his friends consulted a Physician of eminence, who diagnosed disease of the upper part of the left lung, and recommended similar treatment to the foregoing.

In October, 1858, the report of this case was briefly as follows:—Respiration natural; pulse 76; appetite good; troublesome cough, with difficult expectoration in the morning; skin of moderate warmth; bowels rather costive; night sweats; expectoration occasionally tinged with blood. Physical Signs.—Attenuated; dulness on percussion on the left side as low as the third rib. On the right side no dulness, or anything abnormal. On examination of the mouth and throat, there appeared a diseased condition of the glandular follicles of the mucous membrane, extending as far back as could be seen by an ordinary tongue-depressor, which in all probability accounted for the difficulty in clearing the throat of phlegm by coughing and spitting in the morning. The treatment pursued was as follows:—The upper part of the left lung was painted over with a strong pigment of iodine. He was ordered a pill every night, composed of compound rhubarb and blue-pill; alkaline mixtures containing cinchona, hydrocyanic acid, small doses of iodide of potass, cold sponging, and friction. After he had been under my care for a fortnight, I applied to the throat a solution of nitrate of silver (gr. xxx. ad ℥j) by means of a probang. Under this treatment, with a generous diet, he gradually improved; his cough and night perspirations were diminished, healthy assimilation was established, and his nervous energy greatly augmented. He was discharged convalescent.

About the middle of January this patient walked from Devonport to Plymouth and back, a cold easterly wind blowing hard at the time. This produced an attack of laryngitis, which again brought him under my care. When I visited him he complained of great difficulty of breathing and swallowing; highly nervous, skin hot and feverish, total loss of voice, and troublesome cough. I regretted seeing him in this plight after the pains I had taken to benefit him. He was confined to his bed for a fortnight under active treatment, but subsequently recovered. This severe attack reproduced some of his early symptoms of phthisis, such as night perspirations, slight hæmoptysis, painful cough, and loss of flesh. At the end of March he had sufficiently recovered to attend to his business. I saw nothing of him until the following April, when I was summoned to visit him without delay.

He now complained of acute pain in the left shoulder joint and axilla, which had seized him suddenly in the middle of the night. It was so severe that "Nature's sweet restorer" was denied him, and he paced the room in the greatest agony. He described it as a cutting, burning pain, as if something was stabbing him, and during the day it extended along the arm in the track of the blood-vessels to the elbow, and gradually to the wrist and palm of the hand. In the palm of the hand over the palmar arch, extending in the track of the superficialis volæ, was a circumscribed red patch, exquisitely painful to the touch, and this and the whole arm œdematous. There was great constitutional disturbance, feverishness, and thirst, and this state of things continued for several days. Salines, steady purgation, gentle friction with an anodyne embrocation was used from the shoulder to the hand; hot fomentations were applied to the hand and wrist, which appeared to afford much relief. In eight days the symptoms began to subside; the use of the limb slowly recovered its natural condition; but to my great astonishment I found the pulse at the wrist was obliterated, and a permanent obstruction in the circulation at this part established. For several weeks he felt a peculiar sensation and numbness of the hand, which, however, gradually left him, and at the period when this report was written (September, 1859) there was no perceptible wasting or alteration in the appearance of the limb (save the loss of the pulse); his general health was now established, and when last I saw him he expressed himself as better than he had been for several years. There can be little doubt, I think, that in this interesting case, an embolus found its way into the artery; that it first manifested itself by pain in the shoulder and axilla, and ran its course to the hand, in the manner already described; but I must leave your more intelligent readers to speculate on the obliteration of the pulse. Those who are disposed to gather information on this subject, will find similar cases recorded in the *Lancet*, 1845, vol. i. page 709; Dr. Crisp's works; Guthrie, Hodgson, or the Surgeon's Vade Mecum, seventh edition, page 299. Such cases were until of late called Arteritis.

Moreton Hampstead, Devon.

CLEFT PALATE.

By A. G. FIELD, F.R.C.S.

(Continued from page 58.)

In my last communication I showed that, so far from complete closure of fissure of the hard palate being a novelty, I had succeeded in doing it myself some five years ago (I believe others had been equally fortunate), and that even before advantage had been taken of the periosteum covering the palatine bones to effect this object. I now propose to illustrate two other points in the operation of staphyloraphy which may or may not be new, but are so as far as my knowledge of the subject extends. They are the applicability of chloroform to this operation and the performance of the operation on subjects at an earlier age than is generally recommended.

Consideration of the great reparative power possessed by children, and the many advantages to be gained by an early removal of the defect, made me anxious to have recourse to the operation as early as possible, but it is more than probable I should not have ventured on so bold a proceeding had not circumstances in a manner forced me to adopt it. These I will briefly relate. In September, 1857, I was told of a young boy, in a village in Sussex, who had earned for himself a reputation for great violence, and was, in fact the terror of his small circle as well as being a perplexity to the clergyman and squire of the place. This boy was under twelve years of age, he could not reply to the taunts of his companions on account of a defective palate, which was at once the reason of the annoyance he was subjected to and of his resorting to such means of repressing it as Nature had given him, for which purpose, in defect of language, he had free recourse to foot and fist on all occasions, whereby he became such a source of terror to children and parents that the question of his expulsion from the village was seriously entertained. Under these circumstances, though the boy was very young for the operation of staphyloraphy, I thought an effort should be made to accomplish it in the hope that his moral delinquencies might yield to his improved physical condition, the defect of which appeared in a great degree to explain the former. I, therefore, proposed the remedy, to which he joyfully assented, professing the utmost contempt for pain and declaring himself only anxious to "talk like other boys."

The operation was commenced,—a thread was passed through the left half of the divided velum which was by that means kept on the stretch while the levator palati was divided. Here my young patient's courage, which had perhaps before been a little too demonstrative, fairly gave way, and he swore, as best he could, that he would have nothing more done to him. Persuasion, bribes, and all other legitimate means having failed to induce a relaxation of his determination, he was compelled to inhale chloroform; his mouth was forced open with a glove stretcher, and the operation was completed,—I do not say without difficulty, but certainly with less than I was prepared to encounter. The soft palate only was closed, the levatores palati and palato-pharyngeo muscles being divided, and a good union was obtained. On the whole the operation occupied less time than it usually does when chloroform is not given; indeed, the result was so satisfactory that in the following month I adopted the same plan with a little girl, aged 13, who was the subject of congenital cleft of the soft and part of the hard palate. In this case the posterior portion of the fissure was united at the first operation, the soft structures covering the bony palate being excessively thin, they were detached from the bone in order that they might become thickened, but no attempt at union was made in this part by the aid of sutures.

A few weeks afterwards chloroform was again administered to this patient, and the operation on the hard palate was completed while she was unconscious. A very minute opening remained after the second operation.

A married woman, aged 36, was operated on for the closure of a large hole in the hard palate, from which a piece of bone had been removed nine years before. The opening was nearly an inch and a-half long and three quarters wide. The soft structures were dissected from the palate to a sufficient extent to close the opening at three different times, at one of which (the last) chloroform was given with the best effect. Three minute pin-holes remained after these operations, which the patient herself would willingly have had closed by another operation, but she was prevented by the mistaken kindness of her husband.

Apart from the question of chloroform, I record this last case with peculiar pleasure, because it is an illustration of what may be done by a succession of small operations even in the least promising cases where a very large opening has been produced by disease—a condition which enhances the difficulty of a cure in a tenfold degree as compared with an equal amount of congenital defect.

All the three cases demonstrate the possibility of saving the pain attendant on plastic operations within the mouth by the aid of chloroform, and thus enabling Surgeons to remedy a very distressing defect at a much earlier age than has hitherto been recommended, for it is fair to infer that if children of about the age of twelve years can be rendered sufficiently manageable to be operated on, those who are still younger would be more easily controlled.

Since writing the above I have seen Professor Langenbeck's letter in the *Medical Times and Gazette*, but I leave my manuscript unaltered, as it may possibly derive a value from that fact which it would otherwise not possess.

I am surprised to see the Professor advocates the use of "silken sutures," for as far as my experience has extended the substitution of wire is a positive luxury to the operator, and one of undoubted benefit to the patient.

28, Old Steine, Brighton.

CASES TREATED IN THE CHILDREN'S INFIRMARY, LIVERPOOL.

(Under the care of Dr. STEPHENS.)

[Reported by the Assistant Medical Officer, Dr. WILLIAMS.]

WALTER M., aged 6½ years, sought relief as an out-patient on July 10, 1861, for extensive scrofulous ulceration of the skin of the face. The usual history of poverty and residence in an unhealthy locality was given. The mother stated that when he was 2 years old six abscesses formed and burst under the lower jaw. In a short time the whole skin, from ear to ear, beneath the jaw, became one patch of ulceration which resisted all treatment up to the time of application to the Infirmary. The disease had extended upwards and now occupied the lower half of the right cheek and nearly all the left, to within an inch of the eyelid. The lower portion of the sore was on a level with the surrounding skin and seemed inclined to heal, but the upper part presented a thick tubercular margin and was advancing. To apply tinct. iodinii to the whole edge of the ulcer every night, and ung. hydr. nit. night and morning. ℞ Ol. Jecoris As. cum ferri iodidi ʒj. ter die. He improved rapidly for a time, then the disease became stationary, and he was consequently admitted as an in-patient on September 4, 1861. All the medicines and appliances continued.

He improved again, and on the 14th the following lotion was substituted for the ointment: ℞ Iodinii gr. ij., potass. iod. gr. x., aq. puræ ℥viij. lupo appl. The oil to be continued.

October 16.—The only parts now remaining unhealed are, a spot on the left cheek, another at the angle of the right jaw, and a small strip under the chin; but these are fast closing up.

Thomas R., aged 10, was admitted on July 24, 1861, for epulis. It was about the size of a marble situated between, and overlapping, the bicuspids of the right lower jaw.

I removed, on the day of admission, as much as could be got at without extracting the teeth. Hæmorrhage checked by tinct. ferri mur. Chloride of zinc was applied to a small red spot which appeared afterwards between the teeth. This not sufficing, the second bicuspid was extracted, and again the zinc tried. The result not having been satisfactory, the first bicuspid was removed on September 9, and with this all appearance of the disease ceased.

October 18.—The patient not having since made his appearance at the Infirmary, is considered cured.

Matilda J., aged 8 years, sought relief as an out-patient on June 26, 1861, for purpura hæmorrhagica. The history given was, that the father is a shoemaker occupying two rooms in a cellar, the back one so dark that they were obliged to light a candle there at noon-day, though it had a door and window looking into the back. Here the father, mother, and four children slept. The father was dyspeptic, and could not eat vegetables, so the family never had any, except a potato once a-week.

She has a simpering manner, face pale, eyes sunken, margins of eyelids ulcerated and covered with dried blood, gums spongy, bleeding so much at night as to saturate her clothes; skin cool; pulse 120, firm; heart healthy; has a slight cough, but no other evidence of lungs being diseased; no appearance of disease in any of the abdominal viscera; no enlargement of glands, nor œdema of feet; the body is entirely covered with subcutaneous livid spots, about the size of split peas. To take tinct. ferri mur. ♏x., aq. ℥ss. ter die, and as much vegetables as possible.

July 22.—Admitted as an in-patient. Continue tinct. ferri mur.; to have meat diet, vegetables, sherry wine, and lemon juice, of each ℥ij. daily.

31st.—Is much better. The spots have disappeared. The bleeding from the gums ceased three days after admission, but there are three large purple spots the size of half-a-crown on the body.

October 25.—Has gradually become much worse, without any apparent cause. ℞ Acid nit. dil. ʒj., acid mur. dil. ʒj., syrup ℥ss., ether chlor. ʒj., aq. ad ℥vj., M. Sumat ℥ss. ter die. She continued very bad, and was sent into the country on September 6.

September 16.—No improvement; re-admitted. ℞ Sp. turpentine ʒij., mucil. ℥j., aq. ℥vj., M. Sumat ℥ss. ter die.

24th.—Spots are disappearing, but she is very feverish. She was treated in the usual way, turpentine having been omitted, and she was again sent into the country on September 28.

October 7.—Re-admitted. The spots were not numerous when she went out last. They have multiplied considerably. The turpentine mixture to be repeated as on September 16.

16th.—Nearly all the spots have disappeared, a few only on the right arm remaining. Still takes the turpentine without any unpleasant effects. Has had her wine and lemon juice throughout, and her general health seems good.

Jane C., aged 18 months, was admitted at 11 a.m. on October 14, nearly asphyxiated from croup, which began the night before. She was sent in by a neighbouring Surgeon for tracheotomy, and it was performed at once by Dr. Stephens. She was relieved immediately, although twice during the operation she was all but dead.* In a quarter of an hour she became conscious again. When the trachea was opened, about ʒvj. of a thick, white, fluid-like pus was expelled, and the same kind of matter continued to be coughed up through the tube until death. The operation was performed in a warm room, where she was left, and in which the temperature was kept up. During the first twenty-four hours after she drank two small glasses of port wine and ℥viij. of beef-tea, and slept for several hours the same night, but commenced sinking the following morning, and died at 2 a.m. on the 16th.

Post-mortem Examination, Twelve Hours after Death.—The trachea was quite pervious; the mucous membrane thinly covered with a layer of thick substance like phlegm. Beneath this it was reddened, and covered here and there with patches of thin false membrane. This appearance continued down to the first division of the trachea. The smaller air-tubes showed signs of recent bronchitis.

CASE OF

RUPTURE OF THE HEART BY EXTERNAL VIOLENCE, WITHOUT BREACH OF SKIN.

By JOHN D. WARD, M.D.

THE importance to Forensic Medicine of the following details of a case of rupture of the heart, will, I think, be ample justification for laying them before the Profession:—

In the month of November, 1861, I was hastily summoned to a man, aged 26 years, whom my informant stated had shot himself with a pistol. On my arrival I found him extended upon a couch, dead, he having lived about ten minutes after the fatal shot was heard.

When first seen, his shirt was on fire from the close proximity of the weapon when discharged, and his flannel vest was perforated. No external marks of violence were visible, except a slight mark on the skin beneath the left nipple, corresponding exactly with the opening in the vest. The mark was undoubtedly caused by the loop-end of a pistol-key, used for taking the firearm to pieces, which was picked up, along with the pistol, immediately after the report was heard. The hollow part or barrel of the key was partially filled with charred paper.

Two days afterwards, I was requested by the coroner to make a post-mortem examination, which revealed the following singular facts:—The features presented an unusually pale, even blanched, appearance; but besides this, and the mark on the chest already alluded to, there was nothing else of a remarkable character. On reflecting the integuments, the intercostal muscles between the fifth and sixth ribs on the left side, and underneath the external mark, were found to be perforated sufficiently to admit the finger; and on removing the sternum, the pericardium was found quite intact, but unusually distended. On cutting into the pericardial cavity a considerable quantity of coagula and serum issued forth. The heart was next carefully examined, and the left ventricle was discovered to be ruptured, longitudinally, to the extent of an inch on its anterior surface; in size, texture, and condition, the heart was perfectly healthy.

It is remarkable that the skin was not perforated, no rib broken, the pericardium entire, and yet the intercostal muscles and left ventricle were perforated. The burning of the clothes, to a considerable extent, shows that the pistol was held close to the chest; and that what is technically called "windage" must have been considerable. In such case the injury may be supposed to have been caused by a spent projectile. I am not aware that there is a parallel case on record. Many points of interest will occur to the students of forensic and military Surgery; but I shall at present content myself with the above simple narration, only just pointing out, however, that though various records show that rupture of the heart takes place in the right ventricle almost three times as often as in the left, yet in this case the healthy structure of the left ventricle succumbed to the force.

I may just add, in conclusion, that the heart was submitted to the Medical Section of the Royal Manchester Institution, at the December meeting of last year.

Oxford-street, Manchester.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,
AND BY
J. HUGHLINGS JACKSON, M.D.
Assistant-Physician to the Metropolitan Free Hospital.

ST. THOMAS'S HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE
ON A CASE OF
ECCHINOCOCCUS IN THE BRAIN.

By J. RISDON BENNETT, M.D.
Physician to the Hospital.

Case.—Epileptic Fits—Amaurosis—Inability to Stand—Death—Autopsy—Ecchinococcus Cyst in the Brain.

Emma R., aged 13, a well-grown, healthy-looking girl, who had never menstruated, was admitted into Elizabeth's Ward, in May, 1861. The report which her mother gave was, that for some months she had complained of headache, and that latterly she had been subject to "fits." The head was well formed, and the girl very intelligent. Her appetite was good, and her nutrition well maintained. She was purged, and had a mustard cataplasm. It was soon evident that her sight was impaired; the pupils became widely dilated and fixed. She had occasional epileptic paroxysms, and often complained and cried bitterly from pain of the head, which she referred to the vertex chiefly. She had no vomiting, or impairment of other special sense, except of the sight. The bowels acted readily to medicine, which was not often needed, the tongue being clean and the appetite good. She took for a long time small doses of iodide and bicarb. potash, and had blisters to the temples, etc. After a time she lost power in controlling the movements of her legs, so that she could neither walk nor stand; but when lying in bed she could move the legs freely. Her arms retained their power, and there was no impairment or alteration of sensation anywhere; nor had she ever any squinting, but at one time there was slight temporary paralysis of the left side of the face. When the pain of head was severe, she obtained some relief from ice and blisters, and occasionally from a dose of henbane. For some time she took the syrup. ferri iodidi, with nourishing diet. Although there was no strumous aspect, or suspicion of strumous disease in other parts, the symptoms were considered as depending on a tumour of the brain, probably of a strumous character, and from the peculiar impairment of the locomotive power it was thought probable that the tumour was in the cerebellum. Having been kept in the Hospital till September 3, without any material change in her condition, she was discharged; but after six weeks was re-admitted, on the statement of her friends that she was much worse. On her re-admission, however, on October 18, she was found to be in much the same state. Her nutrition had not been quite so well maintained, probably from the insufficient diet of her home, and she had lost the control of her sphincters, so that she passed everything in bed, and occasioned a great deal of trouble to the nurses. Her eyes were more than once examined by the ophthalmoscope, and the retina found pale and anæmic. In the intervals of pain she now slept a good deal, and the fits when they occurred were more severe, lasting sometimes fifteen or twenty minutes. Both sides of the body were equally affected. After the fits she also often seemed to suffer much pain. Her appetite was good, and she soon regained the *embonpoint* that she had when in the Hospital before. She was again discharged, and died at home on November 19, after a prolonged paroxysm of convulsions. The post mortem examination was made, under not very favourable circumstances, by Messrs. Jervis and Gream, my clinical clerks, at the girl's residence.

Post-mortem Examination, Thirty Hours after Death.—Rigor mortis not gone off. Body well nourished. Ordinary post-mortem ecchymoses in the posterior parts. Lungs, with the exception of a slight sprinkling of small tubercles in both apices, quite healthy. Heart's substance and valves perfectly healthy; a good deal of fat about the right auricle. Liver enlarged, extending as high as the upper border of the fifth rib, and downwards about an inch below the cartilages; substance healthy, but containing seven or eight cysts of various sizes, principally in the right lobe, the largest holding about four or five ounces of colourless fluid. Kidneys congested, but otherwise healthy; as was also the spleen. Stomach and intestines not opened. Head.—Posterior fontanelle open. On removing the calvarium, the middle and posterior lobes of the right cerebral hemisphere were found to be occupied by two cysts, of which the posterior was the larger, and contained about eight ounces of clear fluid. The rest of the substance of both hemispheres—the cerebellum and mesocephale—and the medulla oblongata were apparently perfectly healthy; rather anæmic than otherwise. Dura mater slightly thickened in some parts. Optic nerves not quite equal in size, the right being a little the smaller. Of the optic tracts, on the contrary, the left was decidedly the less. Pupils equal; dilated, but less so than when she was in the Hospital. The lateral ventricles contained little or no fluid.

Clinical Remarks.—In order to understand the true nature of this curious case it is necessary to deviate a little into the domain of Natural History, for we have here afforded us an example of a class of diseases which are developed through the presence of certain parasitical organisms with which the human body is sometimes infested. There are various plants and animals whose natural habitat and sphere of development is the human body, and which are therefore termed parasites of the human body. The worms formed in the alimentary canal, and other parts, are among the most frequent and best known of such animal parasites. Within a very recent period, the natural history of these entozoa has received considerable development, and a very brief sketch of this subject, in so far as it relates to our present case, may prove interesting and instructive, and probably novel, to many of you. It has been long known that the liver and some other parts of the body are the seat of certain growths taking the form of cysts, and sometimes attaining a very large size. And for some time it had been ascertained that these cysts were independent animal organisms, possessing reproductive powers, by which other animalcules were developed within them. Thus, on opening some of these cysts—*e. g.*, in the liver, a number of other cysts are frequently discovered, often having attained to a considerable size, at other times of microscopic minuteness, but all, when carefully examined, presenting a very definite, distinct and curious organisation. Some of the larger cysts of this kind, from being apparently devoid of any head, were at one time, and still are, often called "acephalocysts;" and the species most frequently met with in the liver constitutes the pill-box hydatid of Hunter, so called from the germination of young cysts from the internal surface of the parent cysts. The term hydatid has been indiscriminately applied to certain morbid growths, as well as to these entozoa. How these cystic entozoa gained their entrance, and became developed in the human body, was for a long time an inexplicable puzzle to pathologists and naturalists, and many of the arguments in favour of the theory of spontaneous or equivocal generation were based on the facts observed in connexion with the history of these entozoa. Now, however, if we are to credit the statements of recent observers, certain entozoa, in their imperfect or larva state, are capable of migrating through the tissues of the body, and the ova, introduced from without, are no sooner hatched than this migration begins, whilst the animal is still of microscopic minuteness, and thus capable of penetrating the inmost recesses of the body. Thus, one species of cysticercus has been found in the interior chamber of the eye, one instance of which I have seen. But an equally curious and still more novel part of this subject consists in the relation that is said to have been discovered between the cystic forms of many of these entozoa and certain cestode, or tape-worms. Thus, the cysticercus cellulosæ, a minute cystic entozoon found in the flesh of some animals—*e. g.*, of the pig, where it constitutes "measly pork," is found to be developed in the human intestine into the common tape-worm, or "tænia solium." Another species of cysticercus, viz. C. Fasciolaris, found in the mouse and rat, is believed to be developed in the intestine of the cat into a species of tænia termed "T. Crassicollis," whilst the cystic entozoon, of which our present case is an example, and which is termed an ecchinococcus, is believed when fully developed to become a distinct species of tænia found in dogs, but which has never been seen in the human subject. And, however strange all this may appear, it must be admitted that we have ample proof of at least many of these alleged facts. By repeated experiments it has been shown that by feeding pigs with matured tænia solium, cysticerci cellulosæ are developed in their muscles, and human beings by eating pork thus rendered "measly," become the subjects of tænia solium. In like manner cats feeding on mice or rats infested with cysticercus fasciolaris become the subjects of tænia crassicollis. But, even if we admit the accounts which naturalists now give us of a similar conversion of the ecchinococcus into its corresponding, fully developed cestode form, there is no similar evidence to explain how the ova of the mature cestode entozoon are introduced into the human body, so as to develope the cystic ecchinococcus. As we are not in the habit of eating dogs in this country, it must be all conjecture how the ecchinococcus obtains entrance into the human body, seeing that it has to pass through the intestines of the dog in order to acquire that stage of development in which alone the ova are produced. But the very careful and interesting researches of Mr. Rainey on the development of the cysticercus cellulosæ in the pig still further increase our difficulty (a). For he has traced, with his usual care and accuracy, the development of this cystic entozoon from a period long antecedent to that at which it acquires the form when the division into head and body can be distinguished, and, therefore, long before it is provided with the curious head, armed with suckers and six hooklets, by means of which it is affirmed that the creature is enabled to migrate from the alimentary canal through the tissues of the body till it attains a suitable nidus for further development, and when there is nothing, "either on the surface, or in its interior, at all analogous to the structure of an ovum." When first this cysticercus admits of certain recognition it is, according to Mr. Rainey, in the form of a "collection of reniform corpuscles of microscopic minuteness (about $\frac{1}{2666}$ths of an inch in length, and $\frac{1}{8000}$ in breadth) mixed with highly refractive molecules of different sizes in the substance of a primary fasciculus of muscular fibre, or between its sarcolemma and its sarcous elements." These collections of corpuscles have for the most part a fusiform shape, and are at first without even a distinct investment. It remains therefore to be seen how far these observations of Mr. Rainey are reconcileable with the opinions of other ento-zoologists, as to the introduction of cystic entozoa into the human body, in the shape of matured ova of the tænia. As they now stand, Mr. Rainey's observations appear almost to necessitate our return to the old exploded doctrine of spontaneous or equivocal generation, in so far, at least, as relates to the particular entozoon which he has made the subject of his enquiries.

But to return to the cystic entozoon with which we are now more immediately concerned, the ecchinococcus. Two species of this are described by Küchenmeister, viz., E. Scoliciipariens and E. Altricipariens; both are found in the human body, but the former, of which our case affords us an example, is much the more rare, and is the E. Veterinorum of authors. The latter, E. Altricipariens or E. Hominis is what has been termed the "Pill Box Hydatid," from the fact of its generating vesicles within vesicles, constituting what have been called mother, daughter, and grand-daughter vesicles. It is frequently met with in the liver, where the mother cyst sometimes acquires an enormous size; our present species the E. Scolicipariens, so far as I can learn, seldom attains even so large a size as that acquired by the largest of the vesicles found in the brain of our young patient, viz., about the size of an orange. The parietes of the cyst of this species (as is very characteristically shown in the specimen before us,) are remarkable for their elasticity, trembling like jelly, and not collapsing when empty. The ruptured edges of the cyst, owing to this elasticity, roll up and curl over. Its contents are a thin, pellucid fluid, like water, in which are found floating the scolices (as the minute hooked cystic embryos are termed), and the hooklets and other microscopic *débris*. And attached to the inner surface of the cyst, other scolices may be seen hanging by a short pedicle. There are but few cases on record of this species of ecchinococcus being found in the human body, and this is the only case I have met with of either species found in the brain. There is, however, in our Museum another specimen of an ecchinococcus cyst in the brain, taken from a patient admitted under Dr. Barker, and which I now show you. The cyst, you will observe, is large enough to hold a large lemon. It is unfortunate that in our present case only one of the cysts was brought away, and that in an empty state. Those in the brain burst open as soon as the brain was exposed and handled, and slipped out of the brain almost spontaneously. Both in the brain and in the liver, the cysts in every case were found to be filled with a pellucid, watery fluid, and in each case were single. The remains, however, of the contents of the cyst now before us contained abundant evidence of its true nature in the shape of numerous hooklets and *débris* of microscopic ecchinococci. By scraping the inner surface of the cyst, we also obtained several entire scolices presenting all the characteristic features both of the armed head and the caudal vesicle. The cyst having been put into spirit with a view to further examination, we subsequently sought in vain for other specimens of the animalcule for preservation.

In regard to the diagnosis and treatment of such cases as the present, I am sorry to say that I can give you very little assistance. The diagnosis of tumours of the brain is proverbially difficult, and with respect to the particular nature of the tumour we can often do little more than guess. The variety and variability of the symptoms attendant on cerebral tumours are great. Still in many cases we can prognosticate with tolerable certainty the existence of a tumour of some kind. The most common category of symptoms is what we had in our present case; long continued and severe headache, with impairment or abolition of one or more of the special senses with intercurrent convulsions and perhaps paralysis. Paralysis, however, is of very uncertain occurrence, and convulsions may be absent throughout the case, the patient dying either by way of coma or asthenia. The pain may be constant, or intermittent, as in the present instance, so much so as to assume, in some instances, the character of neuralgia. Our present case illustrates also the uncertainty that attaches to any diagnosis of the precise seat of the tumour; for it could only have been secondarily that the functions of the optic nerves and of the cerebellum were impaired in this instance. The cyst as it enlarged pressed more and more on the optic tracts, the mesocephale, and cerebellum, but did not directly implicate them. It is important also to notice the absence of coma, or evidence of general pressure on the brain, and the maintenance of the intellectual functions, notwithstanding the large space occupied by the two cysts. There are two circumstances which may, in a great measure, explain this, the probably very slow and gradual development of the tumours and the open state of the posterior fontanelle. Whether the latter condition was congenital or induced during the progress of the case it is difficult to say. I would beg you also to remark the entire absence of all signs of irritation or inflammatory action and even of congestion or serous effusion. How evident is it that any treatment would have been useless or injurious, except such as might be found by experience to palliate the more urgent symptoms. The iodide of potassium and the syrupus ferri iodidi, which were here given in small doses for some time, I continued, on the supposition that the disease might be of a strumous character, and because the nutrition and general health were so well maintained whilst she was taking them. In Dr. Barker's case the symptoms were those of sun-stroke, from which the patient was supposed to be suffering, he having fallen down in the street on a hot summer day. Nothing was known of his history, and no suspicion was entertained that he was the subject of any organic disease of the brain. The duration of the life of ecchinococcus cysts appears in many cases to have been very considerable, extending even to years. It probably depends, among other circumstances, on their situation and the physical conditions of the organ in which they are developed. Some of the smaller cysts (as has occasionally been observed in the case of cysticercus cellulosæ) may probably perish at an early period, the cyst shrivel up, degenerate, and become partially, if not entirely, absorbed. The more common variety of ecchinococcus met with in the liver has in various ways been destroyed, even after attaining to a large size, and the patients have recovered.

(a) *Philosophical Transactions*, March, 1857, and *Proceedings of the Royal Society* for December 13, 1855.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF EMBOLI IN THE PULMONARY ARTERY.

S. N., aged 54, widow, admitted into St. Bartholomew's Hospital on December 17, 1861, for ovarian disease of twelve months' standing. Circumference of abdomen, 40¼ inches. Nothing unusual occurred till January 8, when her appetite failed, and she vomited bilious matter. Her health had been fairly good up to this time, though the tumour, which was most prominent on the right side of the abdomen, had been gradually increasing. On the night of the 12th she was attacked by sudden and severe dyspnœa, with pain in the abdomen. The latter symptom was relieved by turpentine fomentations. On the 14th thirteen pints of clear, straw-coloured fluid were removed by tapping. She died, however, at eight p.m. on the same evening, the tapping having failed to relieve the dyspnœa.

Post-mortem, Sixteen Hours after Death.—Large multilocular tumour springing from the left ovary, extending upwards to within three inches from the ensiform cartilage. Besides the large cyst there were about twenty smaller ones, with contents varying in colour and consistence. Many were very thickly lined with a soft, laminated, lymph-like substance, into which small quantities of blood had been extravasated. In the left iliac vein, which had been pressed upon by the tumour, were found traces of coagulation, in the shape of fibrinous bands, which formed a network in its interior. In the spleen was found a solidified, pale, and somewhat contracted cone of substance, indicating the recent obstruction of a small artery. Other organs normal. Right pleura distended with clear serum, the bulk of which had displaced the heart towards the left side. The visceral layer at the base of the lung congested, ecchymosed, and coated by a layer of soft reddish lymph. Left pleura normal. Right lung collapsed, its lower part sinking in water. The tissue was pale and slightly œdematous, but not softened. In the left lung, at the apex of the lower lobe, was a mass of solidified substance, bounded by a well defined whitish margin. The centre was dark, and raised above the level of the surrounding parts. The tissue was greyish, infiltrated with dirty fluid, but not softened. The pleura covering it ecchymosed, and thinly covered with lymph. Bronchi natural. The right pulmonary artery, immediately on its entry into the lung, was obstructed by a firm fibrinous clot, branches from which extended into all the main divisions of the artery. The smaller ramifications beyond the obstruction were filled, even up to their minute subdivisions, with firm, partially decolorised clot, in the substance of which round, pale, and more solid portions were easily distinguishable. These bodies were lodged generally at the mouth of a branch, some astride on the bifurcation of two branches. The large clot tapered to a blunt edge on the side towards the heart, and was marked at this part on both sides by reticulated lines. All the remainder of it was closely adherent to the walls of the artery. A similar condition existed in one branch of the left pulmonary artery. The right auricle contained a large dark clot. In the appendix was a cyst as large as a hazel nut adherent to the wall, formed of fibrin and filled with pinkish grumous fluid—apparently a clot in process of degeneration. A precisely similar cyst was found at the apex of the right ventricle. The right cavities were much dilated, but the rest of the heart was normal.

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SATURDAY, JANUARY 25.

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THE NUMERICAL METHOD.

The Science of Medicine, like every other branch of experimental enquiry, requires for its successful cultivation the employment of two very distinct processes,—the accumulation of individual facts, and the induction from those facts of general inferences. Each of these two processes is equally important and indispensable, nor can either be carelessly or unskilfully performed without the production of errors that must intrinsically vitiate the practical applications in which the *art* of Medicine consist. It is no less necessary that the facts upon which the Physician builds should be real, that they should be strictly comparable with one another, and that they should be, as far as is possible, disembarrassed of all illusive influences and errors of observation, than that the inferences drawn from them should be exact, that they should not be too narrow to embrace all the facts contemplated in the induction, nor so wide as to include others of a totally different character and meaning, and that the conclusions to which they lead should be expressed with a force proportionate to their number, their uniformity, and their freedom from all the possible sources of error by which they might be contaminated.

There are three kinds of error which may vitiate the elements of an induction, viz., defect of quality, want of uniformity, and deficiency in quantity. Of these the first can only be avoided by the possession of adequate technical skill and practical experience on the part of the observer. It has been said, with much justice, that there are more false facts than false theories in Medicine; and so long as the *observation* of the phenomena of health and disease continues to be regarded, as it is by so many, as a work that requires no great preliminary mental training, and no special aptitude, so long, we fear, the Medical superstructure will be likely to suffer as much from the rottenness of the materials with which it is constructed, as from the badness of the principles by which they are put together.

The detection of the second error belongs to the province of *logic;* and although it is not uncommon to meet in Medicine with hypotheses founded upon data which are not comparable with one another, this is more frequently attributable to *want of knowledge of the fact* that they are incomparable, than to lack of logical perception in using them as such. Fortunately for science, intuitive tact and an empirical acquaintance with their subject, keeps many men from blunders of this kind into which their ignorance of formal logic might otherwise predispose them to fall.

But the third error comes exclusively within the scope of *mathematics.* It is by the aid of numbers alone that the questions can be answered, *how many facts* are required to establish a given conclusion? *how much truth* does such or such an inference contain? The Physiologist may experiment and the Physician may observe; they may tabulate with exactitude the results of their observation, and the inductions which they draw from them may pass muster with the Logician as fully satisfying all the requirements of correct reasoning; but it is only the Mathematician who can assign to those inductions their real value as exponents of positive truth, or who can express in readily-appreciable characters the amount of reserve with which they should be received. This element of scientific inquiry has, we regret to say, received less attention in this country than from its intrinsic importance it deserves. Manuals of information on "How to Observe" are common enough in all departments of Medicine; the utility of logic as a branch of advanced Medical education is generally admitted; but, notwithstanding the works of Gavarret, Schweig, and others on the Continent, and the lectures of Dr. Guy at home, the mathematical restrictions under which inductive researches must always be conducted, have received but little notice, even from those with whom inductive research has been the occupation of life. We welcome, therefore, with much pleasure the contribution which the Council of the New Sydenham Society have made to this subject in their publication of the valuable paper of Professor Radicke, and of some of the criticisms to which that paper gave rise. It is by such work as this that the Society is calculated to confer inestimable benefits upon the Medical Profession in this country. There is a large number of papers annually published on the Continent similar in character to that of Professor Radicke, which do not come at all, or, if so, only in a very imperfect manner, before the English Medical public. They are of such a nature as to defy condensation for the limited space allotted to foreign Medical literature in the ordinary Medical journals, and they are not sufficiently bulky to justify publication in a separate form, nor, if they were, would their sale repay the expense and labour of translating them. We can hardly conceive an object to which the New Sydenham Society could better devote a portion of its rapidly increasing resources than to the introduction of papers such as these to the Profession. (a)

Of Professor Radicke himself we need say nothing; his high character as a mathematician renders any commendation from us quite superfluous. His paper, which was written with the special intention of bringing before the Medical profession, in a manner adapted to the intelligence of those who possessed little or no acquaintance with the more advanced departments of mathematics, the conditions and limits which that science imposes upon experimental enquiry in Medicine, is of so comprehensive and practical a character as to deserve careful perusal by all who in any way occupy themselves with Medical statistics. And it is with the view of interesting our readers generally in this important subject, as well as of indicating to them the general nature of Professor Radicke's views, that we propose laying before them a brief outline of his paper as translated by Dr. Bond.

The object of enquiries in which a series of observations on a given subject is brought together for comparison, is generally to obtain a fixed and definite standard, by which the fluctuations of the different members of the series may be measured, and which as an expression or formula, shall represent, so far as is possible, *abstract truth,* whilst the numbers of the series only represent *truth vitiated by a variable amount of error.* Such a standard is exhibited in the Arithmetic Mean of the numbers of any series, *i.e.*, the number which represents the mean of the fluctuations of the series. Thus 7 is the Arithmetic Mean of the series 3, 6, 9, 4, 13; the sum of the differences of the numbers which are greater than 7 (*i.e.*, $9-7=2$, and $13-7=6$), being equal to the sum of those which are less than it (*i.e.*, $7-3=4$, $7-4=3$, $7-6=1$; $1+3+4=6+2$.) Here 7 is the standard, or as it is commonly called "the average" of the series; and if we wished to compare the individuals of that series as a whole with those of any other series, we should do so by comparing the Arithmetic Mean of the second series with 7.

But, it may be asked, What does this number 7 really represent? We will endeavour to answer this question as clearly as our limited space will allow.

It may represent the simple *fact* of 7 being the mean of all the fluctuations, and nothing else. Thus, if the numbers 3, 6, 9, 4, 13, apply to the ages respectively of 5 children, the number 7 merely indicates that the sum of the differences of the ages of those who are older than 7 is equal to the sum of these who are younger, and not necessarily that any one of the children is exactly of that age. In this case the Arithmetic Mean is what Professor Radicke calls "a pure average." No idea of "error" is indicated by it, nor does it involve any inference whose truth could be at all affected by the causes by which the fluctuations in the numbers are produced. All that it expresses is the simple consideration that taking the numbers of the series as they stand, without regard to the way in which they were obtained, 7 is the fairest numerical representative of the series as a whole.

But let us suppose that the numbers 3, 6, 9, 4, 13, represent the results of five separate measurements of any given quantity, which is itself *invariable; e.g.*, five analyses of a body of uniform chemical composition. In this case the fluctuations in the numbers must have been caused by errors of observation, by want of skill in the observer, by imperfection in the instruments of research, or by mere accident; and their Arithmetic Mean will represent the central line, or normal, on each side of which the mass of error fluctuates. If we have no reason for believing that the errors are more likely to occur on one side of the normal than on the other, we shall be justified in assuming that 7 is the number which most nearly approximates to absolute truth; and if on repeating the observations frequently we find that the mean continues to be, or varies but little from 7, we should have no doubt in accepting that number as the accurate measurement of the quantity in question. Our confidence in adopting such a course is founded upon the well-known law that in the frequent recurrence of any two conditions—with reference to which there is no reason why the one should occur more frequently than the other—the frequency of occurrence of the one becomes more and more equal to that of the other in proportion as the number of instances to be compared increases. Hence we conclude that if the analyses in question were performed sufficiently often, the errors of observation would more or less completely balance one another, and the ultimate result would be that indicated by the Arithmetic

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(a) On the Importance and Value of Arithmetic Means; with especial reference to recent Physiological Researches on the Determination of the Influence of certain Agencies upon the Metamorphosis of Tissue; with Rules for accurately estimating the same. By Professor Radicke, of Bonn. Translated by Francis T. Bond, M.D., B.A. Lond., F.C.S., late Physician to the Queen's Hospital, Birmingham. London: The New Sydenham Society, 1861.

Mean, which would become more and more stable in proportion as the number of analyses was increased. In the case first quoted we simply took the Mean of several numbers of *definite value;* in the present one we seek to determine a *single probable value* from several numbers of *indefinite value.* To use the language of Professor Radicke, the Arithmetic Mean is here "the probable value of a definite, fixed quantity."

Let us now proceed a step further, and contemplate the numbers 3, 6, 9, 4, 13, as representing the results of measurement of a *variable* quantity, such as the amount of urine excreted in a given time, under conditions that are, so far as possible, uniform. It is clear that in this case the divergencies in the numbers obtained are due to something more than to mere errors of observation, and that they are produced by various agencies, which may, or may not, be known, and which operate upon the individual experimented on in a periodic or eccentric manner, so as to cause variation in what would be otherwise a uniform phenomenon. Now, what we wish to know is, what number most accurately represents the amount of urine excreted *under mean conditions?* Here the Arithmetic Mean represents, not the probable value of an invariable quantity, to which *apparent variability* has been communicated by our inability to measure it accurately, but the probable value of a quantity which *is itself changeable,* because the causes which influence it are variable and uncertain. Hence the Mean will contain a *probable amount of truth* vitiated by a *possible amount of error.* "A *probable* amount of *truth,*" because the Mean is itself an inference whose truth is more or less probable in proportion as the facts upon which it is founded are numerous and correct; and "a *possible* amount of *error,*" because the extent to which the observations which the Mean represents have on any one occasion fluctuated, indicates the limits within which it may be possibly incorrect. The former will be exhibited by the Arithmetic Mean of the *individual numbers* of the series, and the latter by the Arithmetic Mean of the *errors* of the series, *i. e.,* the divergences of the individual numbers from the Arithmetic Mean. The Arithmetic Mean alone is almost worthless in such a case, unless it be accompanied by a statement of the error which attaches to it. Thus, the series 29, 25, 21, 27, 23, and 25, 3, 1, 47, 49 have both the same Arithmetic Mean, 25; but in the first of these the greatest possible error is 4, and the range of error 9; whilst, in the second, the greatest possible error is 24, and the range of error 49.

We shall now, we think, in a few words be able to show our readers the fundamental error that underlies so many theories which are based upon the comparison of numerical observations, and against which Professor Radicke's warnings are expressly directed. In determining the influence of a given agency upon any natural phenomenon, the course usually pursued is as follows:—Two series of observations of the phenomenon in question are made; the one under the influence of the given agency, and the other in its absence; the Arithmetic Means of the two series are then taken and compared with one another, and according as the one Mean preponderates over the other, or they agree with one another, it is concluded that the influence exerted by the agency in question is positive, negative, or neutral. For instance; suppose we wish to determine the influence of any agent, say of hot water baths, on the urine, and that a certain number of observations give us 60 oz. as the mean quantity excreted *per diem* under the influence of the baths, with a fluctuation of 15 oz. (*i e.* to 45 oz. or 75 oz.); and 50 oz. *per diem,* with a fluctuation of 5 oz. (*i. e.* to 45 oz. or 55 oz.), as the mean quantity excreted when the baths are withdrawn. Should we be justified in assuming, as the great majority of observers would do, that the difference between the two Means of 10 oz. is sufficient to demonstrate the diuretic influence of hot baths? Unquestionably not; for the range of error in the one case (55 — 45 = 10) equals, and in the other (75 — 45 = 30) greatly exceeds the difference between the Means; or, in other words, it is perfectly possible that the baths exert no influence whatever over the urine, and that the apparent preponderance of the Mean of the bath series over the other is due to the intervention of powerful and accidental disturbing agencies which have not been made the subject of observation sufficiently long to allow of their balancing one another. These series are, therefore, perfectly worthless for comparison, as indeed, according to Professor Radicke, are all in which *the difference between the means (m—n) is not greater than the double of the largest possible error of observation,* i. e. *greater than the sum of the uncertainties of these means.*

We trust that this illustration will suffice to indicate, so far as it is possible to do in our narrow limits, the object with which Professor Radicke's paper was written. How far that object is a weighty one, may be gathered from the statement he makes that "in the numerous papers which he has examined, hardly a tithe of the results published can be looked upon as certain"! These errors, he says, are due to the fact that "those who employ the ordinary method do not clearly comprehend the real significance and value of Arithmetic Means, and, as a consequence, have attributed to them a value which, in such applications as these, they do not actually possess." Want of space completely precludes our dwelling upon this important subject at greater length. The many profound questions which it involves could, indeed, hardly be referred to, much less elucidated, within the limits of a much longer article than the present. We can only say that we consider the paper of Professor Radicke to be one of the most valuable contributions which have been made to Medical Literature for some time; and it, as well as the remarks upon it, by Vierordt and Beneke, will well repay the perusal, even of those who may have no special interest in the objects for which it was written. We commend it particularly to those who have, in the hope that the cautions it contains will, to use Professor Radicke's own words, "stem the stream of baseless, and, to a great extent, erroneous doctrines which daily threatens to overwhelm Medical Science."

THE CHARITY THAT BEGINS AT HOME.

There are Benevolent Institutions of three classes, to one, at least, of which every member of our Profession should contribute, as a paramount duty. First in importance are those which partake of the nature of Benefit Societies, and which give the contributors a legal claim to assistance, if they need it. At the head of these stands the Society for the Relief of the Widows and Orphans of Medical Men in London and its Vicinity, of which Dr. S. W. J. Merriman is Secretary, and whose head quarters are at 53, Berners-street. This Society has a capital of £50,000; it is managed economically; it supports in comfort any of the widows and orphans of its members who require help; and by its means any man of prudence may, by a small sacrifice, make sure that his family shall never be reduced to want or mendicancy. Two guineas per annum for twenty-five years, will make any man secure on this head. This Society is open to any Practitioner living within the London postal district; and as it has enlarged its circle of operations, so we hope that it will receive an ample accession of new members. Last year about £2000 were distributed amongst forty-one widows and eighteen orphans. There are similar Societies in other districts: for example, we learn that there is one for Essex and Hertfordshire, which has a capital of £10,000, and which distributes about £350 per annum. The Kent Medical Benevolent Society, founded in 1787, has about 130 members, £7000 in the Funds, and last year distributed £335 to seven annuitants, one of them a Medical man aged 84, the other six widows. The Medical Benevolent Society of Birmingham, like that of Kent, grants relief not only to widows and orphans, but to distressed members likewise, and embraces a circuit of forty miles around Birmingham. It has about 180 members, who pay one guinea annually for fifteen years, and a funded capital of about £6000. Last year, it appears that seven annuitants received about £30 per annum each.

The second class of Institutions are the purely eleemosynary, which distribute relief to Medical Practitioners in sickness or distress, and to their widows and orphans after them. Such is the Medical Benevolent Fund, which has now existed twenty-six years, and whose head quarters are at 11, New Burlington-street. This Institution is managed economically, every farthing subscribed going to the relief of distress with as little deduction as possible, and it relieves about sixteen annuitants at £20, has six cottages, and distributes about £1000 a-year besides to fitting objects. Last year there were ninety-nine recipients of occasional aid, the account of whom might make any man's heart ache,—twenty-eight aged and destitute Practitioners; deaf, blind, and rheumatic widows; and, more dreadful still, the single daughters, educated women, whose youth and strength have, peradventure, been spent in teaching, or some other mode of livelihood, which scarce enabled them to live, and still less to lay by, and whom an accidental illness may throw into the most pitiable distress, unless some occasional help be rendered.

The Society of Apothecaries has a Widows' Fund of £8000 or £9000, from the interest of which seventeen widows of members or freemen of the Society receive annuities of £20. This Fund receives average yearly additions, by donations, of about 200 guineas, and last year was augmented by 150 guineas from various members of the Wheeler family.

There is a Royal Medical Benevolent Fund Society in Ireland, of which Dr. Fleetwood Churchill, of Dublin, is Honorary Secretary, with Branch Associations in Belfast, Cork, Cavan, Armagh, and the other chief towns in Ireland. It is managed very economically, has £3000 invested, and last year, from dividends and subscriptions, distributed about £600 amongst seventy-nine applicants, the largest sum given being £21. This Society was founded by the late Dr. Kingsley, of Roscrea, whose death took place last year. "Multis ille bonis flebilis occidit." Besides enormous time and labour, he presented the Society during his life with donations amounting to £500, and bequeathed it £500 more by his will. This Society is eleemosynary, and not "benefit," and differs from some others in being chiefly intended for the relief of Medical men under sickness, accident, or other calamity, although widows and orphans are not excluded.

There are other Medical Benevolent Societies in Lincolnshire, Surrey, and Devonshire, of which (as of any others) we shall be happy to insert an account, if some of our correspondents will favour us with the necessary documents.

The third class comprises one example only—the Royal Medical Benevolent College at Epsom, founded by Mr. Propert, which has received very nearly £50,000 in donations, legacies, and collections, besides subscriptions now amounting to £3000 per annum. The objects of this College are threefold:—Firstly, to provide an asylum for 100 decayed Medical men or their widows. Secondly, a school in which a certain number of children shall be boarded, lodged, taught, and clothed gratuitously, and a certain other number, called "exhibitioners," at cost price. Thirdly, to provide annuities or temporary assistance for distressed Medical men or their families. An appeal recently issued states that—

> "The number of orphans admitted has been augmented from 20 to 40; the number of exhibitioners has likewise been increased from 75 to 135, and would be still further augmented were it possible to accommodate those who are constantly pressing for admission. There are, besides, twenty residents in the College, each enjoying the comforts of three well-furnished rooms, with a supply of coals, and a pension of £15 per annum, which sum it is earnestly hoped the funds of the Asylum will shortly enable the Council to increase to £20."

It is proposed to enlarge the College:—

> "The architect has just completed plans for the enlargement of the school so as to enable the Council to admit at least 100 more scholars, and also residences for four pensioners, the estimate for which will amount to the sum of £10,000, but from an appeal made to 'the ladies' a short time ago, £2700 was received, consequently the actual deficiency to be provided for at present is £7300; but unless immediate assistance be received from all the members of the Profession who have not already contributed, it is much feared that this most desirable object cannot be attained this year."

Of the three objects set forth, the first is accomplished in a manner not quite judicious, in our judgment; the second very well, though not on terms adequate to the wants of the Profession; the third not at all. It is evident from an examination of the history of the College, that the very benevolent and enthusiastic founder had the idea of imitating one of the great Mediæval foundations, and was far too ambitious in his views. As for that part of the scheme which proposes to collect together one hundred pensioners, being decayed Medical men or their widows, into one Institution, we venture to speak in the strongest terms of deprecation. Communities of the sort are unsuited to the present age; the moral tone in them is apt to be anything but good; and it would have been a far nobler and truer act of charity to have invested the money, and distributed the proceeds in annuities, letting the recipients end their days amongst their own kindred, than to erect a magnificent almshouse at Epsom. In small country towns house accommodation is very cheap, and it is absurd to build at a great cost what already exists in abundance.

To give 100 pensions of £15 per annum, requires £1500; to provide three furnished rooms with coals in a small country town or village, would take, say £15 more; and it surely would be better silently and unobtrusively to distribute these pittances to our unfortunate brethren, and let them live where they might be even of some little use, than to assemble them within a kind of Greenwich Hospital, without acquaintance or occupation. Six hundred pounds a-year, or £15,000 invested at 4 per cent., would give the twenty present pensioners all they get.

The school department is admitted to be a success. The masters are popular, the instruction sound, and we can heartily wish that the Founder had confined his efforts to the one thing in which he has succeeded so well, and that in addition to the gratuitous education of the forty foundation scholars, the education of the exhibitioners were at a lesser cost. We believe it to be undeniable that this school gives the "exhibitioners" at £40 per annum as good an education as they could get at the Wellington College, or at Harrow, Rugby, or Winchester for £80; and we desire to call attention to the circumstance, that it has not only added to the number of good schools, but has set a good example in improving the quality of the education given. Yet, excellent as it is, it still leaves a very urgent want of the Profession unsupplied; and that is a means whereby the humble Practitioner with a large family and small income may get a good education for his sons at £20 or £25 per annum. There are schools belonging to St. Nicholas College, Shoreham, which accomplish this object, and we believe that the very excellent Middle-class School, founded by Mr. White, at Finchley, charges only £35 per annum, and there seems room yet for a *Medical Education Fund*, which shall facilitate the education of the children of Medical men, by paying part of their fees at Epsom or elsewhere. We should do well to follow the example of the Surrey and Devon Medical Benevolent Societies, which have purchased rights of admission, at a low rate, to the Epsom College.

As for the third object, the Royal Medical Benevolent College cannot possibly do anything at present to relieve the distresses arising from temporary illness or misfortune. It were to be wished that the whole eleemosynary part of the scheme were transferred to the *Fund*. The College further possesses the objectionable feature of giving a *quid pro quo* to the subscribers in the form of the "privilege" of votes. This is opposed to all true principles of charity and economy. The favoured candidates may be, not the most necessitous or deserving, as would be the case if they were selected by a well-organised committee, but those whose friends can best carry on an often expensive canvass. The number of these Benevolent Societies, and the number of applicants, may give our younger readers a lesson on the too frequent results of Medical life. We would say, then, Let every man who can, give to some one of them,—and we agree with Mr. Propert that it is a scandal that any well-to-do member of our Profession should be found who does not give to some one or more of them.

THE WEEK.

THE ARMY MEDICAL DEPARTMENT.

A PARAGRAPH has appeared in one of the morning papers which promises a speedy and favourable answer to the just demands which have been lately urged by our brethren of the Army Medical Department. We noticed in our number of last week that Sir George Lewis, in answer to the deputation which waited upon him, stated that the question had been referred by the Government to a select Committee. It is now said that the proceedings of the Committee have so far progressed that their decision is no longer in doubt, and that that decision is substantially in accordance with the representations of the Medical Officers, who are to be replaced in the position to which they were advanced by Her Majesty's original Warrant. It is to be hoped that this is so, but as yet there has been no public official announcement of the fact, and we believe we are right in asserting that no such announcement has been received by the Department. We cannot suppose that it will be permitted to the military authorities permanently to set at nought the provisions of a Royal Warrant. If the Medical Officers of the Army are thus to be deprived of the rank which the Queen graciously conferred on them, the increased pay and other privileges granted by the warrant may also one by one be rescinded, and the Medical service reduced to the level it occupied before the Crimean war. By prompt and satisfactory concession on the part of the War Office, the feeling of doubt and disappointment which has lately prevailed would at once be removed, and an appointment in the Medical service of the Army would again be justly held a reward worthy to attract men of the highest general and Professional attainments.

A NEW HOSPITAL AT WINCHESTER.

A New Hospital is to be built at Winchester. We have much pleasure in recording the fact that a meeting of the Governors of the Institution was held on Monday last, the result of which is most creditable to the good sense and liberality of the county of Hants. The meeting was attended by the Earl of Carnarvon, Viscount Eversley, Lord Ashburton, Sir W. Heathcote, Sir F. Baring, the Bishop, Dean, and Archdeacon of Winchester, and a number of the landed gentry from all parts of the county, many of whom must have been present at considerable personal inconvenience; and though the voices were not quite unanimous as to the immediate necessity of the measure, it was determined by an overwhelming majority to allow no doubt to rest on the salubrity of the County Hospital, but to remove it forthwith to a more elevated position outside the city. The present building was adapted for use as an Hospital in 1753, and has undergone enlargement at various times since. Though, however, the oldest County Hospital in England, it is by no means one of the worst planned. The reasons for removal have been mainly based on the lowness of the site, the necessity of very extensive repairs and alterations in the old building, and the difficulties of drainage. We trust that the example of their better educated, more intelligent, and less prejudiced neighbours will not be lost on the cesspool-loving ratepayers of Winchester.

MEDICAL PRACTITIONERS EXAMINERS OF GAS.

AT a late meeting of the Royal Medico-Chirurgical Society, Dr. Aldis brought forward some remarks on the poisonous effects of coal gas. The universal use of this gas makes it seem strange that some formal notice of its effects on health and life had not been previously put on record; but we believe we are correct in stating that Dr. Aldis's attention was drawn to the subject from the fact of his holding the appointment of Gas Examiner to the parish of St. George, Hanover-square. This appointment is held in many districts by members of our Profession; as for instance by Mr. Beale, Dr. Conway Evans, Dr. Vinen, and Dr. Hillier. This is as it should be. The examination of gas is a delicate process, requiring a knowledge of the laws of light in order to use the photometer correctly, and some delicacy of chemical manipulation. In whatever town gas is used it ought to be examined, and it may be convenient for many Practitioners to employ their leisure time and increase their income in this manner; whilst the fact that they qualify themselves for this work shows that they have a knowledge which may be advantageously applied in many medico-chemical investigations. The chief impurity in coal gas is some volatile sulphur compound, (bisulphide of carbon?) which is not separated by the ordinary modes of separating sulphuretted hydrogen. During the combustion of the gas this forms a hot, irritating vapour, distressing to eyes, lungs, and brain. When it is occasionally in excess its effects are very disagreeable. The common faults in burning gas are extravagance in the use of it and neglect of ventilation. Because gas is cheap, an inordinate quantity is consumed without the reflection that five feet of Cannel gas burned per hour, (the usual rate of supply to two large or three small burners,) give a light equal to that of nearly thirty sperm candles; and that free ventilation would be required to prevent the fumes of even the best candles from being oppressive. We have ere now collected the products of combustion of various kinds of oil and candles, and can only say that the fumes of common tallow candles are very disgusting, and that if anyone were to attempt to get a great quantity of light from them instead of from gas, the necessity for free ventilation would be much greater.

INQUEST AT MONMOUTH.

AN inquest has lately been held at the Monmouth County Gaol on the body of a prisoner who died from suffocation caused by a piece of meat which had obstructed the rima glottidis. The case is one which forcibly illustrates the expediency of calling in a second opinion in cases of danger and difficulty, whatever be the circumstances of the patient or his relation to the Medical man. It was deposed in evidence that the deceased, John Powell, a man in the habit of eating voraciously, suddenly, whilst at dinner, threw up both his hands, made a noise in his throat, and appeared to be choking. Mr. Prosser, the Surgeon to the Gaol, was called and attended promptly. He deposed that he saw the man and introduced a probang into the throat; the instrument came into contact with a foreign body; he used pressure, and, as he supposed, pushed it into the stomach, and then, to satisfy himself that the throat was free, he raised the instrument and passed it down several times; he found nothing then obstructing its passage. He then administered brandy-and-water, which, however, was not swallowed; the man did not rally, and died in an hour and a-half. At the post-mortem, the piece of meat was found at the top of the glottis, not entirely closing its aperture, but leaving a small space by which partial respiration had been kept up during the hour and a-half the man had lived after the accident. The jury found a verdict of "death from suffocation," adding "that they extremely regret that the operation of tracheotomy had not been resorted to." On a careful review of all the evidence in the case, we are not disposed to find fault with the verdict. We cannot, however, pass without comment the evidence of a Medical Practitioner who, by the request of the jury, was present at the post-mortem examination. This gentleman informed the jury that tracheotomy is a simple operation, generally speaking, without risk or danger, and that the man's life would have been saved if the operation had been performed. He acknowledged, however, that he had never had a case of choking in his own practice. These statements, advanced without qualification, were not only unnecessary, but incorrect. Tracheotomy in a very large number of cases is neither a perfectly simple nor a perfectly safe operation. In this instance, as far as we are enabled to judge, it should have been performed, but to say that the patient's life must have been necessarily saved by its performance was to assert as a fact what at best was a hazardous contingency.

POWER OF VESTRIES IN SANITARY MATTERS.

We give under the head of Legal Intelligence a full account of a decision in the Court of Queen's Bench, which will be of immense value in getting rid of the sources of typhoid fever. There has been a doubt heretofore whether the local authorities of the metropolis possessed absolute power for abolishing privies and cesspools, and requiring the substitution of decent closets provided with water-supply. It now appears that the vestry or local authority may, in any metropolitan district, cause that salutary improvement to be made.

REVIEWS.

Numerical Analysis of the Patients treated in Guy's Hospital for the last Seven Years, from 1854 *to* 1861. By John Charles Steele, M.D., Superintendent of Guy's Hospital. London: 1861.

Statistical Report of the Patients treated in St. Thomas's Hospital from the Year 1857 *to* 1860. Pp. 74.

These pamphlets are so similar in character that they may well be considered together. Both consist in a numerical analysis of the cases treated in the Hospitals during a limited period. They differ, however, somewhat in plan, as also in the points which it is sought to bring out. Both are valuable, as contributions to the statistics of Medical Science.

Dr. Steele's Tables are appended to a brief Paper which was originally read before the Statistical Society of London last year. The first of them is a collective return of the total number of in-patients who have passed through Guy's Hospital from 1854 to 1860 inclusive, indicating by the usual terms the result of residence; whether they were cured (well or convalescent), relieved, or improved; whether they left the Hospital unrelieved or worse, or whether they died. It turns out that 66 per cent. were thus cured, 25 per cent. relieved, and 8 per cent. discharged unrelieved, about a similar per-centage having died. In Table 2 the same numbers are subdivided among the respective years, and the out-patients are also registered. Table 3 is one of admissions, dismissions, and deaths, distinguishing the sexes; while Table 4 points out the annual rate of mortality in the two sexes, distinguishing Medical and Surgical cases. Males died in larger proportion than females; and while the average mortality in the Surgical wards was less than 6 per cent., it was rarely less than 14 per cent. in the Medical. An opinion has prevailed that some law of periodicity influences the period of the day at which death occurs, and that the most usual time for that event is a few hours after midnight. To the determination of this point Dr. Steele devotes Table 5, in which he arranges 2452 deaths according to the hours, hour by hour, at which they occurred. The result, as shown in this way, is, that while "the death term is pretty equally distributed over the whole diurnal period," the "hours of midnight and noon are less marked by fatal results than the others." To our mind, this mode of treating the facts is not satisfactory. Dr. Caspar, of Berlin, in 1846, gave the results of his experience, extending over more than twice this number of deaths —viz. 5595—and found that the period of the day was *not* indifferent, for that the mortality was absolutely greatest in the six hours before noon, and absolutely least in the six hours after noon. We think that his method of dividing the day into sex-horal periods, where the numbers are so small, is preferable to Dr. Steele's. With a view to comparison with Dr. Caspar's results, we will represent Dr. Steele's numbers in this manner:—

	Steele.		Caspar.
	Total.	Per Cent.	Per Cent.
Midnight to 6 a.m.	658	26·8	25
6 am. to noon	547	22·3	29
Noon to 6 p.m.	699	28·5	25
6 p.m. to midnight	548	22·3	21

It will thus appear that these two sets of observations differ in their results; Dr. Steele's cases making the six hours of the afternoon the most fatal, instead of, like Caspar, the least fatal, and the six hours after midnight the next in fatality; the remaining hours of the day, the six hours before noon and midnight respectively, the least fatal. And a still more interesting result will come out if we arrange Dr. Steele's numbers in periods of four hours each:—

	Total.	Per Cent.
Midnight to 4 a.m.	434	17·6
4 a.m. to 8 ,, ...	398	16·2
8 ,, to noon	373	15·2
Noon to 4 p.m.	473	19·2
4 p.m. to 8 ,, ...	424	17·2
8 p.m. to midnight	350	14·2

It thus appears that while the hours from noon to midnight were somewhat more fatal than from midnight to noon, and while the four hours after noon were more fatal than the four hours after midnight, the fatality in each period gradually lessened as midnight and noon were severally distanced. Dr. Steele, then, does not make the most of his own table. The results, as we have stated them, should be compared with those obtained by Dr. Edward Smith's experiments. The subject is open to further research, and we think would well repay the trifling labour it would demand.

Table 6 is a summary of cases arranged according to Classes of Disease with the results of treatment. We certainly should have preferred the adoption of the classification agreed upon by the International Statistical Congress, to that which the Author has used. Uniformity in statistical statements is worth some sacrifice. Dr. Steele points out that after all that has been said about unhealthy site and overcrowding, the mortality from consumption is that which really makes the difference between the total mortality of different Hospitals. He makes some excellent remarks upon the ultimate destinations of those who are discharged unrelieved and who mostly find refuge in the workhouse. He advocates the introduction of incurable wards into workhouses in which extra comforts may be supplied, and where the minimum cubic space of air for each case shall be regulated at double the amount now allowed by the Poor-law Board. The succeeding tables relate to the ages of patients arranged according to the classes of disease, the county in which the patients were born, and the localities from which they were brought. Table 10 is a summary of Surgical Operations performed during the period included in the return. Table 11 gives the causes of accidents admitted, with the sex of patients and results of treatment. When speaking of the out-patient department of the Hospital, Dr. Steele gives us his experience as a contribution to the natural history of a class of persons who are perhaps the least deserving of any which hang on our public institutions — the "Hospital-going people."

He appears to doubt the practicability of the plan which has been suggested to meet the abuse, of exacting a small fee from each patient. We can assure him that he need be under no misgivings upon this point. We can tell him of one Institution at least, the Holloway and North Islington Dispensary, in which the success has been so striking that no further doubt upon the matter need exist. The fee exacted for each prescription is one penny. It deters malingerers, has proved no drawback to the usefulness of the institution, and we believe pays the drug bill.

Perhaps the last of Dr. Steele's tables is the most interesting of all. It presents the results of residence in Guy's Hospital of patients from its foundation in 1725 to the present time, and the gradual reduction in mortality which has taken place from the maximum 14·7 per cent. in the decennium 1740-50, to the minimum 9·1 which is presented in the decennium 1850-60, and which would have been much lower had it not included the cholera year 1854.

The Statistical Report of St. Thomas's Hospital, which is edited by Dr. Stone, although treating of many points in common with that we have just reviewed, is altogether more voluminous, and enters upon questions which Dr. Steele has passed over. In some respects it is preferable as an example to be followed. Thus, in stating the result of treatment, Dr. Stone notices the important element of success or the reverse constituted by the duration of disease before admission. Again, there are presented to us groups of cases of special interest, specifying the age, sex, previous illness, former attack, a summary of the leading features of each case, the length of residence in Hospital, an outline of the treatment pursued, and the result. And at the termination of each group is added a summary of the conclusions derivable from their study. Of course, in most instances the number of cases analysed is too small to give perfect confidence in these conclusions, but as contributions to our stock of well-observed facts we accept thankfully the labours of the compiler. As an example of the summary of cases of disease, we will quote that of 23 cases of Plumbism occurring in 1858.

"This table consists of 20 males, 3 females. Of these 19 were cured, 2 relieved, 2 died.

Occupations: 10 worked in white-lead manufactories; 5 were painters; 5 were smelters and plumbers; 1 was engineer in large lead works; 1 was a labourer in a similar place; 1 was a brass-finisher.

Colic was present in 22 cases. Fifteen had been constipated from a period of 14 days downwards.

There had been no previous attack in 10 cases; 1 attack in 7; 2 or more in 6.

The blue line on the gums was distinct in 16 cases; slight in 3; absent in 4 cases.

Paralysis of the brachial extensors was noticed in 5 cases; general nervous symptoms in 5 cases; neuralgic pains of doubtful character in 2 cases.

Treatment consisted mainly of magnes. sulph., with acid sulph. dil. in 9 cases, average stay 14·9 days; and potass. iodid. in 9 cases, average stay 20 days.

Of the fatal cases 1 (No. 22) had had plumbic symptoms seventeen years previously, under Dr. Burton's care; but death probably depended on co-existent renal disease."—P. 38.

We think that, as larger numbers would have been dealt with, it would have been better to have included the cases extending over several years in one summary, in place of making a summary of the cases of each affection for each year separately.

Bradshaw's Invalid's Companion to the Continent; comprising General and Medical Notices of the Principal Places of Resort; with Appended Observations on the Influence of Climate and Travelling, and Meteorological Tables. By Edwin Lee, M.D. Second Edition. Pp. 416. London: Adams. 1861.

A Notice of Mentone, Supplementary to Nice and its Climate; with Remarks on the Influences of Climate on Tuberculous Disease. By Edwin Lee, M.D. Pp. 43. London: Adams. 1861.

Dr. Lee's books are deservedly popular. The former of those whose titles are quoted has undergone considerable alteration and improvement. We need do nothing more than announce the new edition. The latter is a pamphlet supplementary to a larger work, and is issued to meet a requirement arising from the increasing resort to Mentone by invalids during the winter season.

British Journal of Dental Science. January, 1862. Pp. 48. London: Churchill.

Why this Journal should be published at all we cannot tell, since there is really nothing in it. It does not contain a single original article. All are copied from other journals. One letter there is which begins with a ludicrous example of fine writing: "The portals of time have rolled on their rusty hinges, and closed on the mysterious annals of the darker ages; the light of science has shed its lustre bright and beaming where before were mist and obscurity; and many of the secret workings of worthy dame Nature, which puzzled our ancestors who now sleep well beneath the turf, have been since discovered and exposed by careful study and anxious penetration." This is the prologue to a case of tooth-drawing. The whole thing gives us a dismal idea of "dental science."

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

NEW MODE OF MAKING COMPRESSION IN POPLITEAL ANEURISM.

By Dr. BLAND.

Dr. Bland, of Sydney, describes a mode of making pressure in a case of popliteal aneurism which he was induced to devise in consequence of the patient having refused to continue to submit to other procedures. The patient was placed in bed, on a firm mattress, in a half-sitting position, while the thigh was made to form an inclined plane in the opposite direction to that of the body, the leg and foot being placed horizontally on a soft pillow, in a frame or cradle, raised some ten or twelve inches above the surface of the mattress, and the bed-clothes being kept from the foot by a foot-board. A tourniquet was applied to the groin, its principal object being to divert the stream of blood as early as possible from the inguinal artery into the internal iliac and its numerous large branches. Another tourniquet was applied to the upper border of the popliteal space, care being taken not to make any painful amount of pressure on the nerve.

"The direct advantages derived from these arrangements were numerous and important. First, the position of the thigh tended to reduce the force of the blood-stream flowing into the aneurism, while its return by the veins was greatly facilitated. Secondly, the regulated, but gradually-increasing pressure on the inguinal artery, while reducing the stream of blood in that vessel, forced at the same time a larger stream into the internal iliac and its numerous large, and ultimately anastomosing branches. The same remark applies to the pressure made on the upper part of the popliteal artery. Thus, every part of the arrangement was made to harmonise. The gradual obliteration of the main arteries concerned, was not only necessarily accompanied with the commensurate expansion of the extreme capillary ramifications, but that very expansion of the capillaries tended greatly to facilitate the obliteration of the main arteries in question; while, from the gradual manner in which this great change was brought about, the change itself was effected without pain or danger. The tourniquets each consisted of a light but strong iron ring instead of a strap. Each ring fitted a hinge on one side and immediately on the opposite side the ring readily opened or closed, so as to facilitate its application without in any way disturbing the patient. The pads, too, were not broad, but elongated, so that while the rings afforded a steadiness of position to the instrument in a transverse and vertical direction, an equal degree of steadiness was imparted to them in the longitudinal direction by the two pads attached to each tourniquet. The management of the tourniquets was simple, and attended with no incertitude or trouble. If the pad of either tourniquet began to feel a little tight, that of the other was at once slightly tightened, and then the pad which caused uneasiness was proportionately and cautiously unscrewed, so that the full amount of the requisite pressure was never, even for a moment, dispensed with. All this was carried on without pain or inconvenience to the patient, and in less time than it has taken to describe it; and so readily were the pads managed, that this alternate slight tightening and loosening was not infrequently, towards the close of the treatment, left to the discretion of the patient." At the end of about ten days all pulsation in the tumour had ceased, and at the expiration of a similar period the limb was cautiously extended and flexed, the tumour having become much reduced in size. In a few more days the patient was discharged cured.—*Australian Medical Journal,* October.

EXCERPTA MINORA.

Fracture of the Ribs during Sneezing.—A man, 39 years of age, having taken a pinch of snuff when unaccustomed to its use, was seized with repeated sneezing, which he attempted to arrest by closing his mouth and forcibly dilating the chest. He was not able to accomplish this entirely, and a forcible expiration having succeeded to this prolonged and excessive dilatation, he felt at the same time a very severe pain in the left hypochondrium, which was accompanied by a distinct crack, difficulty of breathing, and an excessively painful cough. On examination, there was found an oblique fracture of the middle of the body of the ninth rib on the left side.—*Gazette des Hôp.*, No. 150.

Congenital Absence of Both Femurs.—Professor Buhl, while in Bavaria, had the opportunity of examining a singular case, in the person of a woman, 70 years of age, remarkable for the shortness of her legs and the peculiarity of her gait. After death, it was found that the cotyloid cavities were entirely wanting, the bony parts of the lower extremities consisting solely of the tibias, and the feet without fibulæ. The upper part of the tibia was surmounted by a bony excrescence resembling an exostosis, and giving attachment to the muscles—this excrescence being the sole representative of the femur. The lower extremity was maintained in contact with the pelvis by a large capsular articulation. Almost all the muscles of the thigh existed. This woman had a son and grandchild, both well formed.—*Gazette Médicale*, No. 48.

Treatment of Coryza by Friction.—M. Jandy relates some cases in proof of the great efficacy of aromatic frictions (as lavender-water, etc.), applied briskly to the occiput, in arresting the progress of colds in the head. The same means employed two or three times a-week will prevent their occurrence in individuals who are constantly liable to them from slight causes.—*Presse Belge*, No. 51.

Case of Death from Chloroform.—Although only now reported, this took place at Lisbon in 1859, being the first occurrence of the kind there, chloroform being employed for all considerable operations. The subject of the case was feeble and lymphatic, and submitted to anæsthetic influence almost against his will, in order to have two cysts, one of the eyelid and the other on the forehead, removed. About two drachms of chloroform was poured upon charpie and inhaled. Rapid and violent excitement was rapidly followed by collapse, accompanied by failure of pulsation of the heart. The respiration continued a while longer at rare intervals. All this happened within the space of two minutes; and at the end of five minutes all attempts at restoration were abandoned as hopeless.—*Gazette Méd.* 1862. No. 1.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

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ITALY.

FLORENCE, December 9.

THE MEDICAL DEPARTMENT OF THE ITALIAN EXHIBITION.

THE Italian Exhibition, which was closed yesterday, contained several objects sufficiently interesting to our Profession as to deserve a notice in a Medical journal. I do not intend enumerating all the samples of chemical products, mineral waters and Medicinal plants, which had been sent in from all parts of the Peninsula to bear witness to its wealth and its natural resources. As long as the Italian Pharmacopœia has not fully utilized and assimilated these prime materials, such details have rather a commercial than a scientific interest, and all we can learn from their display is that Italy possesses an immense pharmaceutical wealth *in posse;* and that, by dint of skill and energy, and perhaps of a little transitory protection (if such heresies can be uttered in an English journal) she may, at some future time, be able to compete with your country in the preparation of drugs and medicines. As it is, we have still to send to London for every ounce of *good* sulphuric acid or of good prepared chalk, and all the samples of Sicilian sulphur and of Carrara marble will not make up for this want of industry. I must, however, in justice mention the beautiful samples of mercurius virus and of cinnabar sent in from Siena and Grosseto, the nickel from Valsesia in Piedmont, the beautiful specimens of "sal gemma," found in the Racolmuto mine, near Girgenti, the boracic acid and the metallic antimony from Tuscany.

Whatever may be said about the shortcomings of Italian industry, it is certain that Italian *savans* are second to none either in genius or in erudition and mental activity; and that for many a brilliant discovery and ingenious invention we are indebted to Italian philosophers. If most of them have have lived in obscurity and died in poverty, it was because the rulers of their country would not listen to their "eureka," and that the better markets were out of their reach. The late Girolamo Segato was one of the many instances of this kind. His name now figures even in Murray, and English visitors think it their duty to go to the Santa Maria Nuova Hospital, to see the really wonderful collection of his anatomical and pathological "petrefacts." Segato did not mean to withhold his secret from the world, or even to sell it at an unreasonable price; all he asked for was an annual pension of some £70, or a professorship with an equivalent salary, either of which would perhaps have been granted by the grand-ducal Government, which, according to Lord Normanby, was always willing to encourage art and science, had the inventor not been in bad odour at court on account of his liberal political opinions.

Ever since Segato's death, Tuscan chemists and anatomists have endeavoured to imitate his preparations. But although these researches have led to some improved methods of embalming, the perfection of Segato's preparations, which show not the slightest alteration either in shape or colour, has never yet been equalled, unless we except the specimens prepared by Signor Raddi, which were to be seen at the Exhibition. They were, of course, kept under glass, but, as far as one might judge from sight alone, without applying the test of touch, they were, both in shape and colour, as perfect as any of Segato's petrefacts. If Signor Raddi keeps his promise, the usefulness of his invention will extend even beyond the domain of anatomy; and our kitchens, store-rooms, and butchers' shops are likely to profit by it still more than the dissecting-room. For he has succeeded in preserving meat for a considerable time, even in hot weather, by partly covering it with an antiseptic powder of his composition, which probably owes its efficacy to the same ingredients used by him for his anatomical preparations.

Even more interesting than Signor Raddi's invention, though less important for practical purposes, are Professor Pacini's micrographic preparations, which have the advantage, not only of being unalterable, but also of rendering the various histological elements more distinct and more easily amenable to microscopic examination. Professor Pacini employs the following eight solutions :—

	I.	II.	III.	IV.
Corrosive Sublimate . .	1	1	1	1
Chloride of Sodium . .	2	2	1	—
Distilled Water . . .	100	200	300	300

	V.	VI.	VII.
Corrosive Sublimate . .	1	1	1
Acetic Acid	1	3	5
Distilled Water . . .	300	300	300

	VIII.
Corrosive Sublimate . . .	1
Phosphoric Acid . . .	1
Distilled Water . . .	300

No. I. he uses for all vascular tissues of the human body, or of warm-blooded animals, such as pieces of an hyperæmic peritoneum, villi of the placenta, etc.

No. II. for the corresponding tissues of cold-blooded animals.

No. III. for cells, pus, infusoria, spores.

No. IV. is to be substituted for No. I. in all cases where the blood-globules, which are so easily destroyed by chloride of sodium, are to be preserved intact.

No. V. is sometimes preferable to III., the acetic acid rendering the nuclei more distinct.

No. VI. is to be used for all fibrous tissues, muscles, and nerves.

No. VII. for glands; and

No. VIII. for cartilages, etc.

Signor Pacini has promised to publish a *brochure* on this subject, which will, no doubt, be welcome to all friends of microscopical researches.

I will here add a few words on the collection of surgical, obstetrical, and orthopædic instruments which were exhibited here, and some of which have an additional value as improvements, if not as new inventions. Professor Rizzoli, of

Bologna, has sent in a lithotrite, somewhat similar to that made by Weiss, a tourniquet, a cephalotribe, and a bone-forceps, all made after his own design. Professor Malagodi has also exhibited a lithotrite, Signor Giovannini a very ingenious trephine, and Professor Fabbri a four-valved speculum. There was also a so-called "Salassatore graduato," a very useful and convenient contrivance for bleeding domestic animals, and invented by Signor Barbieri, a Veterinary Surgeon, at Mezzana, near Pisa. Amongst the manufacturers of surgical instruments, Signor Sollini, of Bologna, holds undoubtedly the first place, although his instruments excel rather in durability and accuracy than in elegance of form.

Signor Laschi exhibited an apparatus for purifying water, which has been successfully used in Venice, and might render great services, not only to whole towns and villages, but also to isolated dwelling places. The water in Florence itself is almost invariably bad. Some years ago a great aqueduct was projected, which was to supply us with pure water from the mountains of Vallombrosa; but it has not yet even been commenced, and is not likely to be built until the municipal exchequer has somewhat recovered from last year's expenditure. Under these circumstances, Signor Laschi's apparatus would be a real boon to our households. It works most admirably, and not only renders muddy water clear, but also deprives it of soluble and half-soluble substances, such as colouring matter, acids, gases, etc., with the exception, however, of salts. A few tumblersful of muddy water taken from a pond near the Exhibition building, were within a few minutes rendered clear and agreeable to drink, although, according to Signor Laschi's statement, his apparatus does not contain the ordinary filters. As the inventor was unwilling to divulge his secret, and the old Tuscan laws do not recognise the right of patents, there was some reason to fear that the apparatus would not be properly tested and judged of by the Exhibition Jury. But it seems that, at least in this instance, they have overcome their technical difficulties, since Signor Laschi has had the silver medal awarded to him by the Royal Committee. The price of the apparatus is very moderate, as one sufficiently large for the ordinary wants of a small household would cost little more than fifty francs.

Medals were also awarded to Professor Pacini for his micrographic preparations, to Signor Giovannini for his trephine, to Signor Sollini for his surgical instruments; and Mr. Roberts, the English pharmacist in Florence, has had the same distinction conferred upon him for an elegant collection of pharmaceutical articles which he had exhibited.

MANCHESTER.

December 27, 1861.

The most important occurrence here, since my last letter, has been the opening of the Winter Session of the Royal School of Medicine. The Introductory Address was delivered by Mr. Morley Harrison, and contained a clear and able exposition of the principles which ought to guide the student in the pursuit of his Professional studies. A circumstance of more permanent interest than the opening address was the greatly diminished number of new students, which was evidently traceable to the recent regulations of the Medical Council. As the classical attainments which these regulations require are at present possessed by comparatively few, it is not surprising that the first effect of the step taken by the Council should be a diminution in the number of new students. It is thought here, however, that the carrying out of the plan cannot fail to result in the elevation, intellectually and socially, of the Medical Profession. As the requirements of the Council become generally known, gentlemen will take care to procure for their sons the preliminary instruction which must precede their entry upon the study of their Profession.

Classical instruction will receive its due meed of attention, and the capability of reading Galen and Hippocrates, the Fathers of the Art, in the original tongue, will no longer be confined to a select few. Lecturers will be further stimulated by the consciousness that their hearers are gentlemen with minds cultivated and refined by study.

For the study of Medicine, Manchester presents opportunities which are surpassed in no town in the kingdom. The School of Medicine possesses a dissecting room more than usually well supplied, and the all important study of practical anatomy is rarely interrupted by a scarcity of subjects. The wards and accident room of the Royal Infirmary are replete with accidents and injuries in countless variety, produced by the endless machinery of this vast centre of manufacturing industry. It was this circumstance which elicited the admiration of the late Sir Astley Cooper—*clarum et venerabile nomen*—when he visited the Hospital. For the study of obstetrical science, and the diseases of women and children,—subjects too much neglected by the student, though of incalculable importance in after life,—the Lying-in Hospital, now St. Mary's Hospital, affords abundant facilities. The children's wards constantly contain numerous interesting cases, and those of the women present uterine disease in all its phases and varieties. Purulent ophthalmia and congenital cataract are prominent diseases in the children's department, and are subjects on which I may offer some remarks in a future letter.

A certificate of attendance at an Eye Hospital is required from candidates from the Army and Navy, and Indian Medical Services. To meet this requirement, there is the Manchester Eye Hospital, which is situated within a convenient distance from the Royal Infirmary and School of Medicine.

Allow me to notice parenthetically a proposition now on foot for establishing a new Eye Hospital. In a letter which appeared in a local paper, it is stated that the Profession has long been dissatisfied with the mode in which this charity (the present Eye Hospital) has been conducted. If I rightly understand the letter which forms the channel of complaint, there is no charge against the efficiency of the Medical officers, and no case of Medical neglect is adduced. The grievance consists apparently in the mode of electing the Medical officers, a function at present exercised by the Committee, of which the honorary Medical officers themselves are members. The letter further states that the Medical staff is in reality a self-elected body, and of course only favourites of those already in office, such as a son, a pupil, or a partner, have any reasonable chance of appointment. A rejoinder to this letter, however, has appeared, which states that "it would be a useless waste of money to establish another (or opposition) Hospital, for the present one fully meets the wants of this city, and the surrounding districts. The effort made for establishing this second Institution is, I am told, to bring into action the talent of a Surgeon who has devoted some considerable time to diseases of the eye." It is to be hoped that this is not the case, and that, if a second Hospital is formed—which, however, I really do not see any necessity for—it will have for its primary object the benefit of the suffering poor, and that the election of the Medical Staff will be carried out in the manner best calculated to promote that result.

Since the publication of the letter and rejoinder alluded to, an advertisement has appeared in the public journals, stating that the annual meeting of the trustees will be held on the 30th of January, when, among other contemplated changes, it is announced that the following alteration of rule will be proposed, viz., "To do away with the distinction which at present exists between the Surgeons and Assistant - Surgeons." Surely the trustees, with whom the legislative power rests, will refuse to sanction a proceeding so revolutionary and so calculated to be detrimental to the patients, as well as injurious to the best interests of the Charity. I shall resume this subject in my next letter.

The Medico-Ethical Association held a *conversazione* on the 19th inst., the subject for discussion being "Present Regulations for Obtaining the Degree of M.D."

All agreed in deploring the present unsatisfactory state of the question. Some thought that provision should be made to enable General Practitioners, who, from their advanced period of life or other reasons, wish to retire from the more laborious duties of General Practice, to procure their Degree without residence. Others thought that such a case should be accompanied with a proviso to restrain the holder of the title so procured from making up medicine and performing other functions usually considered derogatory to the position of a Doctor of Medicine.

The meeting terminated, as is usual, without coming to any formal resolution on the question.

I will conclude this letter with two cases of Cystitis after Labour, selected from the wards of a public Hospital.

Alice K., a weaver, aged 25, married. Has had one pregnancy. Ten months after marriage she was confined, being attended in her labour by a woman who was not a midwife. During her labour she had frequent calls to micturate, but could pass only a few drops at each call. Some hours after labour, the frequent desire of micturition returned; the discharge being scanty and accompanied with a severe scalding pain. Not more than a thimbleful was passed at any one effort. The urine subsequently came away involuntarily. She consulted a Medical man in Liverpool, but received no benefit from him. Shortly after this she removed to Manchester, and came under the care of a Physician for six months, and subsequently of a General Practitioner for the same period. Feeling herself rapidly sinking, by the advice of a friend she became, on October 18, 1861, a patient of St. Mary's Hospital.

Present State.—When the patient first entered the Hospital, her physiognomy resembled that of a woman in an advanced stage of malignant disease. She was emaciated and debilitated, with sunken eyes, sallow and pinched countenance, and prominent cheek-bones. Her pulse was small, weak, and frequent. Her garments emitted an urinous smell. A sound was introduced into the bladder by Dr. Roberts. It produced great pain on passing the neck. The urethra was also very tender. The bladder was small, corrugated, and exquisitely sensitive: when the point of the sound was pressed, even very gently, against the parietes, she likened the sensation produced to that of hot iron. A catheter was next introduced, and an ounce of urine, thick, muco-purulent, and mixed with blood, was drawn off.

Dinah G., aged 31; has had six children; no miscarriages; labours all natural. Three days after the birth of the second child (now ten years ago), she got up from her bed to pass water, and screamed from the intense scalding pain caused by its passage. This pain was quite sudden and unaccountable, nothing of the sort having occurred the day before. Her calls to pass water were incessant, and the intense dragging pain accompanying the desire prevented her from exercising any control she might have possessed over it. During her labour, she had had great difficulty in making water, and no instrument was used to draw it off. She suffered in this way for three years without seeking Medical aid. Her subsequent parturitions increased her sufferings. Seven years ago she came under the care of a Physician. She remained under his treatment for twelve months. From this time, up to twelve months ago, she endured her sufferings without seeking any Medical relief, when having suddenly become much worse, and her sufferings being more intense than ever, she consulted a Surgeon, by whose treatment they were greatly alleviated for some months. He then recommended her to become a patient of St. Mary's Hospital, and she was admitted into that institution on November 15, 1861.

State on Admission.—The desire to void urine is incessant; she sometimes remains on the *pot de chambre* for an hour together, from the constant strangury. Severe scalding pains occur during the passage of the urine, accompanied by a distressing feeling of heavy straining. The introduction of a catheter into the bladder caused great pain in the urethra, more especially about the neck of the bladder. Moving the instrument against the walls of the bladder also caused excruciating pain. A microscopical examination of the urine showed this secretion to be loaded with blood, pus, and epithelial scales.

The treatment of these two cases consisted

1st.—In the exhibition of sedatives in the form of morphia suppositories.

2nd.—In the administration of the infusion of buchu, the decoction of uva ursi, and the decoction of pareira brava, mixed in equal quantities.

3rd.—In the injection into the bladder of weak solutions of pernitrate of mercury. By these means the distressing pain was relieved, the abnormal secretion of pus checked, and the general health greatly improved.

GENERAL CORRESPONDENCE.

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ON URANOPLASTY.

Letter from Mr. Hulke.

[To the Editor of the Medical Times and Gazette.]

Sir,—Professor Langenbeck's letter in your impression of to-day requires on my part an explanation, with which I shall close a discussion which I regret fully as much as he does, and for the same reason.

I am as well aware as Professor Langenbeck of the worthlessness of *hearsay evidence* or the purpose of fixing dates, and therefore grounded my assertion of the priority of the complete closure of clefts running through the entire hard and soft palates, on the *personal testimony* of Messrs. Fergusson and Pollock, that they had done this long prior to May, 1861, the date of Prof. Langenbeck's first muco-periosteal uranoplastic operation. Few persons will, I think, be disposed to regard the personal assurances of these gentlemen as "vague dicta, of no value whatever."

I would remind Prof. Langenbeck that Mr. Pollock's paper to which he refers me, and which he quotes against me, was published in 1856, since which six years have elapsed, a long period considering the rapid strides which modern Surgery is making, and I may be allowed to suggest that it is no exposition of the later practice of this Surgeon, based on a larger experience. The other authorities cited by Professor Langenbeck, whose selection of expositors of English Surgery it will be conceded is not unexceptionably happy, bear the same date—1856.

With reference to the second point in Professor Langenbeck's letter—"the separation of the mucous membranes of the hard palate, together with the periosteum, from the bone." My statement that, in stripping the soft tissues, the periosteum—if not in its entirety, at least in part, is detached from the surface of the bone, and included in the flaps is strikingly corroborated by the following passages from Prof. Langenbeck's own writings:—"But if this (the mucous) membrane is separated to a great extent, gangrene ensues; and it is for this reason that a complete cure of total clefts of the palate has never been accomplished by this method." Again,—"The mucous membrane becomes so much the thinner and more lacerable, and is the more intimately fused with the periosteum, the nearer it approaches the gum, and here the detachment of viable flaps would, in fact, be an impossibility." If this be so, then the viability of flaps of such large dimensions that their attached borders extend to the gums, affords a strong presumption in favour of their not consisting of mucous membrane alone, but of the periosteum as well; since whatever be the danger of detaching the mucous membrane by itself, Professor Langenbeck tells us that without fear of gangrene he separates the whole of the mucous membrane with the periosteum. Perhaps *designedly* would have conveyed my meaning more exactly than "intentionally," on which expression the Professor so courteously comments.

In conclusion, let me add that Messrs. Weiss assured me that the levers and raspatories made by them in 1853 for Mr. Avery, were designed by that Surgeon expressly for operations on the palate, and not for other purposes as Professor Langenbeck misimplies. Many of these instruments, on Mr. Avery's death, were acquired by Mr. Pollock, who most kindly showed them to me in September, 1859. Mr. Bowman also told me that Messrs. Weiss copied for him from Avery's pattern the "lever with a curved extremity and blunt chisel edge, ground on one side only," mentioned in my last letter as the instrument which he used in the operation performed by him in King's College Hospital. This lever he recommended to the class as a most useful instrument.

These, then, are the foundations for my statements; whether they are merely "vague affirmations and recollections," as Professor Langenbeck is pleased to term them, I leave it to your readers to decide. I am, &c.

London, January 11. J. W. Hulke.

"SUUM CUIQUE."

Letter from Dr. Huxley.

[To the Editor of the Medical Times and Gazette.]

Sir,—The paragraph in your last issue headed "Ill-Treatment of a Lunatic at Hanwell," prompts me to offer to your readers some observations arising from asylum experience, which leads me to differ from you in the conclusion that such painful accidents are necessarily attributable to "irresponsible management (of those Institutions)" by a committee of magistrates." There are other forces in action besides those originating with the Committees; forces by which both they and all their chief officers are influenced, with or without the concurrence of their opinion. I mean the reports and suggestions made by the Commissioners in Lunacy at their visitations.

On this occasion it will be enough for me to confine myself to the matter in hand, by showing the connexion there is between one of the principles of treatment and management of lunatics advocated and pushed by the Commissioners, and the above lamentable accident; and to my mind these things are distantly related as cause and effect.

One of the habits of persons of disordered mind, to which the Commissioners make constant objection, is that of lying or crouching on the floor. Everyone must share this objection as a feeling, as, also, the general opinion that the more the carriage and conduct of insane persons in asylums can be brought by attention to resemble those of sane persons, and the less those of the lower animals, the better for all parties. But there are limits to the measure of a full success. Notwithstanding these limits—impassable, indeed, in some cases —the Commissioners exercise no moderation in complaining of the absence of that sort of discipline which it must be supposed they consider the height of good management of the insane. In their Minutes of Visitations from time to time, they return to subjects of foregone condemnation with a wearying iteration. This brings me to my point:—The Commissioners are in the habit of complaining (amongst other complaints) that they see patients lying or crouching on the floor, and of proceeding to say that they think greater efforts on the part of the attendants might prevent or diminish this and other evils.

What follows from the repetition of these statements, year after year? Committees of Visitors, naturally looking upon Commissioners' opinions as being possessed of professional force, direct the attention of their Superintendents to the matters under objection, and that, perhaps, with an evident dissatisfaction that such comments should be made.

Superintendents, desirous of seeing what may be done, and willing, perhaps, to subordinate their own better judgment in a case wherein it might appear as if leaving matters alone was merely neglect instead of a discriminating professional wisdom, insist upon the most assiduous preventive care in this particular matter from their attendants.

The attendants obey, and are met by the stubborn difficulty which they are expected to overcome. They have to fear being considered negligent, and they cannot be expected to distinguish between those of their patients whose ill-looking habits must be humoured, and those whose bad habits are avoidable, and may be found fault with and perhaps cured.

Of course, under no circumstances whatsoever, can any exercise of violence, whether in language or action, be permitted; nor, if permitted, could it produce any good fruit.

Attendants, then, fearful of seeming neglectful and less careful of their patients than of themselves; finding some patients quite inattentive to their wishes and orders as to lying on the floor, get provoked by the passive resistance made to their authority, and, having lost temper, the rest follows as a thing to be expected.

To trace the evil result to its right source, we must travel upwards through Attendants, Officers, and Committees of Visitors to the Commissioners in Lunacy; then it appears that, however remotely, the ill-treatment of patients flows from the exigent restlessness of the latter.

In other matters besides this one, I could illustrate the operation of the same principle if need were; and it is to me a distressing reflection that we are, in all our enlightenment on the treatment of lunacy in our day, merely travelling in a circle and going back to a system of coercion—different from that of old in form and pretension, but, nevertheless, a system of worrying and coercing still.

We are aiming at too great uniformity: setting up Sanity as the standard by which to regulate Insanity; forgetting that they are essentially opposite things, and that, although the distinction between the two may be, oftentimes, but a shade of difference, there are cases lower down the scale towards the worst end, where the disparity is so great and the symptomatic habits are so unconquerable (except by curing the parent disease itself by direct treatment), that we must even tolerate them, forbearing efforts which, in proportion to their uselessness, must be cruel.

The duty and the honour of retarding and preventing this return to a miserable state of things are, and will be, with the Medical Officers. They are the only friends of the lunatic who fully understand him; they have the right of a professional judgment in all matters affecting him; and they can, if they will, safely and steadily resist all ill-judged interference.

It would not be right to blame Committees of Visitors for these accidents until after it should have been shown that they had controlled their Medical Officers in such a way as to deprive them of their professional discretion.

I am, &c.
James E. Huxley, M.D., Superintendent.
Kent Asylum, January 13.

JOCULAR THERAPEUTICS.

[To the Editor of the Medical Times and Gazette.]

Sir,—There surely is either a mistake, or else an inscrutable joke in your account of Dr. Andrew Clark's "Practice amongst Out-patients," in the "Hospital Notes" published in your Number for January 4, 1862. Having spoken of the value of observations on the effects of remedies on out-patients, because the results, if any, must be due to the remedies *simpliciter*, and not to any improved hygienic conditions, as would be the case with in-patients (a very queer doctrine—but let it pass), the ingenious Doctor praises the virtues of sulphuric acid as "demonstrably a more rapid and effective agent" than chalk, opium, etc., in the cure of diarrhœa. And how does he "demonstrate" this? Why, by giving at one dose—Sulphuric acid; compound tincture of camphor = opium camphor benzoic acid and oil of anise; chloroform; oil of peppermint; logwood; and syrup of corn poppy,—each of which alone will cure diarrhœa under certain conditions.

It may be said that the patients were cured, and what right has anyone to grumble? I ask, in reply, is this the kind of clinical teaching which passes for "demonstrative"? Surely we have a right to expect for our sons and successors something which shall give them precision in their ideas of the properties of drugs, and not let them get into such habits of prescribing as they would pick up by attending a course of counter practice in a chemist's shop.

When teaching such as this is not merely perpetrated in private, but is held up for the instruction of us country folk, with something like a claim to originality (!) you will agree that it is a fair subject for criticism; so I will go on to ask of what benefit to the patient's stomach (or to anyone save the wholesale druggist) is the syrup of corn poppies? If the Doctor wanted to sweeten his dose, why not use sugar? if there be any recondite virtue in the petals of the corn poppy, pray let us hear of them in your next "Hospital Notes." My late excellent master (in practice before 1815) used to be quite grand on the virtues of syrups. "When your patients," he said, "are tired of a yellow mixture, change the Syr. Croci for Syr. Rhœados;" but I fear that even the colorific virtues of the corn poppy would be lost in Dr. Andrew Clark's pharmacy.

At some Schools of Musketry they teach men to take a good aim with one ball at one object, and hit it if they can. Would it not be better to do as Gil Blas did when he went out with the robbers to fight? Get an old blunderbuss, put in one lucky ball marked with a cross, then fill up to the muzzle with rusty nails, bits of glass, and broken pebbles. Don't aim at one man, but point your piece against a whole regiment; then shut your eyes, turn away your head, pray to the saints, and fire, and if somebody falls you may be "demonstrably" sure that your lucky bullet killed him; you shall claim the glory of originality, and be announced in the *Military Times and Gazette* as a first-rate musketry instructor.

I am, &c.
January 14. A Poor-law Doctor.

A piece of plate, value 600 guineas, was presented on Thursday, the 16th inst., to Sir Charles Hastings, M.D., D.C.L., in commemoration of his retirement from the office of Physician to the Worcester Infirmary, which he has held for nearly half-a-century. The services of Sir Charles in connexion with that Institution, and with the Worcester Natural History Museum, and the Provincial Medical and Surgical Association were warmly eulogized; and in addition to Lord Lyttelton, Sir John Pakington, and other well-known and influential public men, Sir Charles was surrounded by members of his own family who have achieved a world-wide reputation, including Admiral Sir Thomas Hastings, and Mr. G. W. Hastings, the Secretary of the Social Science Association.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 14.

Dr. Balfour, Vice-President, in the Chair.

A Paper, by Dr. Reed, was read

ON SOME AFFECTIONS OF THE CÆCAL PORTION OF THE INTESTINES, WITH ILLUSTRATIVE CASES.

The principal object of this Paper being to bring under the notice of the Fellows of the Society the four subjoined cases, which present some remarkable features of a practical nature, it was deemed to be superfluous and misplaced to enter upon the diagnostic signs of the several abnormal conditions with which lodgments or accumulation, together with their results, in the cæcal portion of the intestinal canal, might possibly be confounded; but it might be stated, in speaking of diseases of the intestinal tube, that two conditions are recognised—the one resulting from an excessive accumulation of intestinal contents at some particular part of its course, as the primary cause; the other, as commencing in the structure of the intestine itself, apparently independent of any accumulation or lodgment; and to these a third may be added, resulting from formations that take place exterior to the intestinal tunics, but occasionally influencing the diameter of its canal and its functions. The most reliable signs of lodgment or accumulation in the cæcal portion of the intestine are of a local character; and it is essential to bear in mind, that pain, without the coexistence of other symptoms, is not to be depended upon, as in obstruction in the left iliac region pain is frequently referred to the right side or umbilicus. A local tumour can generally be detected, with defined margins, painful on pressure, from which the pain seems to radiate, and which may depend on simple distension only, or upon inflammation in the tunics of the canal, varying in degree from the most simple to the most severe stages of inflammation and its results. The habit of the patient, and the previous history of each case, are important in forming the diagnosis. If accumulation merely exists, the obvious remedy is to unload the distended bowel; and this is best accomplished by the use of the warm hip-bath, and by small and frequently-repeated doses of the watery extract of aloes, in the form of pills, with soap, combined or not with calomel, or, in some asthenic cases, with extract of nux vomica, if not contra-indicated. In cases where this object is effectually accomplished, the impending inflammatory stage is not developed; but should this not be the case, the inflammatory complications and consequences are, in the opinion of the Author, best treated as briefly detailed in the subjoined cases:—

Case 1.—A. B., aged 18, the son of a gentleman residing in Surrey, being in perfect health, and having no hereditary tendency to disease. In the evening of August 12, 1858, he ate a large quantity of unripe plums. During the night, having pain in his bowels, he took some strong purgative medicines, which acted very violently, dislodging a great many plum-stones. Mr. Nowell Stowers, of Kennington, saw him the following morning. He was suffering from constant tenesmus, and severe pain in the bowels of a colicky nature, especially in the right iliac region. On the evening of the following day I saw the case, and subsequently attended in consultation with Mr. Stowers. There was a distinctly defined swelling, about the size of a small orange, in the region of the cæcum, dull on percussion, and painful on pressure; febrile symptoms, with diffused peritonitis, came on, but no sickness. For some days subsequently the swelling increased considerably in size, and the general symptoms became much aggravated. Tympanitis, hiccup, and prostration ensued, and liquid muco-feculent evacuations, tinged with blood, passed frequently. The treatment consisted of calomel and opium, given in small and frequently-repeated doses. Opiate suppositories were used, also turpentine stupes, succeeded by warm fomentations and poultices; perfect rest in the prone position; fluid animal and farinaceous diet, all solids being prohibited. On the fifth day the patient showed evidence of being slightly under mercurial influence, and from this date the symptoms gradually diminished in intensity; but a solid swelling, about four inches in circumference, remained in the right iliac region, painful on pressure. Blisters, iodine, and mercury were applied locally, and various measures to support the strength. At the end of three weeks he was allowed to sit up in a chair. After an action of the bowels it was discovered he had passed a portion of intestine, about ten or twelve inches in length, without pain, or being himself aware of any unusual occurrence. He was again strictly confined to the recumbent position, with fluid farinaceous diet only for a considerable period. Eventually he entirely recovered, and is at the present time in perfect health, three years having elapsed. The preparation exhibited consists of the portion of intestine voided, being about ten inches of large intestine, together with the cæcum and vermiform appendix; of the former only about one-third of the calibre of the canal, while the entire tube of the appendix is present. It has been given to the Royal College of Surgeons for the Museum, where no preparation of a similar kind exists.

Case 2.—A. J., aged 14, a healthy girl, in April, 1846, was suddenly seized with pain in the right iliac region, her bowels having been previously very constipated. She took some strong aperient medicine, which produced no effect. I saw her the day following. Being a very nervous, hysterical girl, the early diagnosis was rather masked, but the abdomen appeared distended and painful. After a warm hip-bath and a copious turpentine enema the bowels acted twice freely. Subsequently, frequent doses of calomel and opium, leeches, followed by a turpentine stupe, perfect rest in the recumbent position, and restriction to fluid nourishment, were prescribed. On the following day the abdomen was less distended, and a defined tumour, painful on pressure, about three inches in extent, and dull on percussion, was readily felt in the region of the cæcum. The inflammatory symptoms became gradually more severe, and on the fourth day she appeared to be approaching a state of collapse. The calomel and opium was discontinued, and stimulants were substituted. She rallied under this treatment. On the eleventh day, a portion of intestine, six or seven inches in length, was voided per anum—apparently colon. Severe dysenteric symptoms followed, controlled by sulphate of copper and opium, no solid food being allowed. After an anxious period of some weeks, she gradually recovered, and has continued well to the present time.

Case 3.—A. B., aged 20, a strong, healthy young man, on rising from bed, quite well, early in the morning, ate hastily several unripe apples. About four hours afterwards he was seized suddenly with intense pain in the right iliac region, and forthwith took some aperient medicine, which acted freely. I was requested to see him a few hours afterwards. He was lying on his back, with his right thigh bent, and complained of extreme pain in the region of the cæcum, increased on firm pressure. No local tumour could be detected. He had vomited the meat breakfast he had eaten, and had an anxious look. He indicated the exact spot where, he said, "he was sure some part of an apple had stuck"—in the region of the cæcum. The pain rapidly increased, acute inflammation set in, with tympanitis, and he died in great suffering on the fourth day. Bleeding, leeches, calomel and opium, the latter in large doses, turpentine stupe, warm poultices, perfect quiet, with fluid nourishment only, constituted his treatment generally. On examination, general abdominal inflammation was found to have existed, but most intense and advanced about the cæcum, which appeared to have been loosely connected congenitally, and was, together with the vermiform appendix and about four inches of intestine (ileum), invaginated in the ascending colon. In the interior of the cæcum, a portion of the core of an apple, about one-third of an inch, was firmly imbedded in the free margin of the ileo-cæcal valve, and was with some difficulty removed from its bed.

Case 4.—A lady, aged 23, very healthy, on the 17th of November, 1849, was seized suddenly with violent pain in the right iliac region, and was attended by a Medical gentleman, who prescribed leeches and other remedies. I was requested to see her the same day, and learnt that the bowels had been habitually very constipated during the previous month. There was no hernia, but a distinctly defined tumour, dull on percussion, in the region of the cæcum. On examination by the vagina, the tumour could with difficulty be reached; but the right ovary was readily detected, distinct, and much larger than ordinary. Calomel-and-opium, in small and very frequently-repeated doses, was ordered. Turpentine stupes, succeeded by warm poultices, to the abdomen, and also a large turpentine injection, which dislodged a quantity of hardened fæces, were prescribed, with perfect rest, and fluid nourishment only. The symptoms of inflammation became more severe and diffused; the local swelling increased considerably, attended with most acute pain in the hip, so much so that the patient attributed all her disease to the hip-joint; œdema of the whole thigh, leg, and foot to a great extent followed; and all the symptoms became so aggravated that she appeared *moritura*. The gums showed evidence of mercurial action, and she was able to take fluid nourishment and stimulants *ad libitum*. Sir Charles Locock and Dr. Ferguson saw the case about this date in consultation with me. Shortly afterwards an abscess evidently was forming, and pointing just above the middle of Poupart's ligament. Her state appearing almost hopeless, no satisfactory relief having taken place from the upper bowels for nearly three weeks, a large enema of gruel with turpentine and ox-gall, was administered, and in half an hour nearly two chamber-vesselsful of most offensive fæcal accumulation passed per anum, followed by great prostration; but she rallied under the use of large quantities of stimulants. The pain in the hip and œdema gradually subsided from this period. After five weeks from the commencement of her illness the abscess burst externally; a large quantity of offensive pus, mixed with fæcal matter, was discharged, and continued daily. A fistulous opening with the cæcum apparently became established, more feculent matter passing by this outlet than per anum. Her condition varied for a long period. At length she was well, excepting the fæcal fistula, which was most loathsome. After eight months from the commencement of her illness, Sir Benjamin Brodie saw the case in consultation with me, and advised her having a couch made so as to be recumbent on her face night and day for several months; one-drachm doses of powdered cubebs were administered twice a-day, and the edges of the wound touched with nitrate of silver. Her general health improved. The position on the face gave so much relief that she strictly followed the treatment. After five or six months the discharge ceased entirely, and within twelve months she was perfectly well, and has continued so up to the present time.

Dr. **Copland** regarded the paper as one of much interest. He himself was the first writer in this country who gave a detailed account of the diseases of the cæcum, the article appearing in his "Dictionary" thirty years ago. The two cases recorded by the Author, in which portions of the cæcum and colon were thrown off, he believed to be unique, and the separation of the intestine could only have arisen from intussusception having been before present. He then referred to a case of cæcal fistula which had existed for nine or ten years, the fistula having closed and re-opened several times during that period. The patient was still alive, but very much emaciated.

Dr. **Webster** related the case of a young woman who presented symptoms like those detailed in the paper. Eventually a portion of the small intestine, twenty-five inches in length, passed per anum. She recovered from this, but died some time afterwards. The treatment pursued was similar to that which Dr. Reed had employed.

Dr. **Habershon** said the cases related were of extreme interest. He referred to a preparation in Guy's Hospital, which was presented some years ago by Mr. King. The patient was seized with sudden pain in the abdomen, producing great prostration. Eventually the appendix of the cæcum and a portion of the colon passed. The patient recovered. Dr. Habershon then referred to the occasional presence of diarrhœa in these cases, and mentioned an instance in which the purging was attended with such peculiar circumstances, that poison was suspected, but which afterwards proved to be a case in which the cæcum and ileum had pushed forward into the colon. With regard to treatment, as it was so important that adhesion should take place after the separation, he suggested that more opium and less mercury should be used. With this exception he agreed with the plan of treatment pursued by Dr. Reed; but might not his cases have succeeded as well if less mercury had been employed? He had seen several cases of cæcal fistula connected with cancer. In Dr. Reed's case that disease was not present. He reprobated the use of purgatives in these cases.

Dr. **Wynn Williams** related the case of a patient who was suddenly seized with severe pain, in the right iliac region, accompanied by great tenderness over the whole abdomen, vomiting, and constipation. He first administered three grains of opium and ten of calomel, the latter being given as a sedative; and the abdomen was covered with linseed meal poultices. The symptoms abated, but a hard swelling was detected in the right iliac region. The patient was then placed under small doses of opium, and poultices were used. The patient thought he had felt the tumour slip away from its position, but he remained well. Three months afterwards he was again called to the case, when the patient informed him that a tumour was pressing upon the rectum. The tumour was removed, and was found to consist of a large brown mass as hard as stone. It was sawn through, and its nucleus proved to be a plum-stone surrounded by layers resembling brown paper. The patient recovered.

Dr. **Stewart** agreed with Dr. Habershon regarding the treatment of invagination of the intestine. He had long since given up the use of purgatives in these cases, and was now in the habit of using an injection consisting of three or four grains of the extract of belladonna and a large quantity of water. This he had found usually successful. He related one case in which a second injection of belladonna was used in mistake for a common enema. The injurious effects of the belladonna were not developed, in consequence of the bowels having acted freely. He resorted to the same plan of treatment in cases of poisoning by lead, in which constipation and colic were prominent symptoms. The disadvantage of this mode of treatment was the occasional development of the poisonous effects of the belladonna, but he had only seen two cases out of twelve in which delirium had occurred.

Dr. **O'Connor** said the last case related by the author, as well as the observations of the last speaker, reminded him of a case which was under his care at the Royal Free Hospital about four years ago. It was that of a young man, eighteen years of age, suffering from phthisis. He was in the Hospital nearly two months. His general health became improved, and the disease for the time was arrested, when he was suddenly attacked with pain and great tenderness in the region of the cæcum. The following day there was general peritonitis, with uncontrollable sickness. Owing to the difficulty the patient had in retaining anything on his stomach, he ordered a suppository of fifteen grains of mercurial ointment, with one grain of opium, to be administered every four hours, and turpentine fomentations to the abdomen. Relief of the symptoms in a few hours followed; the peritonitis had subsided within twenty-four hours; the action of the mercury manifested itself by soreness of the gums; the bowels had been freely acted on three or four times, and some pieces of undigested oranges escaped. On the third day there were circumscribed tenderness, pain, and swelling in the region of the cæcum, which gradually increased. After a few days, in consultation with his colleague, Mr. Gant, fluctuation was felt. Mr. Gant made a free opening, through which a large quantity of fetid, purulent matter escaped. A probe could be easily passed into the cæcum. The fistulous opening in time healed, but the patient ultimately died of phthisis.

Mr. **Pollock** said he thought that the most important point in Dr. Reed's paper had been lost sight of. Cases of intussusception were not uncommon in which recovery occasionally took place from a portion of the intestine being thrown off. In Dr. Reed's cases, it would appear that a portion of the intestine throughout the entire circumference and length were thrown off independent of intussusception. Might not some other evil, in such cases, be anticipated to follow—for instance, a permanent contraction of the tube?

Dr. **Reed** said, that in his cases portions only of the calibre of the cæcum and colon had come away with the entire appendix.

(To be continued.)

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 1.

Dr. **Tyler Smith**, President, in the Chair.

The Annual Address was delivered by the **President**, who referred in the first instance in terms of congratulation to the prosperous career of the Society. It had been in existence three years, and during that time two volumes of *Transactions*, which might challenge comparison with the volumes of the older Societies, had been published, and a third volume was preparing. All the preliminary expenses incidental to the establishment of the Society had been paid, and the Treasurer had a balance of nearly £500 ready for investment. The total number of Fellows was now 482, of which 82 had joined during the present year. The Society was so cosmopolitan as to include among its Fellows Practitioners in the East and West Indies, Australia, New Zealand, Constantinople, and other places in different parts of the world. During the past year the reputation of the Society had been well maintained by the papers and discussions, and the attendance of Fellows had been uniformly good. The subject of the formation of an Obstetrical Library was next adverted to, as a matter in which little progress had been made, but which required the future exertions of the Fellows and Council. The proceedings in relation to the proposed amalgamation of the Medical Societies were then passed in review. The points elicited at the meetings of the Councils and Committees, and at a public meeting of the Royal Medical and Chirurgical Society, seemed to be that our Profession greatly needed the existence of some authoritative body, representing the whole Profession, which should be the recognised medium of communication between Medicine and the State; and that some adequate machinery was required by which reports and decisions should be made upon prominent Professional subjects. Without undervaluing the advantages of union, he questioned if any mere organization could give the Profession its fair influence in matters of government. We were steadily increasing our political power and influence by the formation, under various Acts of Parliament, of a considerable body of officials who were in the employ of the State, in connexion with lunacy, coronerships, inspectors of factories, the Poor-law registration, sanitary laws, and other subjects. In the end, this must create a political life for the Profession, and we should not obtain our legitimate influence, or extend the political arena, until some of our members were found in the Houses of the Legislature. He trusted the time might come when it would be considered as necessary for the legal head of our Profession, namely, the President of the Medical Council, to be in Parliament as the Archbishop of Canterbury or the Lord Chancellor. It was only, he believed, in this way that the Profession could obtain a political recognition. Apart from political life, no Governments would refer to any particular body: they would continue, as now, sometimes to consult one College, sometimes another, or more frequently some private individual. With regard to the second point, no doubt any new means for the investigation and discussion of disputed or important points would be useful, but he questioned if the decisions of any body of men would supersede the present machinery, consisting, as it did, of discussion, contemporary literature, the Medical press, and the collection of public Medical opinion based upon all these. In the meetings of the joint committees of the several Societies, something like a plan of an amalgamation was proposed and in part adopted. Subsequently, the younger Societies were invited to suggest some method by which the objects proposed might be carried out. Various causes operated to prevent the accomplishment of this object. A difficulty arose with the charter of the Royal Medical and Chirurgical. Some of the older Fellows of that Society strongly opposed any scheme of the kind. In the councils of the younger Societies, a loss of independent action was apprehended. Under these circumstances, the proposed amalgamation remained in abeyance. For himself, and he believed he might speak for the Council and Fellows, there was no objection to any union which should preserve the independence and vigour of their own Society. He thought the various Societies might unite to form a supreme council, just as the colleges and universities united to form the General Council under the Medical Act. To this supreme Council should be committed the duties which it was thought might be better performed with union than under present arrangements, and the expenses of such a Council might be shared in common. This would be a real growth or development of the existent Societies, and not a process of mere fusion or remodelling. In any future negociations, he thought the first step should be some understanding between the younger Societies. He would now make a few remarks on the functions performed by Medical Societies, and by their own Society in particular. Societies, as a means of scientific and practical advancement, had been brought to great perfection in Medicine. There was nothing like them, either in the law or the church. Our Colleges devoted themselves chiefly to the care of the student from the date of matriculation to the day when he obtained his first professional qualification. After this, the Medical man was left very much to himself, and the unions of our members in Societies were the chief means of public professional intercourse. These bodies carried on, as it were, and matured the education of the practitioner, and they also promoted in a very great degree the improvement of medical knowledge. In obstetrics, the want of a Society in this metropolis had long been felt. No greater proof of this could be adduced than the remarkable success which had attended its operations. Every evil augury has been falsified, and the best anticipations of its advocates had been more than fulfilled. We had not alone the duties pertaining to all other Medical Societies, but the Obstetrical Society was the only point of union for those engaged in this department of practice. Our Colleges, which were founded to promote Medicine and Surgery, naturally preferred these departments to midwifery. No subject could be more interesting to this Society than any matter relating to the improvement of obstetric education. He was happy to be able to state that, during the past year, the College of Physicians had completed arrangements for examining and granting a licence in Medicine and Midwifery. The attendance required upon lectures was less than many of them would have thought necessary; but attendance had for the first time been enjoined on clinical diseases of women, which was a step in advance. He ought not to omit to state, that in the discussions arising out of this subject, their Honorary President, Sir Charles Locock, bore a distinguished part. On two occasions he came from the country, at considerable personal inconvenience, to attend the meetings of the College, and advocated the interests of midwifery with such zeal and ability as to deserve their warmest gratitude. He begged, in conclusion, to direct their attention to the present social and professional position of obstetrists. There was a tendency to consider us as specialists, against which we should all contend. We were not specialists in the sense in which the Ophthalmic or Aural Surgeon followed a specialty. Midwifery was one of the three great departments into which the wants of society and the lapse of time had divided the profession; and if the charge of specialty was brought against the Obstetrist, it might with equal justice be urged against the Physician or the Surgeon. It should be the aim of the Society to raise the department to which it was devoted, and to obtain the general recognition of its importance. It was often assumed that Midwifery was behind Medicine and Surgery in a scientific and practical point of view, but this was to a great degree untenable. Well-ascertained facts, rules of action, and established principles, were the characteristics which marked the approach of any art to the exactness of science. Viewed impartially, he did not think Midwifery could be considered behind either Medicine or Surgery in these respects. In the many dangerous contingencies met with in the practice of Midwifery, there were few in which the plan of action was not definitely and clearly laid down. We were fortunate in having to wield some of the greatest resources of Medical art. The Midwifery forceps was acknowledged to be the most perfect and life-saving application of mechanical genius which had ever been made. No other instrument equalled it in importance and perfection. It fell to the Accoucheur to dispense to mankind the blessings of vaccination, the grandest discovery within the realm of Medicine. For another worldwide blessing, the use of chloroform, mankind were indebted to an Obstetrician. Let us, then, be proud of the privileges we possessed, while we endeavoured to increase and improve them. The mistaken idea has been sometimes broached that the cultivation of Midwifery, as one of the great departments of the art of healing, tended to separate it from Medicine and Surgery. He believed that the more perfect the three great departments became, the more assured would their union become. Who could say that the union between Medicine and Surgery was not more perfect now than when Surgery was in the hands of the barber-chirurgeon? Let us, then, cultivate the department in which we are engaged, not in any spirit of disunion, but with the conviction that the more perfect we become, the more intimate will be our union with the sister departments. No mere alliance, in which our department is treated as inferior to the others, can ever prove as real or useful as a union cemented by, and depending on, mutual respect, general advancement, and equality.

Mr. Spencer Wells proposed a vote of thanks to the President for his address. It was an address so able, that it merited more than the usual complimentary vote (which he was sure would be carried by acclamation), and he trusted that at least one of the many valuable suggestions it contained would be acted upon by the gentlemen present, and by every Fellow of the Society. The President had shown very forcibly how necessary it is that our Profession should be represented in the Legislature, and he (Mr. Wells) trusted that every Fellow of the Society would do all that lay in his power to attain so desirable an object; and many of them had the power. There were very few Medical men who might not exert considerable influence in the selection of candidates for various counties or boroughs, or in influencing the views of candidates. Some, perhaps, might assist in the selection of some eminent Medical man, partly retired from very active practice, as a candidate for a seat in the House of Commons. Others, who might be unable to exert such influence as this, might impress upon the mind of some other candidate the necessity for advocating a great constitutional question—one which has already been advocated by an influential section of the press—the creation of life peerages. If life peerages were to become a part of the institutions of the country, we should soon see Medical peers sitting in the House of Lords beside the law lords and the bishops. Surely the venerable Surgeon who was led to this room last night, to move the address of condolence to her Majesty from the Medico-Chirurgical Society, would do as full honour to the House of Lords as any lawyer or divine who now has a seat there; and many other Medical men might be named, who, if they had made the large fortunes gained in the church or at the bar, might accept an hereditary title, and might now do honour to a life peerage. If the Profession would really work in earnest for this reform in the general election which is fully expected between February and Easter, we might then see our Profession well represented in both Houses of Parliament. At any rate, let the gentlemen present do their best, and show that they appreciate the address, for which he now moved that they thank their President, by doing what they could to carry out the objects he had shown to be so desirable.

The motion was seconded by Dr. T. Pollock, and carried by acclamation.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, Westminster, Jan. 18.

(*Sittings in Banco, before Lord Chief Justice* Cockburn *and Justices* Wightman *and* Crompton.)

THE VESTRY OF ST. LUKE'S, MIDDLESEX, APPELLANTS, AND LEWIS, RESPONDENT.

This was a case stated by one of the police magistrates of the metropolis, under the 20th and 21st Victoria, cap. 43, for the opinion of this Court, upon the question whether the magistrate ought to have made an order upon the respondent for the payment of the sum of £12 10s. under these circumstances :—

It appeared the respondent was the owner of the premises in John's-place, Arthur-street, in the parish of St. Luke, Middlesex, built before the passing of the Metropolis Local Management Act (the 18th and 19th Victoria, cap. 120), and he had been summoned before one of the police magistrates at Clerkenwell, to show cause why an order should not be made, under the provisions of the Metropolis Local Management Act, requiring him to pay the vestry of the said parish the sum of £12 10s., being the expense of certain works executed by the said vestry upon the said premises in John's-place. The respondent appeared in answer to the summons on December 19, 1860, and, in the result, the magistrate declined to make the order. It was proved before the magistrate that the respondent was the owner of four houses in a court, called John's-place; and that the houses had two privies attached to them. In the early part of the year 1860 complaints were made, and the vestry served upon the respondent a notice to do certain works, which he complied with, so far as to fix pans in the closets, but not in providing water supply. On July 14, 1860, the surveyor of the vestry gave the respondent notice, and then proceeded to inspect his premises, and opened the drains passing under the footway pavement and connecting the privies with the sewer, which were found to be choked and blocked up. The drains were cleaned and put in order at the expense of the vestry, and on August 21 the vestry served upon the respondent a further notice, requiring him to provide water supply to the two privies within twenty-eight days to the satisfaction of the vestry; and that in case of his refusal or neglect the vestry would cause the same to be constructed, and would proceed to recover the expenses in the manner provided by the Act. No attention was paid by the respondent to this notice, and the vestry, on November 26, 1860, served upon him another notice of their intention, after twenty-four hours, to enter the respondent's premises and execute certain works, which they accordingly did on December 1. They then fixed a cistern on the roof of the privies, removing the roof, and also three courses of brickwork on the upper side or pitch thereof, for the purpose of procuring a level base for the cistern; and they also fixed the necessary plumbers' work for connecting the cistern with the pipes of the Water Company and with the pans of the closets, and fixed new seats in the privies. The expense of these works amounted to the sum of £12 10s., the payment of which the vestry then sought to enforce by summoning the respondent before the magistrate. The magistrate, however, was of opinion that, having regard to the Metropolis Local Management Act, and particularly to the 81st, 82nd, and 85th sections, under which the vestry professed to have acted, there was no power given to convert a privy into a water-closet, by providing water supply thereto, as had been done in this instance; but that, if the privy was not sufficient, the vestry should have required the respondent to make it so, and, on his default, the vestry was empowered, by the 81st section, to make it sufficient by doing such works as were required, and then to recover the expense so incurred from the respondent. The magistrate also stated that he thought he was supported in his opinion by the decision of the Lords Justices in the case of "Tinckler *v.* the Wandsworth District Board of Works" (27 L. J. Ch., 342). He accordingly declined to make an order for the payment of the £12 10s.; but, at the request of the vestry, he stated the present case for the opinion of this Court upon the question whether he ought to have made an order.

Mr. Bovill, Q.C. (with whom was Mr. Horace Lloyd), argued the case for the vestry, and Mr. Beasley for the respondent.

Lord Chief Justice Cockburn said he was of opinion that the decision of the magistrate was erroneous. The question turned upon the construction of the 81st section, which enacted that "if at any time it appear to the vestry or district board of such parish or district that any house in any such parish or district, whether built before or after the commencement of this Act, is without a sufficient watercloset, or privy, and ashpit, furnished with proper doors and coverings, and with other apparatus and works as aforesaid, the vestry or district board shall, in case the same can be provided without disturbing any building, give notice in writing to the owner or occupier of such house, requiring him forthwith, or within such reasonable time as shall be specified in such notice, to provide a sufficient water-closet or privy, and ashpit, so furnished as aforesaid, or either of them, as the case may require," etc. The respondent admitted that the vestry had the power to order a privy to be made sufficient, but he denied that they had the power to order a privy to be converted into a water-closet. His Lordship, however, thought the vestry or district board had that discretion vested in them by the 81st section, for it enacted that if "any house" should be "without a sufficient water-closet or privy," the vestry, or district board, should have power to require the owner or occupier to provide "a sufficient water-closet or privy," &c., "or either of them, as the case may require." It was reasonable also that it should be so, for there might be cases where the privy could not be so altered as to meet the necessities of the case. It might be that the buildings were so crowded that the only remedy might be the application of water to carry the soil into the regular sewer. Upon the whole, his Lordship thought the vestry ought to have that discretion, and that the Act of Parliament vested it in them, and that the magistrate ought to have made the order.

Mr. Justice Wightman was of the same opinion, and said the case of "Tinckler *v.* the Wandsworth District Board of Works" was distinguishable, because in that case the board had declared their intention to do away with all privies, and had issued a general order applicable to a number of houses, without any regard to whether the privies were sufficient or not. But, in the present case, the vestry had decided that water-closets were necessary.

Mr. Justice CROMPTON was of the same opinion, but added that in some cases a question might arise, on the words "without disturbing any building," as to what amounted to "disturbing a building," and also as to who was to decide. His Lordship, however, agreed that the vestry had the power under the Act to order the supply of water.

The judgment of the Court was, that the case be remitted to the magistrate, with the opinion of the Court.

OBITUARY.

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DR. JAMES M'GHIE, OF GLASGOW.

THE Glasgow press furnishes us with the intelligence of the death, on January 15, by typhoid fever, of Dr. M'Ghie, Superintendent of the Royal Infirmary of that city. Although the sphere of usefulness of the deceased was mainly confined to Glasgow, and his loss, in consequence, not so widely felt as it would have been had he occupied a more prominent, though not less worthy position, his successful efforts in the cause of suffering humanity nevertheless deserve a passing acknowledgment at our hands. About eight years since Dr. M'Ghie was transferred from the office of Assistant-Physician at the Glasgow Lunatic Asylum to that of Superintendent of the Royal Infirmary, the duties of which appointment he continued to perform till a few days before his decease, when fever attacked him, and cut short a most useful life at the early age of thirty-eight. During these years—mainly devoted to the advancement, internal organisation, and subsequent extension of the largest Hospital in the kingdom out of the Metropolis—he found time to undertake, along with his friends, Drs. Buchanan and Cowan, the Editorship of the *Glasgow Medical Journal*, and contributed many of the best and most practical papers to that periodical. As an illustration of his practical sagacity and desire for the public weal, we may mention the fact of his having recommended and afterwards organised a system of public vaccination in connexion with the Glasgow Hospital, which, no doubt, contributed to abridge the fatal annals of small-pox in a city proverbial for its ravages. We would also allude to his efforts in introducing into Surgical practice an admirable and efficient substitute for the more expensive and less cleanly oil-silk or gutta percha in the dressing of wounds. This material, consisting of tissue paper saturated with oil, and prepared after a formula given with great minuteness by the deceased, is now largely employed in Hospital and general practice, and would, we have no hesitation in saying, be universally adopted, if attention were paid to the lucid and succinct directions given in the article alluded to. But the crowning event of his short career, and one with which his friends will always be glad to associate his name, was the part he took in the construction of the new Surgical Hospital in Glasgow. To succeed in such an enterprise is no small tribute to his judgment, as the construction of a building fulfilling all the requirements of modern civilisation for the successful treatment of the sick has been hitherto an enigma which sanitary science has attempted in vain to solve. Dr. McGhie, well aware of the difficulties which beset the trustees of the charity in their benevolent attempts to provide additional accommodation for the sick poor of Glasgow, brought all his energies to aid them in their designs, and spared himself neither time nor trouble in furthering this desirable object. With this view he visited all the chief Hospitals in this country and of the Continent, and was enabled by so doing to avoid many errors of construction and design which have proved fatal to other and richer Institutions. The new Hospital was opened for the reception of patients about six months since, and without venturing on an opinion of our own, or re-echoing the laudatory notices of the local press on its capabilities for the treatment of the sick, we would direct attention to the testimony given during the discussion which has lately occupied the sittings of the French Academy of Medicine with reference to Hospital Hygiene. Dr. Leon Le Fort, who has taken the most important part in this discussion, and who has qualified himself for the task by repeated visits made to the chief Hospitals of England, Ireland, and Scotland, states in his *brochure* recently published, that of all the establishments he had visited, the new Surgical Hospital of Glasgow appeared to combine, better than any other, simplicity of arrangement with the most effective hygienic precautions for heating and ventilation. In the course of his paper, Dr. Le Fort gives a very elaborate account of the construction of this building, and awards full praise to Dr. McGhie for his efforts in superintending the multifarious details connected with the extension.

It may not be uninteresting to those not acquainted with the deceased, to notice that he combined in his person two very antagonistic physiological elements, namely, great corpulence and a large amount of mental and physical activity. He was the stoutest man for his years we knew; and it may have been partly from this cause that he succumbed so rapidly to the disease which caused his death. To overcome this constitutional tendency he was in the habit of making long and frequent excursions to the mountainous districts of his native country, and with a zeal and activity which amused strangers, though perfectly consistent with his character, he took an initiative part in the Volunteer movement in connexion with his *alma mater*, the University of Glasgow, and continued from first to last one of the most active officers of the corps. Everything that concerned the prosperity of the Glasgow College enjoyed his warmest sympathies; and many of our readers who see this notice, pursuing their vocations in different parts of the country, will recall their student days when the portly form and naïve address of the deceased presided over the noisy meetings of the Liberal Association.

Blunt, honest, and sententious, he was not scrupulous in exposing, and that in no equivocal manner, the hollow conceit of the pedant and the charlatan; but underneath his rough exterior there beat a heart full of love for his friends, and of active benevolence for those whom pity or misfortune had entrusted to his intelligent care. Peace to his ashes. We can ill afford to lose such men.

DR. O'BEIRNE.

ANOTHER well-known name has succumbed. Dr. O'Beirne, after some months of gradual decay, during which he was assiduously attended by Dr. Burke Ryan, a former pupil, died at Bayswater on Thursday, the 16th inst., aged 76. He was M.D. of Edinburgh; Fellow and ex-President of the Royal College of Surgeons of Ireland; Surgeon Extraordinary in Ireland to the Queen, and had been Senior Consulting Surgeon to Maynooth College, Surgeon to Jervis-street and Richmond, Whitworth, and Hardwick Fever Hospitals. He served in the Royal Artillery and came up towards the end of the battle of Waterloo, and, we believe, assisted at the removal of the leg of the late Marquis of Anglesey, who had always a kind reception for him while Lord Lieutenant of Ireland. He held a war medal with eight clasps, and was well-known for his views on Defecation and on Tetanus. Upon this latter subject he had a work in manuscript finished, and in the hands of his friend Dr. Jacob, with the hope of having it published by subscription. This work added much to his other anxieties, and we presume we shall hear particulars from Dr. Jacob.

He laboured under bronchitis for a few days, and on Tuesday, the 14th, a pulse of 160 with other symptoms made it necessary for Dr. Ryan, in the least alarming manner to enquire if his worldly affairs were put in order. This quite surprised him, and he anxiously inquired if there was any danger. Still no pulse on the following day, but he, still in the most collected manner, spoke about the treatment, and of many patients formerly under his care. In the evening his attendants were warned that he might expire towards the morning. At ten o'clock on Thursday he was still quite conscious but spoke with difficulty. At half-past ten he became unconscious, and by eleven o'clock he ceased to exist. There was not one moment's wandering from first to last—little or no agony, and it would be impossible to witness a more easy death.

SOUTH HANTS MEDICAL AND CHIRURGICAL SOCIETY.—The first meeting of this Society was held on the 10th inst., at the residence of Dr. Wiblin, Marland-place, Southampton, for the purpose of electing office-bearers for the year ensuing. Dr. Wiblin, F.R.C.S., was elected President; Dr. Weston, Shirley, Vice-President; H. Palk, Esq., M.D., Hon. Secretary. *Members of Council.*—Dr. Dusautoy, J.P.; Dr. Bushnan, Salisbury; S. Dyer, Esq., Ringwood; and Dr. Welch.

MEDICAL NEWS.

◆

Royal College of Surgeons, Ireland.—The undermentioned gentleman, having been examined on the 6th and 7th of January, was admitted a Fellow:—

Bernard, John, Surgeon R.N.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, January 9 and 16, 1862:—

Edwards, M. J., Rhudda Valley, Newbridge, Glamorganshire
Hine, William Conway, Thickthorn, Illminster, Somersetshire
Makens, John, Ringshall, Suffolk
Nightingall, Robert Salisbury, Commercial-terrace, Limehouse.

APPOINTMENTS.

Claremont.—Claude Clarke Claremont, M.R.C.S. Eng., L S.A. Lond., has been elected Medical Officer for the West District of the Parish of St. Pancras, *vice* William Reynolds Hayne, M.D. King's College, Aberdeen, M.R.C.S. England, L.S.A. Lond., resigned.

Horton.—Fitzwilliam Horton, Mem. and L.S.A. Lond., has been appointed Poor-Law Medical Officer to the Second District of the Fulham Union, Middlesex.

Hunt.—Alfred Hunt, M.R.C.S. Eng., L.S.A. Lond, has been appointed Poor-Law Medical Officer to the Fourth District of the Fulham Union.

Jones.—William Owen Jones, M.R.C.S. Eng., L.S.A. Lond., has been appointed Junior House Surgeon to the Royal Infirmary, Manchester, in the place of Joseph Henry Barr, M.R.C.S. Eng., L.S.A. Lond., resigned.

Lord.—Assistant-Surgeon Lord, Civil Surgeon of Rajcote, has been appointed Superintendent of Mahableshwar, Bombay Presidency.

Morgan.—George Blacker Morgan, L.R.C.S. Irel., L.M. Dub., L.S.A. Lond., has been elected Hon. Surgeon to the Sunderland Infirmary, in the room of Frederick Henry Johnson, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., deceased.

Mushet.—Dr. Mushet has been appointed Poor-Law Medical Officer to the First District of the Fulham Union.

Parker.—Samuel Parker, M.R.C.S. Eng., L.S.A. Lond , has been re-elected one of the Surgeons to the Public Hospital and Dispensary, Sheffield.

Perfect.—Thomas William Chamberlain Perfect, M.R.C.S. Eng., continues Poor-Law Medical Officer to the Fifth District of the Fulham Union, as altered.

Simson.—James Simson, M.D. Univ. Edin., F.R.C.S. Edin., has been elected Secretary to the Royal College of Surgeons, Edinburgh.

Spaull.—Barnard Edward Spaull, M.R.C S. Eng., and L.M., L.S.A. Lond., has been appointed Poor-Law Medical Officer to the Third District of the Fulham Union.

Swinson.—Thomas Spilsbury Swinson, M.R.C.S. Eng., late Deputy for Otho Francis Wyer, M.R.C.S. Eng., L.S.A. Lond., has been elected House-Surgeon to the Warneford Hospital, Leamington, Warwickshire, in the room of the latter gentleman, who has resigned.

DEATHS.

Arnoldi.—January 1, at Toronto, Canada West, Francis C. T. Arnoldi, M.D., aged 56.

Black.—December 11, at Couva, Trinidad, Alexander Osmond Black, M.R.C.S. Eng., aged 27.

Bond.—January 11, at Truro, Cornwall, Frederick Trestrail Bond, M.R.C.S. Eng., Assistant-Surgeon Bombay Army, aged 29.

Bromley.—January 9, James Bromley, of Beverley, Yorkshire, in practice prior to 1815 (retired) aged 83.

Goodall.—January 16, at No. 1, Augustine-road, Camden-town, Henry Augustine Goodall, late of the Royal Infirmary, Glasgow, M.D., M.R.C.S. Eng., aged 25.

Gregory.—January 10, Joseph Gregory, of Riseley, Higham Ferrers, Bedfordshire, Mem. and L.S.A. Lond., aged 61.

Hurst.—January 16, Robert Charles Hurst, of High-street, Bedford, M.R.C.S. Eng., L.S.A. Lond., F.L.S., aged 34.

Moreau.—M. Moreau, Professor of Midwifery in the Faculty of Medicine of Paris, and a former President of the Academy of Medicine, died on January 15, in consequence of acute arteritis, which led to arrest of circulation in one of the arms and a thigh. Having attained the 50th year of his Doctorate, he must have more than entered his 70th year. He was a good practical teacher, and had an immense Midwifery practice among all classes of society.

Ramsey.—January 12, at Milton Bridge, near Edinburgh, Dr. G. H. Ramsey, late of Bridlington, Yorkshire, aged 29.

Tranter.—January 15, at Old-square, Warwick, Philip Tranter, M.R.C.S. Eng., Surgeon to the 1st Regiment of Warwickshire Militia, aged 78.

Whiting.—January 16, Charles Whiting, of Upper Ebury-street, Pimlico, M.R C.S. Eng., L.S.A. Lond., aged 55.

Young.—January 15, at Southsea, Hants, Dr. Colin Young, late of the 6th Royal Veteran Battalion.

The New French Pharmacopœia.—To the names which we mentioned last week as constituting the French Codex Committee those of MM. Trousseau and Bouchardat have been added by order of the Minister of Public Instruction.

New Commission on Cretinism.—It has been determined to issue a Commission for the purpose of investigating the causes of the cretinism prevailing in certain districts of France, and the best means of remedying it. The Commission, presided over by M. Rayer, consists of MM. Mélier, Tardieu, Parchappe, Constant, Anthelme, and Morel.

Parturition of a Python.—Seven months ago, two of the Pythons in the Zoological Gardens, Regent's-park, were observed to be in the act of sexual connexion, and the female was noticed to become languid, and slowly increasing in size afterwards. The keepers, not suspecting the real state of the case, ascribed these symptoms to constipation, and proposed to give an injection; but one day last week the patient appeared very uneasy, and strained a great deal, and after taking her bath gave birth to a whole bushel of eggs. They are membranous, and of the size of goose eggs, and the mother is coiled around them, protecting them with the vigilance of a hen.

Effect of the War on United States Journalism.—The *American Medical Times* states that it commenced the year 1861 with no fewer than thirty-five American Journals on its exchange list, and closes it with only ten—the remainder having been discontinued in consequence of the pressure of the war. We observe that Silliman's celebrated *Journal of Science* calls aloud for help in its present critical state, brought on by secession of Southern subscribers.

The Surgeons in the United States Army.—The *American Medical Times*, in its review of the year, takes a justifiable pride in pointing to the admirable conduct of the Surgeons in the American fratricidal war. They at least have never been found wanting in their duties at the moment of need, whether in the hour of victory or that of defeat. In their ranks are found not only the raw graduate and young practitioner, but the instances are not few in which large and lucrative practices, and honourable positions, have been exchanged for hard and ill-paid services. Many of those made prisoners of war have been allowed to return again to civil life, but others have died in prison. Among these last is Dr. Griswold, Surgeon to the 38th New York Volunteers, and a man of distinguished attainments, who taken prisoner at Bull-Run, died in Charleston Jail of typhoid fever, at the age of thirty-four.

Rubini's Broken Clavicle.—Sutherland Edwards, in his recently published "History of the Opera," tells us something that is not generally known about the celebrated tenor Rubini, of Romano. A passage in Pacini's "Talismano" which was entrusted to him was greatly applauded because of the remarkable power he displayed in producing B flat without the slightest previous preparation. He performed this vocal feat fourteen times, to the great delight of the musical public of Milan, but on attempting it for the fifteenth time he failed. "Os habet, et non clamabit." He was dumb. Cheered by his audience, he made a second attempt, and succeeded fully. The audience were delighted, not so the tenor; he felt that in exerting himself to the utmost "something had given way"—he was wounded, but triumphant! The Surgeon of the theatre was sent for, who at once pronounced that his clavicle was fractured: the bone had been unable to resist the tension of the singer's muscles; he swelled his voice until it burst one of its natural barriers. His professional engagements were not interrupted by this accident: he continued to sing with his broken clavicle. Two other vocalists are mentioned who not only injured themselves in singing, but actually died of their injuries.

Heavy Damages in a Case of Malpraxis.—A case has been recently tried at Chicago, U.S., in which Dr. Caldwell, an oculist and aurist of that city, was assessed in damages to the amount of 10,000 dollars. The plaintiff, a female servant in a hotel, applied to him for the removal of a scar of the left eye, caused, as it was supposed, by the small-pox, which he promised to effect speedily without pain, and without injury to the right eye. He was paid thirty dollars in advance. It was alleged that he improperly punctured the eye, caused her to be exposed to cold in his office, and neglected to visit her—the left eye thus becoming inflamed and lost, while by reason of some stimulating drops he applied to the right eye the sight of that was also lost. The defendant alleged that the case was one of staphyloma; that he had not promised restoration of vision; and that the ill consequences were due to the patient's own neglect. A motion has been made for a new trial.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 18, 1861.

BIRTHS.

Births of Boys, 1007; Girls, 989; Total, 1996.
Average of 10 corresponding weeks, 1852–61, 1718·8.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	677	714	1391
Average of the ten years 1851–60	650·9	657 4	1308·3
Average corrected to increased population..	..	..	1440
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	1	8	1	8	1	2
North ..	618,201	1	5	14	2	13	9	6
Central ..	378,058	..	2	11	5	11	4	2
East	571,129	4	1	9	..	27	16	2
South ..	773,160	2	6	15	6	15	22	2
Total.. ..	2,803,921	7	15	57	14	74	52	14

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 747 in.
Mean temperature	35
Highest point of thermometer	48
Lowest point of thermometer	22
Mean dew-point temperature	28·9
General direction of wind	S.W. & S.E.
Whole amount of rain in the week	0·19 in.

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

A Provincial Subscriber.—We know nothing of the operation referred to.

Mr. Mann's and Dr. Duchesne's papers are in type and will appear.

Leicester.—The case of Jackson *v.* Gee shall be noticed next week.

M.D. Willington.—There is no modern work of the kind. Hooper's, which was published many years ago, is out of print.

The Durham Light Infantry Gazette.—We take shame to ourselves for not having earlier noticed this very amusing periodical, for which we have to thank one of the Medical Officers of the 68th Regiment. For, know, courteous reader, that this *Gazette* is not published in the English County famous for coal mines and mustard, but is the official publication of the gallant 68th Regiment stationed at Rangoon, and is printed at the Pegu Press. We never met with any periodical which gives a more vivid and lifelike picture of European life under a tropical sky, and still better, it gives a very cheering account of the healthy condition of the troops at Rangoon. The Regimental Surgeon affirms that Rangoon is as healthy as the best parts of India, and much more so than the generality of stations in either of the three Presidencies. The average sickness is less than 6 per cent., and the mortality (1860), little more than 1 per cent. The thermometer ranges from 65 to 99; the rainfall (1860) was 164 inches, and there was not one dry day from April to November, during which the S.W. monsoon blows. All care appears to be taken of the soldiers as to their diet, airy barracks, amusements, and duties; and we may regard the publication of this very agreeable *Gazette* as a sign of the mental and bodily well-being of all concerned.

Erratum.—The name of the writer of the letter on the Progress of Cholera in 1861, which appeared in our last Number is Verchère, inadvertently printed Nerchère.

Dr. Nathaniel Hodges.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a conversation related in Boswell's Life of Johnson, it is stated by Johnson that Dr. Nathaniel Hodges, the Medical hero of the Great Plague of 1665, was allowed by an ungrateful public to die in a debtor's prison. Can any of your readers inform me on what authority Dr. Johnson made this assertion, or whether any memoir of Hodges is in existence?

I am, &c. M.R.C.P.

Oxalate of Cerium as a Remedy in Chronic Vomiting.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to your Correspondent's query respecting the Oxalate of Cerium, I may state that I have a patient who has during the last four years been suffering from hysterical vomiting, for whom I prescribed the oxalate. It, however, completely failed to relieve. I am, &c. M.D.

Quarantine and Small-Pox.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It would interest your readers to be informed on what principle, if any, our quarantine regulations are carried out.

The papers tell us that—"Small-pox has occurred on board the *Tuscarora*, one poor fellow having been brought to the Southampton Poorhouse suffering from that virulent disease." Now, ships arriving at Southampton with cases of yellow fever on board have been subjected to quarantine, notwithstanding that this is a disease which has never been known to spread by contagion in this country, and in my opinion the evidence is adverse to its having done so in any other; hence, in connexion with this particular malady, an unwarrantable piece of cruelty has been perpetrated, because the detention in a close vessel adds greatly to the danger of the sufferers, besides entailing great inconvenience and heavy losses on commerce.

That such a system should be practised in the one case, whilst a disease recognised as virulently contagious in all climes is permitted importation without check, is what I do not understand; but perhaps you, Mr Editor, can enlighten me on this apparent inconsistency.

I am, &c.

Southampton, January 20. Edwin Hearne.

The Camera Obscura.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—At page 74 of the present vol. of your journal, is a letter by F.R.S., which endeavours to show that Porta did not promulgate his discovery till 1589. As to the date of 1560, F.R S. will find in the "Physiology of Vision," by William Mackenzie, London, 1841, at page 16, the following reference:—"Jo. Baptista Porta, Magiæ Naturalis, Libri IV., fol. 119, Antverpiæ, 1560." Owing to want of this work, the reviewer was unable to verify the citation; but the well-known accuracy of Mr. Mackenzie, and the apparent exactness of the reference, seemed to him sufficient to warrant his adoption of the date. The reviewer was perfectly aware that the earlier editions only contained four books (none of them contain three); he was also aware that one edition had been published at Naples in 1558, and that in all probability the edition of 1560 was only a reprint, as however there was a possibility of the contrary, he adopted the later period.

As to the "absurd mistake in the name," so acute and learned a critic as F.R.S. might have noticed a similar error in the second line of the same page, and might hence have drawn the simple conclusion that they were both printer's blunders. The occurrence of an equally absurd mistake in his own short note will perhaps render F.R.S. a little more cautious in using hard words for the future. I am, &c.

The Author of the Article entitled "Recent Researches on the Optical Relations of the Eye," in the "Medico-Chirurgical Review."

COMMUNICATIONS have been received from:—

Dr. Hobson; Mr. Barnard Holt; Dr. Cooghlan; A Provincial Subscriber; Mr. T. Southee; Dr. Leney; Mr. Upton; Mr. Bernard; Dr. E. Bishop; Mr. Taylor; Dr. Churchill; Observer; A Poor-Law Doctor; Dr. Rolleston; Mr. C. H. Moore; Mr. S. C. Sadler; Dr. M. Mackenzie; Mr. Bradshaw; Mr. Hearne; Dr. Wadham; Mr. Fletcher; Mr. J. Maclise; Mr. W. Thomson; Mr. H. J. Taylor; Dr. A. Mitchell; J. J.; Dr. Devenish; Dr. Hillier; Mr. Dover; Dr. McWilliam; Dr. T. K. Chambers, and Dr. Ogle.

APPOINTMENTS FOR THE WEEK.

January 25. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Christian Medical Association, 8 p.m. Meeting, Freemasons' Hall, Great Queen-street.

Royal Institution, 3 p.m. Rev. A J. D'Orsey, "On the English Language.

27. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Clinical Discussion. (Case 1.—Mr. Ernest Hart, "On a Case of Aneurism of the Orbit.")

28. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

Royal Medical and Chirurgical Society, 8½ p.m. Mr. Sidney Ringer, "On the Temperature, Urea, etc., in Scarlet Fever." Mr. Ernest Hart, "On Treatment of Aneurism by Flexion."

29. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m. (Special Council at 7 p.m.) Dr. Stephen H. Ward, "Cases of Typhoid Fever."

Society of Arts, 8 p m. Meeting.

30. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Professor Tyndall, "On Heat."

31. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. William Hopkins, Esq., "On the Theories of the Motions of Glaciers."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day):—

By Mr. Fergusson—For Fistula in Ano; Removal of Foreign Body from Vagina; Division of Tendines Achillis; Amputation at Wrist (?).

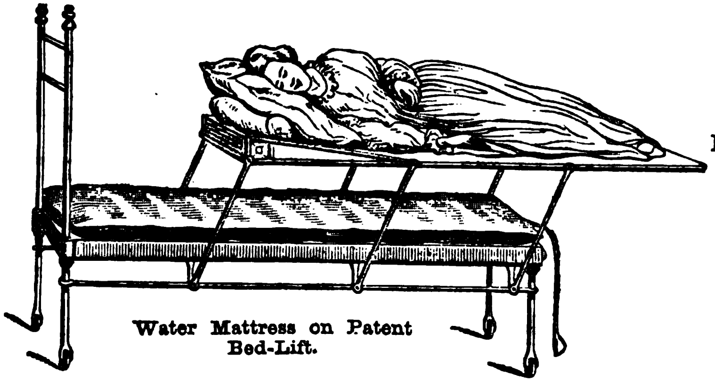
Metropolitan Free Hospital.—The following Operation will be performed on Monday next, at Two o'clock:—

By Mr. G. B. Childs—Amputation of Foot.

HOOPER'S WATER BEDS AND CUSHIONS FOR BED SORES, ETC.

To be Used on an Ordinary Bedstead, or with Hooper's Patent Bed Lift.

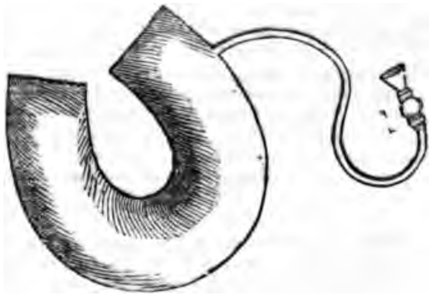
THIS PATENT LIFT COMBINES THE ADVANTAGES OF THE WATER-BED WITH AN EASY AND EFFICIENT MEANS OF RAISING

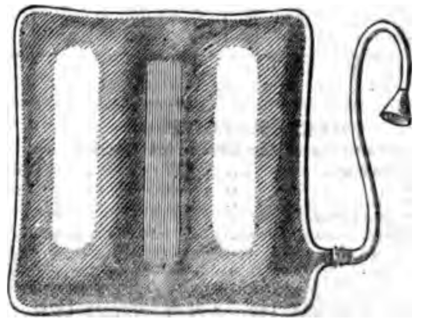


Water Mattress on Patent Bed-Lift.

A PATIENT FOR THE USE OF THE BED-PAN, &c., AND ALLOWS THE PATIENT TO RECLINE AT ANY ANGLE.

Horseshoe shape Water Cushion, specially adapted for the Sacrum.





Spinal Water Cushion.

Also SQUARE CUSHIONS for GENERAL PURPOSES, CHAIR AND CARRIAGE CUSHIONS.
HOT WATER CUSHIONS for the Stomach and Feet.
WATERPROOF SHEETING, ELASTIC BANDAGES, URINALS.

WILLIAM HOOPER, Operative Chemist, 7, Pall Mall East, and 55, Grosvenor-street, London.

CHLORODYNE.

Its use in Fever highly recommended, a case of Sarcinæ CURED, and other

Notices of its high Remedial Value presented, with an especial CAUTION to the Profession.

Caution about Spurious Imitations, &c.

CAUTION.—J. T. Davenport *received* from Dr. J. Collis Browne, M.R.C.S.L., Ex-Army Medical Staff, *the sole Discoverer and Inventor, his* Recipe *for this invaluable preparation*, which *has never been published or made known;* hence there can be no other maker, and anything compounded as Chlorodyne besides is a spurious imitation and deception.

TESTIMONIALS.

"I have now for fifteen months used Dr. J. Collis Browne's Chlorodyne, and am fully persuaded of its value as a remedial agent. In Fever, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of Nervous Power. In fact, in the hands of a judicious Surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe Vomiting, arising from Sarcinæ in the Stomach, associated with an Amyloid Tumour in the Liver, which *had resisted treatment* for many months, I used Chlorodyne most successfully. *The first dose stopped the Vomiting.* Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed, there has been no return of the symptoms. The Tumour has somewhat diminished in size, and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief, especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested, and it will be used by all Medical Men. "HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only disappointed in its effects, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your Chlorodyne with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *I feel quite certain* that her recovery was caused by taking a dose of Chlorodyne three times daily, or *when* the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before when the cases were so severe as the case mentioned; but I did not know the value of your medicine. (Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

Sole Agent and Manufacturer,
J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell-street, Bloomsbury-square, London.

Allsopp's Pale Ale in Bottle,

recommended by Baron Liebig and all the Faculty, may now be had in the finest condition of Messrs. HARRINGTON PARKER and CO., 5½, Pall-mall, S.W.; and 14½, Regent-street, Waterloo-place, S.W.

Gluten Bread, Semola, and Chocolate,

for DIABETES, CONSUMPTION, DYSPEPSIA, and ASTHMA. Recommended by the most eminent Physicians and Surgeons, and used at the principal Metropolitan and Provincial Hospitals.

John Bell and Co., 338, Oxford-street; Twinberrow, 2, Edwards-street, Portman-square; Keating, 79, St. Paul's-churchyard; Glaisyer and Kemp, Brighton; Proctor and Son, Newcastle; Lathbury, Liverpool; Jewsbury and Brown, Manchester; Glasgow Apothecaries' Company, Glasgow; Bewlay and Evans, Dublin; and Wholesale only of G. VAN ABBOTT, and CO., 3, Howford-buildings, 148½ Fenchurch-street, London, E.C.

(See the "Lancet," May 4, 1861, and "Medical Times," June 23, 1860.)

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for marking goods, 1s. per 1000; dispensing or chemical, 2d. per 100, kept in stock; with name and address, 2s.; mixture, pill, &c., equally moderate. An assortment of labels for all trades. Contracts with large consumers.—J. CROSS and SON, Engravers, Steam-machine Printers, Lithographers, and Stationers, 18, Holborn-hill, E.C. Works, Baldwin's-gardens. Established 1813. Catalogues forwarded post free.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH.

By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

LECTURE III.—TEMPERAMENT.—*Meaning of the Term—General Facts as to Temperament—Fundamental Characters—Principles of Classification—Importance of Innervation as a characteristic—Sanguine Temperament as a Standard of Comparison—For Childhood—Woman—The Nervous Temperament—Influence of Race—Predominant Races and Temperaments in the British Isles—The Neuro-Sanguine as a mixed Temperament—Quality of Brain and Nervous System considered—The Neuro-Vascular Diathesis.*

GENTLEMEN,—It is necessary for the purposes of scientific inquiry and practical teaching, that we should group our patients together as they are alike or different in their tendencies, or states of health and disease. Now, a very superficial observation shows that men differ from women, and men and women from others of their own sex in their tendencies to special modes of vital activity, and to special diseases of body and mind. But it is also seen that there are resemblances of the like kind as well as differences. Many attempts have been made to classify and explain these peculiarities. The most common classification is that which places them in two groups, namely, the mental and corporeal; and the corresponding hypotheses have been therefore either metaphysical or physiological. It is with the physiological hypotheses we have to deal, and upon which, indeed, the metaphysical must finally depend. Now, the principle common to all is, that men are alike and different in constitution, because of certain fundamental resemblances and differences as to the elements of their organisations. Certain constitutional elements are common to all men, but they are not equally active, or developed in the same proportion in all men. The *mixing* differs so that one or other predominates. Hence the words *temper* and *temperament*, from the Latin verb *tempero*, to mix or temper, as mortar. In the Elizabethan age the word *humour* was used in a similar sense, being derived from a humoral theory of constitutional organisation.

Although the many attempts which have been made to establish a complete and practical doctrine of temperament have been unsuccessful, the general principles first eliminated from experience remain to this day. It is admitted as general facts:—1. That men can be classified as to the resemblances and differences in their constitution: and, 2. That these depend upon fundamental differences and resemblances in the organisation, which may be recognised by external signs or characters, or physiognomically. It is also true that the generic and specific characters and the physiognomical diagnosis, allowing for changes in language, are the same now as they were two thousand years ago. I need not trouble you with any explanations of either the older or later theories. You will find my own views in my recently published work,(a) and referring you to it, I would call your attention to five fundamental properties or qualities of the organisation as to which men are observed to be alike or different, and under which, therefore, you can classify their resemblances and differences:—1. The state of *innervation*, including extent of development of the brain and of activity of nutrition and function of the nervous system. 2. *Sanguification* and the constitution of the blood resulting therefrom, especially as to the number, colour, and vital powers of the blood-corpuscles. From this point of view we look upon the blood as living tissue, and not a mere animal fluid. 3. The *blood distribution*, or the condition of the vascular system as to number and activity of blood-vessels, and the state of the heart and large vessels. These three are primary, and have a close and intimate relation with each other; for while the activity of the circulation is often dependent upon the state of innervation, it is equally certain the activity of innervation will depend upon the amount and quality of the blood circulating through the nerve-centres. 4. The constitution of the *locomotive apparatus*, including bones, muscles, and serous and sero-fibrous tissues. 5. The sum of all, or the play of the general force of nutrition, as manifested in symmetry or size of the body and limbs, and in the development and functional activity of special tissues, as the skin, hair, teeth, muscles, bones, and nerve-centres. Other heads of things to be noted might be given, but I think these five will, for the present, at least, serve all the practical purposes of observation and generalization, and place us finally in a position to bring the doctrine of temperaments to a level with modern physiology.

To avoid the use of new terms, I will take the old as significant enough for our purpose, and apply them with a definite meaning to these predominant modes of vital activity. 1. Persons nervously active from predominant innervation are of the *nervous temperament*. 2. Predominant sanguification and activity of the vascular and muscular system mark the *sanguine temperament*. 3. When there is predominant innervation and muscular activity with predominant carbon deposit, or excretion, it is the *fibrous* or *bilious temperament*. 4. When muscular activity is good without predominant innervation or sanguification, but with a tendency to fat-formation or deposit, it is the *phlegmatic temperament*. 5. Innervation, sanguification, and muscular and vascular activity are defective, comparatively, in the *lymphatic temperament*. 6. In the *melancholic temperament*, with a tendency to carbon deposit, there is comparatively defective innervation, sanguification, and vascular activity.

General nutrition and development, as compared with a typical standard of health and fitness, will have to be considered in each of the fundamental forms, and in the various mixed or complex types to which, when variously combined, they give rise. They are, in fact, only standards of comparison as to the nutrition and development of particular fundamental systems, which, as they are more or less developed and combined, produce a great variety of complex or sub-temperaments. The more perfect type is that in which all the fundamental elements are equally and harmoniously balanced. Excessive development of one fundamental element, so that a tendency to morbidity results (as of innervation, for example), is degeneration; inasmuch as it is a departure from the harmonious balance of health. The approach thereto was termed "Eucrasia" by the Greeks. The Germans designate it *gute mischung*,—a good mixture or temperament. We might designate it the equable temperament or "Eucrasy." The majority of your patients will be of no well-marked temperament, but they will often indicate that they are degenerate as to some element, the predominance of which, in the constitution, gives the generic name,—degenerate, *e.g.*, as to the state of the vascular system, the composition of the blood, the vigour and tendency to disease of the locomotive system, and the like.

Now, of all the predominant modes of vital activity, innervation is the most important, whether as determining the mental or pathological character. The condition of the nervous system varies so much under a great variety of agencies, and exercises so subtle an influence on the nutrition of tissues, and on the bodily powers in general, as well as on organs in particular, that its physiology and pathology cannot be studied too closely. Nor is the method of study so simple or easy as it appears; for the forces which operate through the nervous system and effect structural as well as functional changes in the body generally, are as far beyond the dissecting-knife and microscope as the equally subtle forces of inorganic nature. We can only know them by the results of their action. Hence the need has arisen for a system of vital dynamics, directly applicable to Medical practice. It is with these convictions that I include these doctrines in the science of Medical Psychology which I teach, and shall call your attention, in the first instance, to those constitutions in which innervation is predominantly active or degenerate.

Characteristics of the Sanguine Temperament.—It will be necessary, however, to select a standard of comparison, in accordance with the rule I have already laid down; otherwise our notions will be vague and indeterminate. Now, for this purpose we will take a kind of man, very common in this country, indicated popularly by the typical "John Bull."

(a) "Mind and Brain." Vol. ii., Part v., chap. 12.

He is a vigorous, healthy Englishman, or a Lowland Scotsman, or Northern Irishman, of the middle class, in the prime of life. He is of active habits, not excitable or hasty in action, but is characterised rather by stolidity of temper, with, however, solidity of judgment and energy of action; in short, he is somewhat phlegmatic. He bears stimulants well, and can drink deeply without becoming extravagant or furious in his conduct; is not "nervous;" rarely suffers from headaches; anxiety and care have little effect upon his nutrient powers, although prudent and anxious to a proverb. He prefers out-door sports and exercises, takes animal food and stimulants freely, and is predisposed to gouty and rheumatic diseases in middle life or old age. He displays a pretty well developed figure; has a capacious cranium, biggish nose, broad chin and cheeks, massy well-set teeth, ruddy complexion, oily thickish skin, thick hair. His limbs are thick, his hands and feet large, his thorax and abdomen capacious, and as he advances in life he becomes fat. This typical man, whom we will designate as of "Anglo Saxon" race, the sanguine temperament, and the arthritic diathesis,—can be compared with other typical individuals, as, for example, a child, a woman, and persons of other races, or of the nervous temperament or diathesis.

Childhood.—As compared with this typical man, all children are predisposed to affections of the nervous system, but especially during the periods of dentition, and at the evolution of each tooth. Of course, if children be compared with each other, that child which inherits a tendency to active or defective innervation, is more predisposed than a child which does not. The sex makes a difference at different ages; thus male children are more predisposed than female children to diseases of the nervous system during the first dentition in the proportion of about three to two.

Woman.—Some women are more predisposed to nervous diseases than others at certain ages, according to the same rule; but, with the exception of viragoes, or masculine women, woman in general, as compared with our typical man, is of such a constitution, that the terms "feminine" and "nervous" may be taken as nearly synonymous. This difference of constitution is displayed both in the more emotional character of her nature, and in the peculiarities of the affections of the nervous system she manifests, and which have been grouped under the term "hysteria"—a term which expresses the ancient theory that they depend mainly upon the physiological influence of the uterus. This I long ago showed was, to a great extent, an error: (b) the ovaria are much more influential pathologically than the uterus; but, independently of utero-ovarian action, there is a feminine constitution, or quality of the nervous system, in all the sex; and it is upon this, in conjunction with the influences of the generative glands, that the differences in the diseases of the nervous system of women, as compared with men, depend.

Race and Temperament.—Our typical Englishman differs essentially from the Welshman and Southern Irishman—the Southern Frenchman, Spaniard, Italian, Arab, Hindoo—in short, from the Celtic man, or the members of the same race in Southern Europe or Asia. I leave out of consideration the African and Mongolian races proper. We greatly want a British Ethnology, founded on well-defined, distinct characteristics; it is a branch of science I would commend to your notice, as one of the subjects with which you may satisfactorily occupy your leisure when your student days are ended. In the absence of anything better, I will venture, however, to direct your attention to a few leading points in the comparative physionomy of the Celt and Saxon, so-called. If you look at a number of Celtic Irish, say from the counties of Donegal or Mayo,—and the opportunity will be afforded you at the railway-stations during the harvest months,—you will note the smallness of their features and limbs, and their lower stature, as compared with the North Englishman and Lowland Scotchman. Their head is smaller, their general facial development less, their nose smaller, the alæ nasi and lips thinner, chin less massy and broad, often pointed, teeth smaller. The differences in complexion are by no means so striking as the differences in the osseous development of the head and face (and which extend also to the limbs); usually, however, the hair is either blacker or redder than in the Saxon. Sometimes, indeed, the hair is more developed; occasionally the hirsuteness of body of the black-haired Irishman or Celtic Highlander is very remarkable, as you will have opportunities of observing in the clinical wards.

It would appear that this difference of ethnic facial development is noticeable in Ireland, for, mentioning the result of my own observations in various quarters, I have been told that the larger-sized noses in Ireland are usually termed by the Roman Catholics "Protestant noses," from the fact that they are most common amongst the Protestant population, who are descendants of Scotch and English immigrants into Ireland. And I think I may add that it is one of the leading characteristics of the Southern inhabitants of Europe as compared with the Northern; and of the Greek, the Arab, and the Hindoo. In short, that the leading corporeal characteristics of that constitution which has been termed the nervous, fibrous, choleric, or bilious temperament, are manifested by those races in which innervation is predominant.

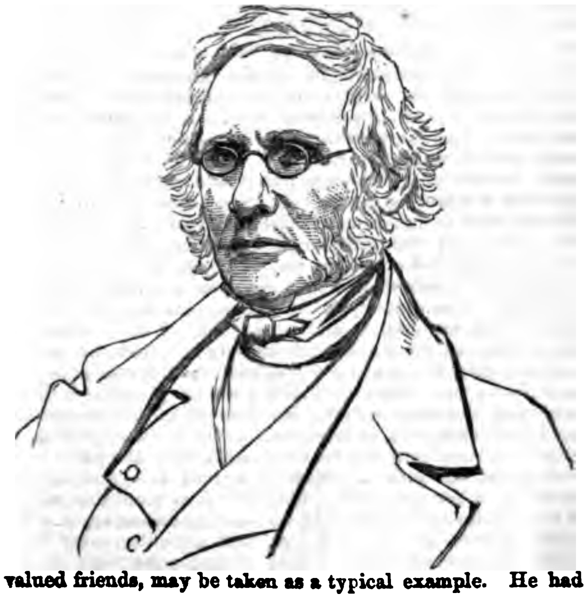
If we examine what are the pathological tendencies of this group of temperaments as compared with the type already set up, we may designate them as emotional or feminine. There is greater susceptibility to all impressions; greater predisposition to excitation by all nervine stimuli, of whatever kind; finer sensibilities, greater rapidity of action, of ideas, and of speech (*i.e.*, in the *expression* of the feelings and ideas, greater vividness of the imagination, and more realistic habits of thought), a predisposition to what may be termed imaginative affections and diseases. Take two extremes—the Hindoo and the John Bull Englishman—for comparison. The Hindoo man is much more susceptible of Mesmeric manipulations than the Englishman, just as the Englishwoman is, and his whole corporeal conformation is equally feminine in comparison, whether we look at the size or weight of his cranium or of other bones. Clinically you will find the Celt more difficult to examine than the Saxon, on account of the activity of his imagination, which leads him to substitute the ideal for the real, the subjective for the objective, or to figure to his own mind, as a reality, what you appear to desire to know, and to give you this as that which *he* thinks or feels. This is so peculiarly the case with the Irish patients in the clinical wards, that we have sometimes to desist from the attempt to get from them an exact statement of their sensations or feelings, or the subjective symptoms. Your questioning, you find, in spite of every precaution, gives a colouring to your Irish patient's answers. I do not know how far this is what is experienced in Ireland by the Irish Practitioners; possibly they succeed better in the cross examination of their countrymen than I do. I speak, however, as to our difficulties in this respect in England and Scotland, after the most ample experience of poor patients from the sister island, and I do not think the session will end before you have had illustrations of what I say. I am told this is equally the case with Italians. In general we find the Irish or Highland patient is less hopeful and more apprehensive; and from his keener susceptibilities is less tolerant of painful diseases, is more demonstrative of his feelings, and requires more manifestation of sympathy and of interest in his case.

Neuro-Sanguine Temperament.—We have thus two standards of comparison to which we can refer other temperaments. Now we have a remarkable mixture of races in Great Britain, but I think we may fix upon the two I have described as the most common of the fundamental forms. A union of these two will produce an individual having characteristics of each: we will designate the resulting temperament, the *neuro-sanguine*. I believe, taking the English population throughout, this is by far the most common in England, and, therefore, that which expresses the general English character. If you select a number of Englishmen for examination from the *middle* classes, probably the sanguine will predominate, but if they be taken from the lower classes as well, especially in the Southern and Western counties, and you compare these with another group from the Northern Counties and the Scottish Lowlands and East Coast, you will, I think, notice that in the South-Western English the features are more finely cut, and the osseous system smaller; in short, that as compared with the North-Eastern, although a ruddy complexion prevails, there are some of the characteristics of the nervous temperament. The cheeks are less prominent, the nasal bones smaller and alæ nasi thinner, lower maxilla less massy, giving the chin a more pointed character. The cranium is also smaller if it be true that the Southerner requires a smaller hat than the Northern, as I have been assured.

(b) "Treatise on the Nervous Diseases of Women." 1840.

Quality of Nervous System.—Some of the big-headed men have claimed a physical and mental superiority over us smaller-headed men (for I am one of this class), but without success; and it has been a constantly-recurring puzzle to physiognomists and cranioscopists how to estimate the *quality* of a man's brain; for not unfrequently the smaller brain, in virtue of its superior composition or *temper*, equals, at least, the big one in results—sometimes, I think I may say, beats it. Indeed, you will meet with men whose big brain seems only to be so much lumber; they have literally too much brain; are top-heavy. These are the slow-moving, pale, flaccid men, of the lymphatic temperament. Can we explain these differences? If we revert to the fundamental points of difference I think we can. The man of the sanguine temperament has vigorous sanguification, and with that a vigorous blood-distribution; and he is predisposed to diathetic diseases of the blood, and of the heart and blood-vessels; not so the man of the nervous temperament. His peculiarity lies in the constitution of the nerve-tissue itself, and which is manifested by a rapid as well as sustained production of *vis nervosa*. A large brain of this kind, other things being equal, will exceed a small brain in results. But then as the comparatively larger evolution of *vis nervosa* in a given extent of brain-tissue in a given time will finally depend upon two things, namely, a superior quality of force-supplying blood, and a larger apparatus for distributing it promptly and freely to the nerve-centres, it follows, that in a man with an equal mixture of the nervous and sanguine temperaments you have the constitution best adapted for rapid, vigorous, and sustained activity, both mental and corporeal. A large brain, in a man of the neuro-sanguine temperament, may, and does in fact excel smaller brains of the same or of other temperaments; but a large brain in a lymphatic man will not be equal in results to a smaller in the neuro-sanguine, because it has an insufficient blood-supply, both as to quality and quantity.

Neuro-Vascular Diathesis.—Men and women of this cerebro-vascular kind of constitution are not uncommon in this country. It seems, indeed, to be one of the results of our social condition. Education (that is greater use of the brain in the acquisition of knowledge) and its consequences modify the nervous element very decidedly in all the temperaments. The brain is more evolved as to the frontal and middle regions with perhaps comparatively less development of the basilar portions; and when there is a special tendency to active sanguification and vascular activity (sanguine temperament), receives a large supply of blood through a comparatively more numerous and more active system of blood-vessels. In this way a constitution or temperament is developed which we can designate and examine as the *neuro-vascular*. This is a prevailing diathesis amongst the educated classes. Some of the most distinguished men in the Medical Profession of the United Kingdom have presented its characters more or less, as the two Hunters, the late Dr. Todd, Sir John Forbes, etc. Sir John Forbes, who was one of my most valued friends, may be taken as a typical example. He had an ample brain, and in youth had blue eyes, a bright florid complexion, and was full of spirits, frank and joyous, with a certain impetuosity of temper. His capacity for labour is well known. The cause of his death illustrates the tendencies of this diathesis—being due to disease of the vascular system of the cerebro-spinal centres (c).



Although persons of this diathesis are usually of the sanguine temperament, it is probably because that is the most common amongst the educated classes of this country, and also that in which a more highly-developed vascular activity is most likely to take place. The fair hair, blue eyes, and florid complexion usually go together; but I have met with persons having these characters in early life, and the diathesis strongly marked, whose hair turned dark in later years. Nevertheless, there are striking examples of persons of this neuro-vascular diathesis who have dark hair and eyes, and belong in that respect to the bilious temperament. They are usually classed with the choleric on account of their excitability; but even if the eyes and hair be dark, their florid complexion contrasts with the pale olive of the choleric or bilious temperament. The cranium is usually well developed, the body under or about the middle size. They are easily moved emotionally—*i.e.*, the circulation is readily influenced by mental changes—and they readily blush, laugh, weep, sigh, sympathise. But the emotion, though prompt and violent, soon ceases. In all these respects the differences between the excitable and the choleric temperament are clearly marked. In the choleric man the circulation is comparatively little disturbed by emotion, and resentment or other emotion is more abiding. In the excitable man it is abiding only when the expenditure of the *vis nervosa* in muscular action is prevented by self-control. He tells you his temper is soon up and soon over. In short, the mental and corporeal characteristics of the two temperaments differ (although both are nervous) in the fundamental condition, that the one is sanguine—*i.e.*, is predominantly vascular—and the other is not. This close connexion between the activity of the nervous system in general, and that of the vaso-motor system in particular, renders both the physiology and pathology of the diathesis of great practical importance; it merits, therefore, a special consideration.

ORIGINAL COMMUNICATIONS.

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CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

Physician-Accoucheur to the London Hospital, etc.

(Continued from page 55.)

The following eleven cases of flooding before delivery occurred in my practice during the last eight months of the year 1842 and first two of 1843:—

Unavoidable Hæmorrhage.

Case 24.—On May 10, 1842, at 11 a.m., I was sent for by a Medical friend to Mrs. E., Edmonton, about seven months advanced in her fifth pregnancy. She had been caught in a shower the day before, and walked quickly home. At 6 a.m. she was suddenly seized with such profuse hæmorrhage as to occasion her to faint. I found her recovered from the faintness, though the pulse indicated that there had been a large loss. There was a draining still going on, and there were occasional slight labour-pains. The os uteri was thick and rigid, but dilated sufficiently to admit one finger; and I could distinctly feel the head presenting. I immediately ruptured the membranes and gave the ergot. The discharge ceased entirely from that time. Active pains soon came on; the os uteri thinned and softened rapidly, and the child was born living at 2.30. As the uterine mouth opened, the edge of the placenta could be discovered, so that it must have been implanted over the cervix. It was soon expelled, without any additional loss, and she recovered satisfactorily.

(c) In a memoir of this distinguished Physician lately published I find the following:—"It has been supposed that the cause of the softening of the brain—for that probably was the fatal disease—was Sir John Forbes' incessant mental work. But this may be doubted. For many years he had suffered from pulmonary emphysema and some enlargement of the heart; it is more probable that there was general atheroma of the arteries, and, among others, of the cerebral vessels, and that the nutrition of the brain suffered. It appears that when he went to Penzance his lungs were affected in some way."—*Med.-Chir. Review*, January, 1862, p. 282.

Unavoidable Hæmorrhage.

Case 25.—On July 2, 1842, at 10.30 a.m., I was requested by one of the Surgeons of the Royal Maternity Charity to give him my assistance in the case of Mrs. B., Hackney-road, one of the patients, in labour of her eighth child. Pains had come on with flooding the evening before, and the midwife was sent for; but as the discharge soon ceased, as the os uteri was quite close, and the pains were but trifling, she left her. The hæmorrhage returned violently very early in the morning, and at 6 a.m. the District Surgeon was sent for. He found labour considerably advanced, hæmorrhage still going on, and the woman very much exhausted from the loss. He ruptured the membranes, and gave her ergot. The discharge ceased on the membranes being ruptured, but the faintness continuing, and there being no pains, he determined to deliver by turning the child; this operation he had just effected when I entered the room. The child was putrid; an immense quantity of coagula followed its extraction. The uterus was most inactive; the flooding continued; no means that we used occasioned contraction, although we had recourse to pressure, vinegar, ice, the introduction of the hand into the uterine cavity, etc., still the blood continued to flow away copiously; and she died two hours after delivery. The placenta was found to have been attached close to the os uteri.

Unavoidable Hæmorrhage.

Case 26.—On July 12, 1842, at 11 p.m., a Medical friend sent for me to Mrs. J., Commercial-road East, in the last month of her fourth pregnancy. About 12 in the day her servant had set herself on fire; this frightened her very much, and brought on a violent discharge of blood. It gradually abated, but returned about 7 p.m., when she fell into a state of prolonged syncope. When I arrived she had partially recovered; and labour pains were coming on regularly, but still there was a copious draining. The os uteri was the size of a crown-piece, and the head was entering the pelvis. I ruptured the membranes, and gave ergot and brandy. The flooding entirely ceased as soon as the liquor amnii was evacuated; the pains increased in power and frequency, and the child was born dead in half an hour. The placenta was felt close to the os uteri; it was expelled by uterine action soon after the child; but the uterus relaxed and filled with blood, and continued alternately contracting and relaxing for four hours, during which time we staid by her bedside, using every means we could to induce permanent contraction. I introduced my hand twice, removing from the cavity each time a large quantity of coagula; but nothing seemed of so much avail as the grasping pressure of the hand applied externally over the uterine tumour. At last the desired effect was produced, and at 5 a.m. I left her comparatively safe. She gradually recovered, notwithstanding the enormous loss she had sustained.

Unavoidable Hæmorrhage—Breech Presentation.

Case 27.—On August 6, at 2 a.m., I was sent for to Mrs. L., a patient of my own, eight and a-half months advanced in her seventh pregnancy. She had been threatened with abortion, attended by some sanguineous discharge before quickening; and had frequent attacks of hæmorrhage during her pregnancy. There had been a constant discharge for the last week; and a sudden gush with slight pains came on just before I was sent for. I found the os uteri dilated to the size of a crown-piece, some discharge going on, and the breech at the pelvic brim. I ruptured the membranes, the hæmorrhage ceased immediately, and the child was born alive at 7.30 a.m. The placenta was expelled naturally, with no more than an ordinary loss of blood. It was of a battledore shape, and a part of its edge was close to the os uteri. The lady recovered well.

Unavoidable Hæmorrhage.

Case 28.—On October 5, 1842, at 8 a.m., one of the Surgeons to the Royal Maternity Charity requested me to see Mrs. G., the mother of a family, living in Waterloo-town. She had been flooding for some days more or less, had lost much blood, and was greatly blanched. The District Surgeon had been called two or three hours before; and finding labour progressing, though the bleeding continued, he ruptured the membranes and gave some ergot. From that time all external discharge ceased; but as the woman remained very faint, there was a doubt in his mind whether blood was not accumulating in the uterus; and he sought my advice as to the propriety of delivery. I found the os uteri opening satisfactorily, pains regular, and the head entering the pelvis. I recommended the ergot to be continued, and that the case should for the present be left to Nature. I called to see her again at 1.30 p.m., and found the child just born, dead. The placenta did not descend; and as two or three large coagula passed away, I removed it by introducing the hand into the uterus, in about ten minutes after the child's birth. It was situated close to the os uteri, posteriorly; and a part of it was strongly adherent. The uterus contracted well, and the woman recovered.

Partial Placenta-Presentation.

Case 29.—On November 8, 1842, at 12.30 noon, I was called by a Medical friend to Mrs. R., near the London Hospital. She was the mother of a family, and at the full period of pregnancy. She had been seized with a sudden attack of hæmorrhage about 10 a.m., and labour-pains immediately supervened. I found the pains continuing, the os uteri dilated to the size of half-a-crown, and soft; a small portion of the posterior part of the disc was covered by the placenta, and there was rather a copious draining going on. I immediately ruptured the membranes. The loss of blood ceased from that time; the pains increased in frequency and strength; the head came into the pelvis, and the child was born alive at 4 p.m. The placenta passed speedily, the uterus contracted properly, and she did well.

Accidental Hæmorrhage.

Case 30.—On November 11, 1842, at 1.30 a.m., I was sent for by a Medical friend to Mrs. W., Commercial-road. It was her eighth child. He had been called between eleven and twelve, and found the os uteri dilated to the size of a crown-piece; but more than usually rigid, considering the number of children the woman had borne. The membranes were not broken, the pains were regular, and everything seemed to be going on favourably, when he was suddenly summoned into her chamber in consequence of her feeling very faint. He found her flooding violently, and that she had already lost a large quantity of blood. He instantly dispatched a messenger for me, and proceeded to deliver by turning the child. He had great difficulty in passing his hand through the os uteri; however, he effected the operation, and when I arrived I found the child had been extracted half-an-hour, dead. She had fainted since delivery, and was greatly exsanguined. The placenta was expelled, and still hæmorrhage was going on profusely. The uterus kept contracting and relaxing alternately, and compression made on it by the hand appeared to be of very little service. I introduced my hand fully into the cavity and cleared it of coagula; still, although for a time, the stimulus seemed beneficial, it was not attended with any permanent advantage. Being the middle of the night, we could not obtain any ice, and I therefore with a common enema syringe pumped a large quantity of cold water into the uterine cavity. This produced more effect than anything else which we tried; for very soon the woman complained of great pain in her back, the organ contracted, and remained permanently small and hard; the faintness gradually left her, and she did well.

Partial Placenta-Presentation.

Case 31.—On December 10, 1842, at one noon, I was called by a Medical friend to Mrs. W., Streatham Common, in the last month of her twelfth pregnancy. I had attended her when she lived in London with three of her children. About three weeks before, while standing on a chair to adjust a picture, slight hæmorrhage came on, which had continued uninterruptedly in a trifling degree ever since. She kept her room, and followed an anti-hæmorrhagic regimen. At 7 o'clock in the morning of the 10th an alarming flooding supervened with pain, and her attendant was summoned. He found the os uteri sufficiently dilated to admit two fingers, and a small portion of it covered by the placenta. He endeavoured to rupture the membranes, and though he did not succeed, he fancied he had done so. The discharge continued to a considerable extent, and at 9 o'clock, feeling the membranes protruded into the vagina during a pain, he punctured them, and let off the liquor amnii. He then called in a neighbouring Practitioner, and, as the bleeding was but little abated, at 12 o'clock they sent for me. All this time the pains were trifling and infrequent. When I arrived at a quarter past two I found her very faint. She had taken more than a pint of brandy during the morning, and many doses of ergot. My friend had turned the child without difficulty some time before I entered the room. The body and arms were in the world, but he delayed extracting the head on account of the inactivity of the uterus, expecting that the stimulus of its presence in the pelvis would induce expulsive action. I immediately extracted it, and fully a quart of coagula followed instantly. Pressure on the uterine tumour occasioned contraction, and the placenta passed into the vagina in two or three minutes. It appeared to me to have been wholly separated from its attachment before the head was born. The uterus relaxed and filled, and contracted again by pressure four or five times in the first half-hour. Each time it contracted a quantity of blood, partly fluid, partly coagulated, escaped from the vagina. Iced vinegar and water seemed to have no effect; even the introduction of the hand produced no permanent good. I then threw into the uterus by means of an enema syringe two or three pints of cold water with some force. This produced a strong contraction almost immediately. The uterus remained firm, and from that time the loss was very trifling. She vomited twice after the injection, bringing up each time a large quantity of brandy. I left her late in the afternoon much revived, and she gradually recovered. The child was of course dead.

N.B.—Both in this case and the last, recovery appears to have been owing to the injection of cold water into the uterine cavity, when all other means had failed to induce permanent contraction. I have known it equally efficacious in other cases: and the only reason I have for not having employed the syringe more frequently in cases of flooding after delivery is that it has not been at hand; and the time required to procure it has been greater than I could afford to lose. But I have heard that the late Dr. Gooch used to say he never felt comfortable in attending a patient in labour, unless he had his uterine syringe in his pocket, to meet the contingencies of such a case as I have just detailed.

Partial Placenta-Presentation.

Case 32.—On December 18, 1842, at nine a.m., a Medical friend requested my attendance on Mrs. M., Bethnal-green-road, the mother of a family, in the last month of her pregnancy. Nine days before she had been much surprised and excited by the return of her brother from abroad, whom she thought dead; and the next morning the 10th, while engaged in her household duties she was seized with a most profuse flooding suddenly. A woman who was with her said she lost nearly two chamber-pots full of blood; and that it lay in the bottom of each "like a thick cake." The discharge gradually ceased; and returned in a trifling degree on the 13th. This again went off; and she had no more until the 17th—the day before I saw her. Then a copious gush took place towards the evening, and, although a draining continued all night, she did not summon her Medical attendant until six a.m. He soon despatched a messenger for me. I found her very pale, she had frequently fainted during the last three or four hours, and was constantly vomiting. There was a draining going on to a dangerous extent; the uterus was acting very feebly; its mouth was dilated to the size of a crown piece and soft; about a third of its disc anteriorly was covered by the placenta. The head was presenting. I immediately ruptured the membranes. From that time there was neither any more loss of blood nor any vomiting. She took some ergot and brandy; the uterus began to act pretty vigorously, and the child was expelled naturally at twelve, noon, dead. The placenta soon followed without any fresh loss; and she rallied considerably, for some hours after delivery. But although the uterus continued firm and there was no more hæmorrhage, the faintness and vomiting returned during the night. She remained in a state of great depression all the next day, from which nothing could rouse her, and died in the evening.

Placental Presentation.

Case 33.—On January 26, 1843, at nine a.m., I was called by a Medical friend to an unmarried lady from the country, lodging in the neighbourhood of King's-cross, aged 42, at the close of a first pregnancy. She had suffered occasional slight discharges of blood for the last three months. During the previous night she had been flooding considerably, and had felt some slight pains. I found her very pale and faint, with an almost imperceptible pulse. Uterine action was recurring about every five minutes. The vagina and external parts were very rigid; the os uteri was also rigid and thick, but dilated to the size of half-a-crown. The placenta covered it entirely, except a small portion anteriorly, where I could just detect the membranes, and through them the head presenting. I let off the liquor amnii, and gave brandy and ergot. The discharge for half-an-hour was almost suspended; but after that time, as the pains increased in power it returned as copiously as before the rupture of the membranes. She relapsed again into a state of syncope, and looked most ghastly. I then determined to deliver by "turning." I had much less difficulty in passing my hand into the uterus than I expected; turned the child and extracted the trunk and arms, with comparative ease; but the head remained above the brim, and I could by no means draw it through, on account of diminished capacity in the conjugate diameter,—the space being under three inches. As the state of the funis showed the child to be dead, I perforated the skull behind the right ear, which was towards the pubes, evacuated a great part of the brain, and extracted by the crotchet introduced into the aperture I had made. She did not lose an ounce of blood during the operation, the uterus contracted well, threw off the placenta, and she recovered satisfactorily.

N.B.—This complication of placenta presentation with diminution of size in the conjugate diameter at the pelvic brim, so as to require perforation of the skull, I have often met with. Of course it renders delivery more difficult and protracted; yet I do not recollect an instance in which the operation of diminishing the size of the head, after the body of the child was born, added materially to the danger of the case, by increasing to any considerable amount the loss of blood.

Placental Presentation.

Case 34.—On February 14, 1843, at twelve noon, I was sent for by a Medical friend to Mrs. T., Camberwell, eight months advanced with her seventh child. On January 1 she was seized with a profuse hæmorrhage, without any pain, or any external apparent cause. There had been a return every eight or ten days since. She suffered a more violent attack than any preceding one early in the morning of the 14th, and at 6 a.m. her attendant was summoned. It had again ceased when he saw her; the os uteri was quite close, and there were no pains. The uterus began to act in the course of the morning with a fresh accession of bleeding; and when I arrived I found it going on to a dangerous degree; she had fainted two or three times; was still very faint and pale, though quite conscious; and the pulse was scarcely to be felt. The uterus was acting regularly, though feebly; its mouth was soft and flaccid, and dilated to the size of a crown-piece, apparently covered entirely by the placenta. Anteriorly, however, I felt the edge of the placenta, and detected the head presenting. I immediately ruptured the membranes, and gave her some ergot and brandy. As this only moderated, without putting a stop to the discharge, in about half an-hour I delivered by "turning." The operation was easily performed; very little blood was lost during it; the placenta was soon expelled; the uterus contracted well; there was no after-hæmorrhage; she rallied rapidly, and recovered satisfactorily. The child was born with animation suspended; it was restored principally by inflating the lungs. When I left I thought it would survive; but it died during the night. A very large quantity, comparatively, of bloody water issued from its nose and mouth, as though it had inhaled it while its head was passing through the vagina.

8, Portman-square.

(To be continued.)

SCIRRHUS OF THE PROSTATE.

By JOHN MANN, M.R.C.S.

(Copied from notes made at the several dates given.)

December 3, 1856.—Mr. L. T., aged 58, an old occasional patient, whom I had known many years, applied to me for relief from the following symptoms, namely:—He is frequently obliged to get up in the night to pass urine. Not much is passed each time. Usually is awoke, and obliged to turn out of bed three or four times. Has also slight symptoms of piles. Nothing special is to be noted in the urine, which is quite clear.

29th.—The patient reports that the hæmorrhoids are better; indeed gone. The irritability of the bladder in the night continues, and is somewhat increased during this present cold weather. In other respects his general health appears good.

Analysis of the Urine.—Acid, sp. gr. 1025, abundance of urates, no albumen.

After this time the symptoms seem to have either subsided or only to have troubled the patient occasionally, for I saw no more of him as a patient until

May 1, 1857, when I extracted a small cyst from below one of his eyelids, and heard that his bladder was occasionally troublesome, but not sufficiently so to lead him to take medicine.

Mr. L. T. next applied to me on September 24, 1859, for a sharp attack of diarrhœa, but with no special complaint about the bladder.

On the 28th he was convalescent.

The year 1860 passed and I heard nothing of my patient.

February 26, 1861.—There was a return of the irritability of the bladder in a more marked manner. Under the treatment prescribed this again partially subsided.

May 18.—My patient returned. He is disturbed four or five times each night by painful micturition. The pain is felt only during the act, not before nor after it. Nor is it felt much during the day, except after taking a siesta, when it comes on just as it does in the night. Under an impression that the symptoms partly belonged to some disturbance of the nervous system, some pills of valerianate of zinc were ordered, and at night a dose of belladonna and *cannabis Indica*.

20th.—After the evening pills he awoke with dreadful sensations—dryness of the throat, tongue, and lips, want of power over articulation, occurring first at 2 a.m., and recurring at 4 a.m. He was so alarmed that he called up Dr. Albert Massey, his neighbour.

Although the effect of the narcotics was thus decided, no influence appeared to be produced on the disposition to frequent and painful micturition. The patient slept very well the first part of the night, but was aroused just about the usual time by the desire to empty the bladder.

22nd.—Tongue white, failure of strength, loss of appetite. From this period in the history the constitutional symptoms became more marked and severe than heretofore.

28th.—He was still able to call upon me, and had also gone with hardly any intermission to the warehouse. *Examination per Rectum.*—The prostate is enlarged, but not to any great extent; and although some hardness is felt in its central portion, yet not such as to create a suspicion of scirrhus. In order to ascertain whether the bladder really emptied itself, Dr. Albert Massey passed the catheter before the patient retired to bed Only a small quantity of urine was obtained, and no essential relief followed.

June 6.—After consulting with Dr. A. Massey, I examined the urine.

Chemical Analysis.—Specific gravity 1004 only. Neutral, or somewhat inclined to be alkaline from the presence of hydro-sulphuret of ammonia. Being set aside for some hours, it divided into a flocculent deposit, and a clear supernatant fluid. (*a*) The supernatant fluid contained some quantity of albumen. (*b*) The flocculent deposit was decidedly alkaline, from the presence of hydro-sulphuret of ammonia. It became a jelly on the application of heat and nitric acid.

Microscopic Analysis.—None of the epithelial linings of the *tubuli uriniferi*, so common in Bright's disease, were found; but there were:—1. Portions of epithelial pavement, probably from the neck of the bladder. 2. A considerable number of the octohedral crystals of oxalate of lime. 3. Crystals of urate of ammonia. 4. Two or three broken-down blood-cells.

June 14.—Consultation with Dr. G. Owen Rees and Dr. A. Massey. Dr. Rees heard my history of the patient. He then analysed the urine. On the whole he came to the conclusion that it was a case of Bright's disease.

Dr. Rees directed an alkaline treatment, and discontinued the use of citrate of ammonia, which the patient thought increased the pain during micturition. Opiates had been used some time past for the relief of this symptom; but at the suggestion of Dr. Rees they were discontinued.

20th.—The symptoms had not been relieved, and Dr. A. Massey had found it necesary to resume the use of the opiates. The specific gravity of the urine had increased to 1012, and the quantity both of albumen and mucus had diminished.

July 5.—Having been absent in the country, nearly a fortnight had elapsed since my last visit. The patient is more emaciated, and he complains that the pain is more severe. Dr. A. Massey has paid him the most unremitting attention. We suspected that something more than Bright's disease must be present, from the severity of the pain, the emaciation, and the constitutional irritation.

25th.—Mr. Edward Cock, of Guy's Hospital, saw the patient in company with Dr. A. Massey and myself.

Mr. Cock, on examination, found the prostate gland enlarged, but not in any extraordinary degree; and its enlargement was utterly insufficient to account for the constitutional irritation, depression of strength, and emaciation which were present. "Many persons were walking about the streets (Mr. Cock observed) whose prostate was much more enlarged than that of the patient." Neither was any portion of that body so indurated as to give the impression of scirrhus, although, looking at the constitutional symptoms, Mr. Cock suspected that if any other disease than that of Bright existed, it was probably malignant disease. On this occasion first that suspicion assumed a more definite form.

A few days prior it had also been noticed by Dr. A. Massey that the liver, especially its right lobe, had become considerably enlarged. It was not tender, and the patient made no specific complaint, except of general uneasiness, not amounting to pain, which merely comprehended that organ, but was not especially confined to that seat. Neither was the liver so hard as to give the impression of scirrhus. The pain of the patient was described by himself as being across the lower part of the abdomen, sometimes extending down the thighs, and, above all, that pain was most severe which was referred to the neck of the bladder.

There was considerable flatulence in the colon, and more digestive disturbance than at any former period, evinced by loss of appetite, furred tongue, and thirst.

August 5.—Saw the patient, who was now much emaciated, and very feeble. The general symptoms remained about the same. Suspicion of the existence of malignant disease more confirmed.

From this time until the 17th, when I again saw the patient, the symptoms made progress. The ankles were now becoming œdematous. The liver was larger, and in the emaciated condition of the patient its protrusion was very marked as he lay on his back. There could now be no doubt that a more formidable disease than the more recent disease of the kidneys had been long in existence, by which the latter seemed to have been superseded.

On the 17th the patient passed a more comfortable night than usual; but in the night following he began to sink, and died at three a.m. on the 19th.

Post-mortem Examination, (a) *August* 20, *three p.m.*—The body was much emaciated. Although only thirty-six hours had elapsed from the time of death, the heat of the weather was producing rapid decomposition. The head and chest were not examined, as no symptoms had appeared during life referable to those portions of the body. On opening the abdomen the first thing that presented itself was the liver considerably enlarged; but the right lobe especially, which was probably half as large again as its natural size. This was studded with cancerous deposits, from the size of a chesnut to that of a hazel-nut; these were scattered through the parenchyma of both lobes. The left kidney was mottled on its exterior, as in the early stage of Bright's disease. Both kidneys were enlarged, and the distinction between the cortical and tubular portions was much less apparent than is normal. The whole of the central portion of the enlarged prostate had been converted into a scirrhous substance, only not so hard as the ordinary forms of scirrhus. Of its malignant nature and true affinity to the cancer genus the presence of the deposits in the liver will generally be thought to furnish demonstrative proof. Some small prostatic calculi, about the size of grains of sand, were found on a section of the prostate. The muscular coat of the bladder had reached a high state of hypertrophy, so as to resemble the interior of the right auricle of the heart, from the violent action which had been so frequently excited by the scirrhous prostate acting as a foreign body, and producing those efforts for its expulsion, which the patient had not inaptly compared to the pains of parturition.

It would seem, then, in the history of this case that the symptoms in December, 1856, were due to the commencement of the formation of scirrhus in the prostate, which soon afterwards passed into a quiescent state, in which it remained during the four following years. In February of the year 1861 it began to develope itself. In May, the symptoms of the disease of the kidney were complicated with those of disease of the prostate, producing an additional source of irritation, and probably increasing the growth of the latter. Probably about the same time a new and more important source of constitutional irritation arose in the formation of cancerous deposits in the liver. These secondary results formed the most important agents in the destruction of life.

(a) Conducted by Dr. A. Massey and his father. I was a spectator.

With a glance at the history of scirrhus of the prostate we propose to close the present article.

That enlargement of the prostate, which is the frequent concomitant of age, is described by Dr. Baillie in his "Morbid Anatomy" as scirrhus (Baillie's Works, by Wardrop, p. 292). Dr. Baillie, however, himself afterwards admits in a note that this is not a true scirrhus.

Rokitansky observes that true scirrhus is of rare occurrence in the prostate; and then he pertinently adds, "which is curious as contrasted with the frequency of its occurrence in the uterus." (Rokitansky's "Pathological Anatomy," vol. ii., p. 259, Sydenham Society's Edition.)

Sir B. Brodie gives a brief notice of three cases which were probably scirrhus of the prostate; but he had no opportunity of verifying the diagnosis by a post-mortem examination. It is worthy of remark that he relates the presence of a symptom which was prominent in the case of my patient, and which, perhaps, may be pathognomonic of this disease. He describes this as "a severe and constant pain, extending from the left (b) groin across the lower part of the abdomen above the pubes, and also down the thigh and leg. The pain above the pubes was aggravated during the effort to make water." (Brodie on "The Urinary Organs," p. 193, Third Edition.)

Ollivier mentions that the prostate is sometimes the seat of encephaloid cancer ("Dict. de Médecine," tome xvii.), and Rokitansky ("Pathological Anatomy," vol. ii.) speaks of this as much more frequent than scirrhus.

Mr. Coulson's chapter on "Diseases of the Prostate Gland" is an excellent *résumé* of nearly all that is known on the subject of scirrhus; but it is worthy of remark that he had not at the time of its being written met with any case in his own experience.

Mr. Adams has a very interesting chapter on "Scirrhus" in his valuable volume on "Diseases of the Prostate;" some of the cases he relates passed under his own observation. A case was also recently published in the last volume of the *Medical Times and Gazette* (c).

I do not find that in any other case scirrhus of the prostate has been accompanied with cancerous deposits in the liver. It has terminated by perforation of the rectum and destruction of the adjacent tissues. It has also attained a size within the bladder and exterior to it, which has seriously interfered with the functions of both the bladder and the rectum, some time before its fatal termination.

In the Prize Essay on Diseases of the Prostate, lately published by Mr. Henry Smith, two cases are quoted from the Catalogue of Morbid Preparations in the Museum of the late Mr. Langstaff, which are an apparent exception to the remark just made in connexion with the cancerous deposits in the liver. These are:

Case 20.—A boy, aged 8. For a long time there was a difficulty in passing urine. After death the prostate was found converted into a medullary sarcoma. There were also several fungoid tumours in the liver. (d)

Case 9.—A patient, aged 5. In this case several masses of cancerous deposits were found both in the lungs and in the liver. (e)

It is not probable, when we consider the age, that the last case was one of scirrhus, and the first is described as another form of malignant disease.

The history of this individual case seems to have been that the formation of scirrhus in the prostate commenced in 1856; that it remained in a quiescent or nearly quiescent state for five years; and that then another disease commenced in the kidneys, which called the scirrhus into a more active state; during which the secondary cancerous deposits took place in the liver. This combination soon overshadowed, and in the latter weeks of the patient's illness, suppressed the symptoms of Bright's disease, so that the albumen disappeared from the urine. And so also, probably, it was this which set up an amount of constitutional irritation, which, added to the frequent paroxysms of severe pain, and the loss of sound sleep, destroyed the patient, whilst the original scirrhus still remained in but an early stage of its development.

(b) In the present case the pain extended from the *right* instead of the *left* groin, and in the latter stages of the disease the right ankle was more œdematous than the left.

(c) See Vol. II., 1861, p. 184.

(d) Langstaff's Catalogue, p. 357.

(e) *Oper. Cit.*, p. 352.

A CASE OF

TRAUMATIC TETANUS, TERMINATING FAVOURABLY, AFTER TWENTY-EIGHT DAYS' DURATION,

WITH OBSERVATIONS.

By F. A. BULLEY, F.R.C.S.
Senior Surgeon to the Royal Berkshire Hospital, Reading.

NOAH D., a gentleman's servant, aged 23, was admitted into the Hospital on June 14, 1861, on account of a gun-shot wound of the left forearm. A charge of No. 4 shot had entered the arm about five inches above the wrist-joint, at the back part, over the course of the ulna, passing under the integument for about four inches, and out again, thus leaving two ragged, sloughy-looking openings of about the size of a half-crown piece each. A portion of cloth which had been used for wadding was retained within the wound of exit as well as a considerable quantity of the shot. These had been without difficulty removed, and the wounds might be said to be progressing favourably towards healing, until the tenth day from the receipt of the injury, when the discharge from their surfaces became somewhat suddenly suspended, and the granulations, which had previously looked florid and healthy, began to assume a pale and flabby appearance.

June 25.—On my visit this morning (eleven days from the occurrence of the accident), I found him complaining of a feeling of stiffness and pain about the neck and jaw, extending down the back as far as the the bottom of the ribs, with considerable difficulty in opening the mouth. He had an exceedingly anxious countenance, quick, irritable pulse, some slight alteration in his voice and manner of articulation. The stiffness had been first felt a night or two before, and was brought on, he thought, through being exposed to cold draughts of air from an open window, which had caused him to feel chilly and uncomfortable on waking, as if he had taken a severe cold. The treatment immediately resorted to was as follows:—A thick pad of coarse house flannel, several times folded, and wrung out of hot water, (as hot, in fact, as the patient could bear it,) was laid over the pit of the stomach; his body was then enveloped in blankets, to the number of six or seven, the innermost of which were closely tucked round his neck, to confine the vapour generated by the process, which, after a short time, induced a copious diaphoresis, in which he was allowed to remain for four or five hours, when the blankets were carefully and gradually removed. To assist the process, and obviate any depressing effect it might produce, he took two or three small quantities of warm port wine and water, which immediately removed a slight feeling of faintness which once or twice came over him. In the evening I found him somewhat improved. He was still in a gentle, natural perspiration, the pains in his neck and back being relieved, and he could open his mouth rather wider than before the sweating; pulse 110.

26th.—Not quite so well. The muscles of the jaw are rigidly contracted, but by dint of great exertion he can open it to the extent of almost three-eighths of an-inch, sufficient to allow of the introduction of beef-tea and other fluid drinks into the mouth, the effect, however, when prolonged, seems to induce spasms in the muscles of the back, in which there is now considerable stiffness and rigidity, which appears to be gradually extending to the other muscles of the body. His bowels being confined, he took an ounce of castor oil which had produced two or three bilious-looking and somewhat offensive evacuations. A poultice of oatmeal smeared with compound camphor liniment to be applied to the throat and down the spine. In the evening he became affected with frequent and painful tetanic spasms in the back, particularly when he attempted to raise himself in bed, he was now ordered to take a wine glass full of the best port wine every two hours.

27th.—Rather better. Frequent spasmodic catching of the jaw, wounding his tongue and causing hæmorrhage Pergat.

28th.—Increased rigidity of the muscles of the neck and jaw. Pulse full and strong, 140. Very feverish; bowels confined, to repeat the castor oil. The following liniment to be rubbed into the neck and spine:—℞ Liq. opii sed. (Battley's) ʒij. liniment camph. comp. ad ℥ij. M. Ft. liniment. A wine glass full of port wine to be taken every hour.

29th.—Tetanic contractions not so frequent, but still severe when they occur; dull aching pains in the situation of the kidneys; the urine is diminished in quantity, and when the general tetanic convulsions are most violent is ejected from the urethra in spasmodic jerks. The abdomen is flattened, and as hard as a board. All the muscles of the body and limbs, with the exception of the right arm, are in a state of rigid tonic spasm, the hip-joints inflexibly extended, so that when he is lifted out of bed, for the purpose of making it, his body is so stiff that he can be reared upright upon his feet like a piece of timber. Pulse 116. To have an injection of ℥ij of starch and ʒj of tinct. opii every night.

29th.—The injection has relieved the pains in the back and the difficulty in passing water. Not quite so much stiffness of the jaw. The liniment to be rubbed into the abdomen, the muscles of which, as well as those of the other parts of the body, are still rigidly contracted.

30th.—The rigidity of the muscles is beginning to relax, and the pains are not so severe. He is able to bend the hip-joints, so that he can now sit without much discomfort on the night stool.

31st.—Not so well. Rigidity of the muscles increased, with a return of the tetanic spasms and opisthotonos. A rough dry eruption has appeared over his body, which may perhaps be attributable to the liniment. His bowels being much confined, he was again ordered to take an ounce of castor oil, which in the evening acted two or three times, bringing away a quantity of hardened scybala, with relief to the spasm. He was ordered to be again sweated in the manner prescribed on the first appearance of the disease, and kept in a sustained perspiration for two hours.

July 1.—The sweating has relieved the tetanic spasm, but the muscles of the abdomen are still rigidly contracted.

It would be tedious to continue the record of the patient's progressive amendment, but from this period he began to improve, the muscular contractions gradually relaxing, and the pains subsiding. Occasionally he had slight relapses of painful spasm, especially in his back, which seemed generally to depend upon a constipated state of the bowels, but was almost immediately relieved by a dose of castor oil, and the opiate enema, which latter, had during the whole period of its employment, acted like a charm in relieving the spasm. During several days and nights, he took three ounces of the best port wine every two hours, making a bottle during the twenty-four hours. He has been constantly supplied with strong beef tea, which he has been able to swallow with comparative ease. Still occasional catching of the jaw, which he can now, however, open so far as to eat some solid food.

July 14.—Has been sitting up a short time daily since last report. He can now open his mouth to the fullest extent, without inconvenience. The spastic contraction of the muscles has day by day been giving way. His bowels are now regularly open daily. The port wine has been gradually discontinued, and he now takes porter instead. As the tetanic spasms had now quite left him, the injection was no longer required, but the opiate frictions were continued for a time.

A week after this, the muscles generally of the body had recovered their natural actions, and he was able to walk and even run about the ward without assistance, and on July 29, forty-five days from the first appearance of the tetanic symptoms, was discharged from the Hospital quite well, the wounds having also completely cicatrized under the continuance of the oatmeal poultice. The quantity of port wine which he took during the forty-five days of treatment, was exactly thirty-six bottles and a quarter. Great pains had been taken by careful ventilation of the ward to prevent the occurrence of draughts of cold air, and the avoidance of all disturbance and excitement of the patient during the treatment, had also been particularly attended to.

Remarks.—It will be observed that in the foregoing case the tetanic symptoms, or, at least, the preliminary trismus, appeared to have originated directly from the application of cold to the body, producing shivering and muscular pains, together with the somewhat sudden suppression of the discharge from the wounds which had previously been suppurating freely. This was followed by some amount of reactive fever, with considerable languor and depression. There had apparently been a check to the transpiratory functions of the skin, occasioning probably the retention in the circulation of carbonic and other *effete* elements usually separated from the cutaneous surfaces, the dry, brown tongue, the quick and feeble pulse, and the great general debility which ensued, constituting what seemed to me to be a state of low, congestive, toxæmic fever. Such being my impression, I resorted to the induction of the sustained diaphoresis in the manner I have mentioned; first, because I had frequently employed the same process in the congestive stage of intermittent fever, and in some other febrile states of the system attended with organic congestion, with the effect of shortening the paroxysm in the one case, and arresting the febrile action in the other; and secondly, because I had observed that the same mode of treatment applied in the very commencement of traumatic trismus had, once or twice in my Hospital experience, seemed to prevent the supervention of tetanic spasm, which it would probably do, supposing the toxæmic theory to be true, by inducing the elimination of the poison through one of the principal emunctories of the body (a).

The large quantity of port wine administered during the treatment appeared to be absolutely necessary to counteract the extreme languor and depression, which seemed throughout to be one of the chief characteristics of the disease. The practice is not new, and was adopted mainly through my having recently read of a case in which the recovery of a patient from tetanus had been attributed almost entirely to its administration in similar large quantities.

Perhaps the most noteworthy circumstance of the case, was the effect produced by the castor oil and the opiate enema, which always appeared to mitigate the intensity of the general spasm, and this led me to believe, that, over and above the effects of the original nervous lesion at the seat of the injury, the presence of hardened scybalous matter in the intestines might have induced some kind of reflex excitability of the organic nerves of the part influencing in some way or at least adding to the general spasm, particularly as the latter seemed to subside gradually, as the healthy condition of the intestinal secretions came to be gradually restored.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

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AND BY

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◆

GUY'S HOSPITAL.

PARAPLEGIA (MOTION AND SENSATION)—DEATH—AUTOPSY—CANCER OF THE SPINE, HEART, MESENTERY, KIDNEYS, AND TESTES.

(Under the care of Dr. OWEN REES.)

Samuel S., aged 17. He was a thin, weakly lad, but had never been laid up with any definite illness. He worked in a brass foundry, and was also a drummer in a volunteer rifle regiment, and said that he has always felt very tired after a march. He was admitted into the clinical ward of Guy's Hospital on December 18, under the care of Dr. Rees.

He had had no injury to the back. Five weeks ago he had severe pain between the scapulæ, which extended down the course of the spine. He next found that his legs were very weak after any exertion. He had no twitchings.

On November 23, one week later, he got wet through whilst on a march and remained for some time in his damp clothes; a few days afterwards he observed a swelling in the right lumbar region. His legs then became worse. He had cramp and a "drawing up" of the muscles. Ten days before admission he walked four miles and was much fatigued.

(a) Dr. Brown-Séquard in his "Researches on Epilepsy" maintains that there is a great analogy between epilepsy and intermittent fever,—an opinion strengthened by some important facts observed by Drs. Solade and Dumas. If such be the case, it is reasonable to suppose that the same analogy may exist between tetanus and some particular forms of congestive fever, especially as the former disease is, in the generality of instances, set in motion by the same cause of internal congestion,—namely, the application of cold to the body.

On the following morning he walked down stairs, and sat for some time in a chair, but when he tried to get up he staggered and would have fallen if not supported. He had not, he said, had any motion or sensation in his legs since. Sometimes he passed his urine involuntarily. And at other times was quite unable to pass it at all; the day before admission he had involuntary evacuation of fæces.

On admission his bladder was found distended, and required the use of the catheter. In the right lumbar region was a moveable tumour resonant on percussion. There was also a hard deposit in the epididymis of each testicle. There was a sensation of fulness and distension of abdomen; but the walls were quite flaccid and below umbilicus, insensible. He had lost entirely the motion of his legs; the sensibility only remaining in the course of the anterior crural nerves, and here it was diminished. On irritating the soles of the feet reflex action was produced. His motions and urine were passed involuntarily. He had a cough and expectorates some mucus. Heart irregular. Pulse 84, intermits once in about twenty beats. Tongue furred (white). Urine acid. Sp. gr. 1025. No albumen; deposits amorphous lithates, and some crystals of uric acid. Ordered an injection.

December 19.—The injection was not administered, as the bowels acted very much—twice in the night. Had lost the little remaining sensation on the anterior part of the thigh. And sensation was also lost below the seventh ribs. He was unable to cough, so that the mucus accumulated in the tubes, causing a rattle. Ordered a water bed. Decoct. hordei and a lemon. Also julep ammon. c. quinæ disulph. gr. ij. ter die. Mercurial ointment was also rubbed on the spine at night.

20th.—He had no sleep last night. There was now no sensation below the fifth ribs. Urine acid, and containing a large quantity of uric acid, and urates. Ordered port wine ℥iv.

21st.—He had very little sleep last night. Sensation as before.

23rd.—Slept better last night, and said he was better this morning, being able to move himself better. Urine alkaline, containing urates. Continuing medicine.

[For the above we are indebted to Mr. R. R. Hawkins, and for the following to Mr. Lamb.]

30th.—He said that he was not so well in consequence of not having had any sleep last night. Still no power to cough. He had pain in his forehead extending backwards over the temporal regions. He complained of deafness of both ears. The lower ribs extending up to the fifth during the act of inspiration were depressed in consequence of the paralysis of the intercostal muscles and the action of the diaphragm, so that the upper ribs were very slightly elevated, and the breathing was principally by the diaphragm. If pinched he could feel it over the abdomen and also as low as the knees; but below there is complete anæsthesia. He has a singing noise in his ears, or as the patient describes it "A dry cough in his head." The pain in the leg is very slight. He talks very much in his sleep. Feet warm, but œdematous. Pulse 90, small and intermittent. Respiration 40 and hurried. Bowels acted this morning. Urine drawn off by means of a catheter.

31st.—He had a very bad night in consequence of a tingling sensation in his feet and back, with a good deal of hyperæsthesia, which made him very restless, and desirous to be removed into another bed. Sounds still remain. Sight good. Face very livid this morning. The pain in the head is worse. He had also a sensation as though he was being choked. The ribs were more depressed during inspiration than previously. His lips were very dry and parched, and he had complained of great thirst. Feet warm and œdematous. On tickling the feet no reflex action can be produced. Pulse 120, very feeble. Respiration 48, hurried. He gradually sank and died at 1.30 p.m.

Autopsy, Twenty-five Hours after Death.—The external appearances presented nothing remarkable, except on lower part of back, where there was a bed-sore, and there was also a slight lateral curvature of the spine at about the junction of the dorsal with the lumbar vertebræ, its convexity being towards the right side. The extremities were rigid. On exposing the cord and removing it, the upper part of the dorsal portion was found to be very soft, and the arachnoid was slightly adherent to it. On cutting across the cord at the soft part, the grey and white matter were all one mass of pulp or semifluid, and presented under the microscope innumerable granule masses. There was ecchymosis on the surface of cord. There was found a growth of about an inch long, and as thick as a small quill, between the membranes of the cord, *i.e.*, just as the nerves came off; it was situated just opposite the soft part of the cord, and was found to consist of a fatty substance infiltrated with nuclei. There was noticed also surrounding the vertebræ of that region some cancerous deposit which appeared to impinge upon the cord by pressing in between the laminæ of the vertebræ. The other parts of the cord were apparently healthy. On opening the abdomen, there was found a tumour occupying its lower part, and connected with the mesentery. It surrounded the intestine (jejunum) for about three or four inches; it also involved the coats of that portion of the intestine. On its mucous surface there were thick, hard ridges situated in the position of the valvulæ conniventes, and consisting of cancerous matter. The tumour on being cut gave the appearance of medullary cancer. At some little distance from the large tumour, there was another small patch of deposit of about the size of a garden bean, which was confined to the intestine itself, and not the mesentery. Both kidneys were found to contain the cancerous substance. The liver, bladder, and prostate were apparently healthy. Each epididymis was infiltrated with the deposit. The left spermatic cord also contained a deposit about the size of a horse-bean. On opening the chest and examining the heart in its interior, there was found a tumour situated in right auricle, growing from the lower border of the fossa ovalis. It was about the size of a small walnut, and consisted of the same cancerous matter. The organ was otherwise healthy. The lungs were found to be the subjects of lobular pneumonia advanced to the stage of grey hepatization, but no deposit was found. The thyroid gland was found very much enlarged, but did not contain any deposit. The head was not examined.

HOSPITAL NOTES.

SULPHATE OF ZINC IN HYSTERICAL COUGH.

A case in which the sulphate of zinc was successfully employed in the treatment of hysterical cough has recently been in Dr. Peacock's wards at St. Thomas's Hospital. The patient, a female, sixteen years of age, had been subject to similar attacks for eight months, and had been under treatment previously in St. Thomas's and the Westminster Hospitals. She was admitted under Dr. Peacock's care on October 19. The present attack was much the most serious which she had had, and it had continued for a fortnight or three weeks. The cough was severe and incessant, ceasing only when she was asleep. She had no expectoration or any other symptom or sign of pulmonary disease; the catamenia were quite regular; the bowels torpid. An aperient was given, and she was directed to repeat it at intervals, and to take two grains of sulphate of zinc, twenty minims of tincture of hyoscyamus, and twenty minims of fœtid spirit of ammonia in infusion of valerian, three times daily, and to inhale chloroform. Wine and a nutritious diet were ordered. The chloroform was several times repeated, but without apparently any beneficial effect, and the sulphate of zinc was increased by two-grain doses twice each week, the tincture of hyoscyamus and fœtid spt. of ammonia being also raised to half drachm doses.

On November 7, the dose of sulphate of zinc was raised to 10 grains. The cough had subsided, and she was directed to take the quinine and iron mixture three times daily. On the 10th, however, the cough recurred, and was as constant and severe as ever; the last medicine was therefore discontinued, and she was again directed to take the sulphate of zinc, etc., beginning with a dose of five grains.

On December 9 the dose had been gradually increased to fourteen grains, the cough had entirely ceased, and she was discharged cured on the 16th. During the time that the zinc was taken she never suffered from nausea or sickness.

VERY LARGE DOSES OF SULPHATE OF ZINC IN EPILEPSY.

While the above patient was in the ward, a case of epilepsy was also under treatment by Dr. Peacock, in which the sulphate of zinc was very largely exhibited without any injurious effects being produced, but also without material benefit.

The patient was a female, 11 years of age, who was admitted on August 21. She had been subject to epilepsy for sixteen months; the attacks occurred two or three times a-week, and generally on the day of occurrence there were two or three fits in rapid succession. The attacks were generally of the syncopic form, the patient, without any warning, falling down insensible and recovering, without convulsions, in about ten minutes. Sometimes she was somewhat convulsed, and then the coma continued, more or less decidedly, for about two hours. Her mind was very much impaired, the expression of countenance fatuous; and she had a very peculiarly-formed head. The treatment was commenced by giving her a calomel and scammony powder, and this was directed to be repeated at intervals as needed. She was ordered two grains of sulphate of zinc, in infusion of valerian three times daily. The dose of the sulphate of zinc was increased by two grains on each day of visit, or twice during each week, till at the beginning of November, or in a period of about ten weeks, she took forty-two grains three times daily, and this dose she continued for four days when she became slightly sick, and it was suspended in consequence. During the whole of this time she never had any nausea or sickness, or other symptoms indicating that the remedy gave rise to any irritation of the stomach or bowels. The urine was several times analysed by Dr. Bernays, but only a trace of sulphate of zinc was ever detected, and it was therefore supposed by that gentleman that the zinc entered into combination with the albuminous matters in the alimentary canal, and so passed out of the system. The effect of the treatment was not satisfactory; the fits became rather less frequent, but were more severe, being more frequently attended by convulsions and followed by more decided and prolonged coma.

SECONDARY SYPHILIS—ENLARGEMENT OF THE AXILLARY GLANDS—PRIMARY SORE ON THE HAND.

A lad, aged 19, presented himself amongst Mr. Maunder's out-patients on October 29 for sore-throat. There was found a large ulcer on the right tonsil, and also great swelling of the glandulæ concatinatæ and well marked syphilitic lepra. He had been ill five weeks, and was certain that he was quite well six weeks ago, and denied that he had ever had any kind of venereal disease, and had not been exposed for eighteen months. He was carefully examined with a view to detect some relic of primary disease. There was nothing found on the penis, and the only evidence of primary disease was an enlargement of some of the axillary glands of the right side. This led to an examination of the hand, and to the detection of a cicatrix, evidently recent, on the middle finger, which he said had been sore three months before. Mr. Maunder considered this cicatrix, associated as it was with enlarged axillary glands to be a sufficient proof of syphilitic inoculation.

POST-NASAL POLYPUS—REMOVAL.

The patient, a female, about forty years of age, complained of inability to breathe through her nose. This difficulty began about two years ago on the left side and then extended to the right. She had lost the sense of smell. On examination nothing was observed at the anterior nares, but on passing the finger into the pharynx and above the velum to the posterior nares, a smooth, firm, rounded body was detected lying along the posterior border of the palate bones, behind the vomer and posterior nares. An elastic catheter introduced along the floor of the left nostril did not pass into the pharynx, but on the right side passed into the pharynx above the tumour. A pair of forceps was passed back along the floor of the left nostril, one blade passing above, the other below the polyp so as to embrace its root, while removal was assisted by the finger of the left hand inserted above the velum. Venous hæmorrhage was copious during the performance of the operation, but ceased immediately on its completion.

THE IODIDE OF AMMONIUM.

For some time past, at Guy's Hospital, Mr. Thomas Bryant has been in the habit of using the iodide of ammonium in certain glandular affections, and, as he informs us, with considerable success. In bronchocele more particularly its beneficial influence has been well shown, and in that disease Mr. Bryant now prefers this preparation of iodine to any other. In many cases he has given it with immediate improvement when the iodide of potassium had been previously employed with little or no good effect; and when applied locally its favourable action is also decidedly satisfactory. He gives it in four or five-grain doses two or three times a-day, in some bitter infusion, as gentian, and finds it agrees well with the stomach. As a local application he uses it either as an ointment, made up with some simple cerate in the proportion of one drachm to an ounce, or as a liniment in the same proportions dissolved in glycerine. In some cases in which the patient is feeble or cachectic he combines the drug with iron, selecting the syrup of the iodide in about half-drachm doses as the best, the infusion of quassia being then the vehicle.

Internally or locally the benefit of this drug is well spoken of, but in bronchocele the combined form of treatment is peculiarly beneficial. In strumous glandular enlargements its use is best exemplified as a local application—cod-liver oil or other tonics being the best as internal medicines.

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Medical Times and Gazette.

SATURDAY, FEBRUARY 1.

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"MEDICAL ATTENDANCE AND MEDICINE."

The charges of attorneys are generally supposed to be fixed by law or custom, and yet there is considerable variety in the expense incurred for the same work, under different circumstances. Attorneys in very good practice, enjoying a good reputation, and with rich clients to deal with, are notoriously expensive; and not so much because their separate fees are heavier, as because of a circuitous and formal way of doing business, which allows a great number of fees to be charged. On the contrary, attorneys in poor practice—and first-rate attorneys when they act for poor people—contrive to get through business in a more summary way, with fewer attendances and formalities, and of course a less heavy bill of costs.

That Medical attendance, like legal, should be more costly to the rich than to the poor, is inevitable, and a thing perfectly reasonable in itself. If the Practitioner be in attendance on a patient in humble life, he can probably go at any hour he pleases, is admitted at once to the sick-chamber, can hear the report, make his examination, give his directions, and leave the house in a very few minutes. On the contrary, when visiting a rich man, he must be punctual to a given time, and the punctuality is probably rendered doubly necessary by a consultation; he is first shown into the drawing-room, then ushered up to the patient whom he is probably obliged to solace or amuse by general conversation in addition to his purely Medical interrogatives; then, on leaving the sick room, he is ushered into the presence of relatives anxious to know "what he *really* thinks?" and subjected to a severe cross-examination as to the probable issues of an uncertain case, with the full knowledge that any unlucky prognostic will be carefuly scored up against him. Meanwhile time is flying, and he will be lucky if he gets away in half-an-hour.

Of course, therefore, Medical charges vary according to the social position and vogue of the Practitioner, and the pecuniary means and *exigeance* of the patient. If we leave out of consideration such of our brethren as live by fees received at the time of the visits, we shall find that the scale of charges for Medical attendance with medicine may vary from sixpence each visit up to half-a-guinea and more.

The poor man receives a few aperient pills, and some saline and tonic medicine in powders; on the other hand, we need not recount how the same drugs may be distributed among several bottles, whereby the Christmas bill of the rich patient was in time past brought up to a satisfactory pitch by men who did not charge for visits.

Formerly medicines were the pretext or mechanism through which the Practitioner made his charges. At the present day, when Professional skill is recognized as the true thing to be paid for, many Practitioners supply all necessary medicines, without any other charge than that for visits. This is going from one extreme to another. Medicines are not the one thing needful, neither are they to be treated as worthless. A respectable Practitioner, who gets the best drugs from one of the old wholesale houses, or from Apothecaries' Hall, will find that he has a sensible Christmas bill; moreover, the compounding of medicine is an operation requiring skill, care, and undivided attention. There is no reason, therefore, why it should not form the subject of a just charge as well as the visit. Otherwise the Practitioner is not fairly compensated for his labour, and may be tempted to deprive the patients of medicines that might be of real service, but are costly and troublesome to provide.

Neither need there be any squeamishness about a charge for medicine as if it were degrading. Nothing degrades a man so much as the being ashamed of his daily occupation and duties.

Holding, then, that the Practitioner should be paid for his time, and for his medicines also if he supply them,—the latter at as low a price as possible,—we contend that low charges should be taken to signify, not the true value of the services rendered, but the willingness of the Practitioner to give those services on terms measured by the need of the patient. What the terms shall be in any particular case ought, we think, always to be made the subject of a distinct understanding. The patient has a right to know on what terms he shall be attended, and the Practitioner will find comfort and security in a specific agreement. But if in any case a dispute should arise, through the want of such a prudent arrangement, and if a Medical Practitioner's bill should be disputed on the ground that the charges are too high, then it is but fair that he should be treated as any other man in business who comes into a court of law. If a draper sue a Surgeon, the questions would be, not whether the Surgeon can afford to pay, but were the goods delivered, and were they worth the price charged? In the same way, if a Surgeon sue a draper, the question should be, were the services rendered, and are they worth the money charged? and not whether the patient can afford these charges or not.

These remarks have reference to a case—of some importance if it be made a precedent—which was tried at the Leicester County Court on January 15.

Mr. Jackson, Surgeon, sued Mr. Gee, draper, for £15 17s. 6d. for Medical attendance and medicine. The attendance was spread over nine months, and was bestowed upon four persons. The items in the account were as follows:—62 visits (a mile from plaintiff's residence), 46 mixtures, 6 boxes of ointment, 3 boxes of pills, glass vaginal syringe, 2lbs. of lint (patent), 70 powders, 2 special consultations, and 5 consultations. The judge complained that the plaintiff had not stated the price of each separate visit, etc., instead of "lumping" the whole at the bottom of the bill. In cross examination, plaintiff said the amount charged would be realised if the following prices were annexed,—viz., visits, 1s. 6d.; mixtures, 2s. 6d.; pills and ointments, 2s. 6d.; powders, 3d. each; lint, 6d. an ounce; syringe, 5s.; special consultations, 21s.; consultations, 1s. These charges he considered strictly moderate, and such as he would make to any person occupying a respectable position in society. It is usual to charge for both medicine and attendance unless a larger sum be charged for either medicine or visits than has been done in the present case. By "special consultation" he meant being called in to examine and give his opinion in a doubtful case, without any ulterior object. If afterwards asked to prescribe and send medicine in such case he thought it right to charge for the medicine. A guinea was promised for the consultation in the present case. By an ordinary consultation he meant that when several persons were ill in one house a visit was charged for the chief case and a small sum (in these cases 1s.) for each of the others.

This was the plaintiff's case. We may observe in passing, that the habit of "lumping" a bill, or charging one sum for the whole case, is always beneficial to the patient, as the sum is generally made even by leaving out some of the items. Moreover, we have submitted this account to a highly competent person, who assures us that a General Practitioner for such attendance and medicines supplied to a tradesman ought to have made a charge of £14 5s. 10d., exclusive of the two charges of a guinea each for special consultations, which the plaintiff swears the defendant agreed to.

Not so, however, thought the heads of the Profession at Leicester. Two Surgeons to the County Infirmary were called by the defendant to swear that the charges were exorbitant; that £10 or £11 would be enough for the 62 visits and 46 mixtures, etc.; that if a Surgeon charged for medicine he ought not to charge for visits; and that if he charged 3s. 6d. a visit he ought not to charge for medicine. Influenced by the evidence of Mr. Crossman and Mr. Lilley, the plaintiff's claim was reduced to £12.

The evidence given by the Surgeons to the Leicester Infirmary, by which their unfortunate fellow Practitioner was mulcted in 25 per cent. of his claim did not show that the patient could not afford the charge; nor yet that the charge was too great for the services rendered; but that it was not the custom at Leicester that Surgeons should charge for attendance as well as medicine. It must be a fortunate thing for the inhabitants, to be able to get the opinion of an Hospital Surgeon thrown into the bargain when they buy a black draught; but we think the Practitioners of the place should consider whether the "custom" be a sound one, whether they should not agree to a respectable tariff of charges, and support each other against attempts to defraud any of their brethren of their hard-earned fees.

EMBOLISM.

The external symptoms which enable us to diagnose embolism in the pulmonary circulation are by no means so obvious or distinctive as could be wished. They do not show themselves in such a manner as to exclude all doubt except in cases where the damage is very extensive, and where the chance of repair is therefore proportionably small. They may be classed under the heads of (1) Effects of Local Lesion of the Parenchyma, and (2) Consequences of Diminished Oxydation. Among the former are collapse of the lung, and vicarious emphysema, or, as rarely happens, hydrothorax; a case of which we related last week, occurring in a woman whose abdomen contained large quantities of fluid stored up in ovarian cysts. If the mischief takes place in the lower lobes, a marked elevation of the diaphragm is produced. The pleura is generally inflamed over the site of the damage, but cough and expectoration are seldom present, except in cases of capillary embolism. The collapse of the lung is often due to consequent capillary bronchitis. The insufficient oxydation which follows the occlusion of a large portion of lung is indicated by an insatiable craving for air, though the patient is able to draw a deep breath without pain,—a craving which is increased by every movement of the body; a general lowering of the temperature, due to a diminished supply of arterialised blood at the periphery, the appearance of unoxydised substances in the blood, and of urates in the urine. Besides these are to be noticed a systolic murmur, an increased impulse on the right side of the heart, with irregularity of beat, undulation of the veins in the neck, cyanosis, vertigo, albuminuria, œdema of the extremities, and other similar indications of an obstructed circulation; which, however, are seldom all present together in any one case, and are often anticipated by the speedy occurrence of death. Swelling of the spleen is a very general symptom; it is sometimes accompanied by slight jaundice, produced by nutmeg-congestion of the liver. It is necessary before drawing an inference from all these signs, to exclude, as Virchow notices, anæmia, chlorosis, and the rare cases of stenosis of the pulmonary artery. But the surest mode of arriving at a diagnosis is by detecting the presence of a mass of coagulum in some vein near the surface, and by noticing, if possible, the moment of its disappearance, with the nearly simultaneous and sudden invasion of the lung-symptoms.

The conditions under which embolism may occur in the arterial system are so manifold, and, owing to the great extent of the field, so much less easy of demonstration than those affecting the pulmonary vessels, that even all the labour which has been bestowed on the subject has not succeeded in establishing the actual proof of each individual case. But the facts, nevertheless, are so generally unassailable, that a failure of proof in a single instance can only be held to show that the subject is not yet exhausted. The most striking and clearly defined cases occurring in this region of the circulation are those which affect the brain; and to illustrate the completeness with which these can be made out, we extract the chief points of the following case from Dr. Cohn's pages:—A healthy man, aged 66, was attacked by endocarditis, which was followed by a sudden and complete paralysis of the right side; from this he gradually and almost entirely recovered. Six months later, as he was going out after breakfast, he suddenly fell, was totally unconscious, hemiplegic, and without control over the sphincters. In five days he died, the paralysis having become complete. The left carotid artery was found completely closed by an old, solid, and firmly adherent fibrinous clot, lodged in the canalis caroticus, and having strips of more recent fibrinous clot extending from it in both directions. One of these strips extended into the arteria fossæ Sylvii, but did not completely close it. The branches, however, of this artery were found occluded by fibrinous emboli, and filled with quite recent coagulum. Injection of the vessels by the basilar artery, after the right carotid had been tied, gave a most interesting and complete view of the history of the case. The vessels of the pia mater of the affected side were shown to be three times as large as those of the sound side, and to be supplied by the greatly enlarged arteriæ communicantes. It was clear, therefore, that the original obstruction of the carotid had been compensated for by a supply derived from the remaining vessels, and that the recent lesion was due to the detachment of a portion of the clot in the arteria fossæ Sylvii. The anterior and middle lobes of the affected side exhibited, as consequences of that lesion, the appearances of capillary apoplexy, and commencing softening and fat deposit. The remainder of the brain was healthy. Some inferences may, perhaps, be drawn from this case bearing on the effects which occasionally follow ligature of the carotid artery. It may be laid down as a certain rule, that if the embolus pass the circle of Willis, from whatever direction it come, softening is the inevitable result; but Dr. Cohn's numerous observations and experiments tend to show that softening does not occur unless that main defence be penetrated. The diagnosis of embolism in the brain is founded chiefly on the discovery of a possible source for it by means of the heart-sounds, and the exclusion of apoplexy or other disease of the brain. If the patient has lately suffered from endocarditis; if the presence of growths on the valves of the left ventricle is suspected; if the heart's action is easily hurried, or made more energetic; if the patient is moderately young, and free from any effects of former cerebral disease; if no atheromatous points can be detected in his radial arteries; if the attack is instantaneous, and not accompanied by the usual signs of apoplexy, if the temperature is lowered, if some of the effects are diminished in a few hours, and lastly if other signs of embolism are present, such as swelling of the spleen, hæmaturia, and gangrene of the extremities, we need have no hesitation in attributing the whole of the phenomena to sudden occlusion of some of the cerebral arteries. It is, of course, possible that gangrenous and otherwise morbid substances may be brought from the lungs by the pulmonary veins and deposited in the brain, and a case of the kind has been recorded by Virchow; but such observations are not yet plentiful.

It is not often, however, that the embolus finds its way into either carotid, and still less often into the right than into the left. There is good reason for believing that this difference is entirely due to physical causes, and that in fact an embolus seldom or never enters either carotid when the body is in the erect posture. The angle at which the right carotid lies to the aorta, as compared with the nearly straight line which that of the left side forms with the ascending part of the arch, farther explains the preference shown. But the most usual course taken by the emboli is directly to the thoracic aorta; their gravity makes them travel on the lower wall of the arch, and keeps them away from the orifices of the arteries issuing from it; into which orifices they are not forced except by an unusually violent action of the heart, or by causes which hinder the free exit of the blood through the thoracic aorta, as in the case of bed-ridden persons who lie on the left side on account of heart disease. The farther destination of the emboli which enter the thoracic aorta is uncertain; it is dependent, however, on purely mechanical causes. There is not a vestige of evidence for any specific attraction of particular arteries for particular bodies, nor any specific metastasis by means of embolism between one organ and another. No influence can be shown to be exercised by the chemical qualities of a body on its destination: and no region can be proved to exclude emboli, though their presence has not yet been demonstrated in every tissue of the body. It is asserted, indeed, that many cases of diarrhœa accompanied by capillary bleeding are merely due to capillary embolism of the mucous membrane of the intestines, and that much belongs to causes simply mechanical which has heretofore been accounted for by theories of attraction, and even by laws of chemical affinity. The form and consistence of the larger emboli have a decided influence on their destination, since round and hard bodies travel onwards till they come to a part of the vessel from which there is no exit for them, while softer clots of irregular shape are often driven partly into several branches or placed astride on a bifurcation, or fixed half into a side branch. But identity in the form and gravity of the emboli does not ensure their reaching the same part of the body. From a large number of experiments made by Dr. Cohn we may quote the following on this point. Eleven small shot were introduced by means of a glass tube inserted into the left carotid into the ascending aorta of a dog. The animal lay on its right side, and the bodies introduced, having been carefully pushed in by a small rod, were left entirely to the influence of the current. When the dog recovered from the chloroform it was quite lively, and ran about as usual, but soon began to limp and exhibit loss of power in the left hind leg. The next day appetite and liveliness had disappeared, and after three days the dog died. Three shots were found in the cœliac artery, one in the left renal, seven in the left femoral. From this may be inferred both the different distribution of similar bodies and the general tendency which bodies lying one behind the other have to enter the same vessel.

Solid substances may find their way into the liver by three entrances,—the hepatic artery, the portal vein, and the vena cava: by the last of the three only apparently in exceptional cases. It has been found that cinnabar and other substances injected into the jugular vein, find their way against the stream down to the liver. The transference of morbid substances from the mesenteric and other abdominal glands to the liver, is most easily intelligible; and the effect of a total blocking up of either the hepatic artery or portal vein is sufficiently obvious. The effects produced in the spleen and kidneys are well described in a recent Paper in the Medico-Chirurgical *Transactions*. They consist essentially in the contraction, loss of colour, and breaking down of the segment of the organ exclusively supplied by the obstructed branch; a series of changes which find their counterpart in all tissues affected by the same cause. The occurrence of gangrene in the extremities is the natural result where no anastomosis is found between the obstructed point and the tissues supplied by it. The smallest scale on which it can be observed is in the vessels of the eye; the largest, at the very entrance of the circulation, at the orifice of the aorta itself.

The treatment of Embolism, when carefully weighed and considered, seems to resolve itself into doing nothing. For one by one all active remedies are excluded, and we have to fall back upon tonics and other means of improving the general health. The principal indications are (1) To remove marastic conditions, which favour both thrombosis and the corruption of the clot when formed: we must hope thus to obtain the desired metamorphosis into harmless connective tissue. (2.) To keep the circulation quiet during the process, which is a slow one; it may be necessary to bleed very plethoric patients with this object, as well as, (3) If the attack is very sudden and severe, in order to lessen the effects of insufficient oxydation. The fourth indication, the prevention of the recurrence of the mischief, is more easily enunciated than fulfilled. The use of digitalis is recommended in some cases, but opium is the remedy on which reliance is mainly placed.

We can only lament the impossibility of giving a more complete account of the researches of Dr. Cohn, from whose work we have drawn the largest part of our materials, but we feel constrained to recommend those who would pursue the subject into its minute ramifications to study the work itself. If at any time its ingenious author should publish an edition condensed into about 200, instead of 700 pages, we have no doubt that the work could be successfully translated, and would prove most acceptable to the English reader. At present, however, we cannot prognosticate such a result with any certainty.

THE WEEK.

THE PREVALENT MORTALITY.

The *Gazette des Hôpitaux* of January 25 tells us that a general epidemic of *la grippe* prevails in Paris at the present moment, but that it presents no differences from former epidemics of the same malady. At present there is no doubt but that we in London are living in an atmosphere very unfavourable to health. Cold, damp, and fog, loaded with organic vapours not only have produced a notable influenza here, but have raised the sum of mortality from all diseases whatever. Scarlatina and diphtheria are very prevalent; croup, whooping-cough, and continued fever have nearly doubled their ravages during the last week, and consumption and every other disease exhibits a high rate of mortality. We see scarcely any deaths ascribed to influenza simply, yet it is very prevalent, and in some cases associated with unusual symptoms of gastric complication. In one family which has come under our observation, out of sixteen inmates, ten have been ill; each seized in succession quite suddenly with vomiting, headache, shivering, great prostration, and pain in the limbs, and severe and catarrhal symptoms. Each case lasted in its severity about five days. In this house there was reason to suspect that sewer vapours had a share in the production of the mischief. From inquiries we have made, we have reason to believe that influenza is at present more prevalent among the classes in easy circumstances than among the poor.

THE CHARING-CROSS RAILWAY COMPANY AND ST. THOMAS'S HOSPITAL.

The Governors of St. Thomas's Hospital having refused to allow the Charing-cross Railway Company to purchase a small portion of their domain, and having required them to take all or none, the sum of £296,000 was fixed by arbitration as the price, and was paid into the Bank of England by the Company on January 20, who thereupon demanded, and proceeded, to take possession, by sending in a gang of workmen. There is a clause in the Charing-cross Railway Act to the following effect:—

> "The Company shall not enter upon any land of the Governors of St. Thomas's Hospital until the expiration of one year after the time of giving notice by the Company of their intention to take the land, or run any engine on the railway between the north-eastern corner of the Arcade and York-street, until the expiration of eighteen months after the time of giving that notice."

Application was made on Saturday, January 25, to Vice-Chancellor Sir W. P. Wood, to restrain the Company from taking possession. For the Governors, it was contended that the space of one year had not expired from any effectual notice given by the Company, who had all along insisted upon their intention to take a part only, and not the whole. For the defendants it was contended that a valid notice for taking the whole of the Hospital had been served more than a year before the demand made for possession. Other topics were urged on either side, as to the danger to the 400 or 500 patients in the Hospital from a sudden removal before proper accommodation had been provided elsewhere; on the other hand, as to the ruinous loss to the Company by stopping their works and contracts, the large amount of money lying unemployed in the Bank, and the inequitable nature of the claim by the Governors to receive the purchase money, and at the same time to retain possession of the Hospital. On Monday the Vice-Chancellor decided that the year of notice was to be dated from July 26, 1861. On appeal, the Lord Chancellor has since come to the decision that the Company shall go on with their works as far as may be possible without inconveniencing the patients.

HOSPITAL HYGIENE.

Delenda est Carthago. Such is the portentous motto which our namesake, the *Gazette Médicale de Paris*, prefixes to an article in which the general suppression of Hospitals is seriously advocated. We agree so far as this, that no maladies of an infectious class, and no patients whose condition is liable to beget infection (as puerperal women) should ever be brought together into the wards of an Hospital. The writer affirms that *infection* is the great source of danger in Hospitals, and that all the measures reputed to diminish Hospital mortality, and all the differences between French and English Hospitals in cubic space, ventilation, nourishment, dressings and the like, are but so many ways of expressing the same fact. But when he proposes instead of Hospitals, general or special, to have a kind of extended Dispensary system, with *des malades disséminés, et des soins à domicile*, we think that his conclusion is hasty, and his notions of the Dispensary system are little too rose-coloured. Women in childbirth are best left in their own homes. Not so patients with small-pox, who would be sources of infection to the healthy. Who can doubt that abundance of lives would be saved, if in an outbreak of scarlet fever the patients could be weeded out of their crowded homes, and sent to an Hospital, where they would be secure from infecting others? All experience points to the necessity of small isolated wards; of rendering Hospitals as salubrious as possible; but they are to be amended, not abolished.

JACKSON v. GEE.—MEDICAL CHARGES.

One of the best suggestions we have met with respecting Medical charges is this:—Two conditions are to be fulfilled. On the one hand, the Practitioner must be paid; and, if the patient be poor, it is self-evident that the payment cannot be at a high rate. On the other hand, the dignity of Professional men is hurt by obtaining payment for medicines only, and by charging such low fees as a shilling or eighteenpence per visit. It is suggested, therefore, that in every case the medicine supplied should be charged at a certain low rate, such as one shilling for a mixture, and for other things in proportion. In addition to this the attendance should be charged at so much a visit, according to the condition of the patient. But if the patient be so poor that it would be foolish and cruel to charge so much as (say) half-a-crown each, then, instead of shilling visits, let some moderate round sum be charged as a fee for the Professional attendance on the whole case. For instance, a small tradesman is ill for three months, in the course of which fifty-eight visits are paid him. His medicine bill comes to £1 2s. 6d.; add to this three guineas as a fee for the attendance, provided the claim be promptly settled, and let it be understood that, otherwise, the full charge of 3s. 6d. per visit will be claimed.

THE WINDHAM CASE.

Ill-mannered boys at a school-feast are sometimes known to clutch at the viands before grace has been said, and the proper signal has been given to begin. We think, in common with most prudent journalists, that it were better not to initiate this proceeding by criticising the Windham case before it is decided. A legally-constituted tribunal is engaged in trying the case; and, pending the trial, decency requires that silence should be observed with regard to the evidence offered, and with regard to the manner—good or bad—in which that evidence is brought forward. There is not a doubt that the decision, whatever it be, will be an honest one. We who know what Professional responsibility means, should be cautious about criticising the legal practitioner whilst he is conducting his case. We all know what we should think of barristers if they had the bad taste to criticise the treatment of a Medical case. Rather a ludicrous scene occurred in the Court on Tuesday, when one of the Medical witnesses was accused by Mr. Chambers of laughing and making faces at him, so as to disturb the learned counsel in his speech, and was ignominiously obliged to shift his seat.

CASE OF ALLEGED HUMAN OR SPONTANEOUS COMBUSTION.

An account of a case of supposed spontaneous combustion has lately appeared in the daily papers which will serve to keep alive popular superstition on the subject. The following, if we are to believe the report, are the circumstances which have been held by Dr. Bianchi, a Physician of Cesena to warrant the ascription of death to an internal fire, commencing in the lungs during sleep. The body of the Countess Comelia, a lady aged 62, resident at Cesena (Romagna), was found one morning reduced to a heap of ashes, lying about a yard from her bed. She had gone to rest on the previous night in her usual good health. Nothing remained of the body but the legs from the knee to the foot, the arms, and the head. The furniture and hangings in the room were covered with a grayish soot, the window panes were smeared with an oily, yellowish fluid, and the atmosphere of the room was impregnated with an indescribably disagreeable effluvium. On the floor was a small lamp without oil, and on the table stood two candlesticks, the candles of which had lost all their tallow, but the wicks remained unburnt. No English Medical Jurist of the present day will allow the possibility of spontaneous human combustion, but the belief appears still to hold its ground amongst certain Continental Practitioners. It will be remembered that in the case of the Countess Goerlitz, murdered by her valet, John Stauff, the Physician who was first consulted could come to no other conclusion than that the Countess had spontaneously taken fire whilst sitting writing at her desk. The difficulty in many of the cases that have given rise to the notion of self-generated fire is to account for the large portion of the body consumed. It is well known that the human body is very far from being easily combustible; and it has, therefore, been supposed that, under certain circumstances—as, for instance, from the immoderate use of alcohol—the tissues acquire a more than ordinary degree of inflammability. In the present instance it appears that the deceased was in the habit of rubbing her body with camphorated spirits of wine, and it is not improbable that this circumstance may have been an important element in the chain of causes which led to her death. The lamp on the floor and the light and inflammable character of female dress supply the other links.

RESPONSIBILITIES OF MOTHERS.

In our last volume we called attention to the case of a woman named Cole, indicted at the Devonshire Assizes for the wilful murder of her daughter. The case for the prosecution was this—that the prisoner, having a great ill-will towards the deceased, had purposely neglected to procure a midwife or other proper person to attend her daughter when she was taken in labour, and that by reason thereof she died in childbirth. The deceased was 18 years of age and unmarried. The prisoner, four years before the trial, had married a second husband, who was not the father of the deceased. A short time before her death, which took place on October 26, 1861, deceased came back from service to her stepfather's house, and continued for the most part to reside there till she died. At the close of the case for the prisoner it was objected by her counsel that she was under no legal duty or obligation to procure, or try to procure, the attendance of a midwife for her daughter, and therefore she was not criminally responsible for neglecting to do so. The learned judge told the jury to consider whether it was established by the evidence that the death of the deceased was attributable to the prisoner's neglect to use ordinary diligence in procuring the assistance of a midwife or other proper attendant, and if it was not so established to acquit the prisoner; but, if it was so established, then to consider whether by so neglecting she intended to bring about the death of her daughter, and, if so, they were to convict her of murder, but, if not, of manslaughter. The jury convicted the prisoner of manslaughter, but judgment was respited in order to obtain the opinion of the Court for the consideration of Crown cases reserved, whether the objection to the conviction was well founded. Mr. Cole contended that the deceased was emancipated, and that there was no duty or obligation cast upon the prisoner to procure assistance. There was no greater duty thrown upon the prisoner than upon any stranger, and if anyone was liable, it must have been the stepfather, who was the master of the house. Mr. Carter submitted that it was the natural duty for the prisoner to take steps to protect the life of her daughter. It was the duty of a parent to take care of her infant, and he did not know that the duty of a parent ceased at any time. By different statutes a parent was bound to protect the child, and if she had not the means she ought to have applied to the relieving officer. If a woman did not seek assistance while it was of use, she was guilty of criminal neglect. The deceased was incapable of calling for help, and therefore was dependent on those around her; the deceased was helpless, and unable to provide for herself. The Court were of opinion that the deceased was emancipated, and that the case did not come within any of the authorities which cast a legal liability upon the prisoner. Many women were confined without the assistance of a midwife, and the necessity for the aid of a midwife in the present case did not arise until after the confinement. The prisoner might not have been able to obtain the aid without pecuniary assistance, and that assistance she had not. The conviction was quashed.

ASSASSINATION OF A PHYSICIAN AT PISA.

A melancholy proof of the lawless and dangerous state of things in "regenerated Italy" is afforded by the assassination of Dr. McCarthy, a Physician long resident at Pisa. It appears that on the 17th ult., the deceased was returning from Leghorn, and on reaching the railway station hired a carriage to convey him home. Two porters, or *faccini*, accompanied him to his house, against his wish. One of them took a trunk upstairs and was paid for the service. The other also demanded payment, which Dr. McCarthy refused. An altercation ensued, which terminated in the porter drawing a stiletto and stabbing his victim twice in the abdomen. The wounds penetrated the intestines. Death took place after forty hours of intense suffering, which opiates, although given in large quantities, failed to relieve. Assassination, it seems, is becoming as much the fashion in the North as in the South of Italy. The correspondent of the *Times*, who narrates the occurrence writes,—"Of course no one dreams of the punishment of the assassin, nor is there any likelihood that measures of precaution will follow this foul and infamous murder, though meetings of English residents at Pisa and Leghorn are now convened to address M. Ricasoli on the subject." Dr. McCarthy is said to have deservedly enjoyed general respect and esteem.

THE SANITARY STATE OF THE IRISH.

There is a Committee of the Social Science Association engaged in inquiries into the condition of the Irish labouring population in Great Britain. A set of questions has been circulated amongst Roman Catholic clergymen, employers of labour, the police authorities, etc., with the following

"*Queries for Medical Practitioners, Officers of Health, Parochial Medical Officers, etc.*

"1. Do the labouring Irish in your district inhabit particular quarters or streets, or are they indiscriminately mingled with the rest of the population?

"2. Do the Irish in your neighbourhood live in large numbers in the same houses? Do more than the members of one family often inhabit the same room? Has the Lodging-houses Act affected their condition in this respect?

"3. What are the habits of the labouring Irish resident in your district? Are they orderly and cleanly, or the reverse?

"4. Are the Irish more or less healthy than the rest of the labouring population of your district?

"5. Are the children of the Irish more or less healthy than those of the rest of the labouring population of your district?

"6. Are there any particular diseases peculiarly prevalent among the Irish in your district? If so, of what nature?

"7. Are many of the Irish in receipt of relief from public or private charity, medical or other?

"8. Is there any other information on this subject with which you can favour us? Has there been, in your opinion, any marked change in the condition of the Irish in your district of late years?"

For our own parts, we believe that the Irish are no better and no worse than such of the English and Scottish populations as have similarly defective education and means of subsistence. The Dublin authorities have done well to inquire into the condition of their poorer population. We learn that

"Mr. Nugent Robinson read a paper on the Dwellings of the Dublin Poor at the late meeting of the Social Science Association. The disclosures it makes of the domestic life of our poor are perfectly appalling. The number of houses let in tenements within the municipal boundary is 8000, or more than one-third of the whole number of houses in the city. Those houses are chiefly found in 450 lanes, courts, and alleys, and 60 streets, the worst being in the liberties on the south side, and the parish of St Michan's on the north of the city, districts once the centres of manufacturing industry, where men of business dwelt with their families and made fortunes. But they are all gone long ago, and with them the trade in which they prospered; and if the Americans wanted a picture of what Charleston would become under the silent blight which the destruction of the harbour would produce, they would find it in those portions of Dublin to which I have referred. The decayed, dilapidated houses, many of which were long since condemned by the Corporation, have been taken at low rents by speculators, and without the expenditure of a shilling to repair their ruin, or even to cleanse them, have been re-let in small tenements, or single rooms at a rack rent. The tenants again sublet 'the corners' at 1d. to 4d. a night. Taking 134 of the worst streets and alleys, Mr. Robinson estimates that in them there are 2102 houses occupied by room-keepers, 11,214 rooms, 14,850 beds, many of which are mere wads of straw, and 40,319 persons. He gives a tabular calculation as to the condition of some which he considers fair types of the whole. Take, for instance, Cole-alley. In this locality there are 33 houses, having 171 rooms, with 124 beds and 170 wads of straw, for the accommodation of 2915 persons. The lanes and alleys in the neighbourhood of Meath-street are in a disgusting and dangerous state—hot-beds of pestilence, and many of them in such a crazy condition that, as he observes, an eminent architect 'would not guarantee their safety while he wound his watch.' Under the Nuisances Removal and Diseases Prevention Act the police have taken proceedings in 18,551 cases, and from 1853 to 1860 no fewer than 3,541 of the worst class were suppressed, but hundreds still remain."

It takes a generation to make any considerable change in the sentiments and habits of a people; that is to say, men do not change, but are changed: they are supplanted by successors indoctrinated with better (or worse) ideas.

REVIEWS.

Lectures on the Germs and Vestiges of Disease, and on the Prevention of the Invasion and Fatality of Disease by Periodical Examinations. Delivered at the Royal Infirmary for Diseases of the Chest, by Horace Dobell, M.D., etc. Physician to the Infirmary. Pp. 198. London: Churchill.

There is at least one malady, and that, perhaps, the most serious for a man's happiness, the "germs and vestiges," of which Dr. Horace Dobell has most unaccountably overlooked. Did our author ever hear of such a disease as hypochondriasis? Dr. Dobell sets up for a Medical Reformer: and, as the practical issue of all reforms is that by which they will always be judged by sober-minded Englishmen, we will simply lay before our readers what Dr. Dobell innocently suggests as the end of all reforms in Medical practice, as that which is to regenerate our nation. He writes:—

"I wish, then, to propose, as the only means by which to reach the evil and to obtain the good, *that there should be instituted, as a custom, a system of periodical examination, to which all persons should submit themselves, and to which they should submit their children.* [The italics are not ours.]

"Such an examination must include an enquiry into family history, to learn the hereditary constitution; into the personal history, to learn all the previous diseases that have been passed through, and the habits and vicissitudes of life; into all the conditions of life surrounding the individual; into the condition of the organs and functions of the body; into the state of the secretions and fluids of the body by analyses and microscopical examinations; and so forth.

"The examination should be reported in writing; and, after due consideration, such advice must be given as a careful judgment may dictate for the future conduct, pursuits, and habits of the patient (*sic*), with a view to correct any defects or tendency to defects in the organism. Advice must also be given as to the means of removing any vestiges of disease that have been detected; or, if they are not removable, advice as to the best way of overcoming their influences or of averting their increase. To this must be added precautions to be adopted in certain contingencies, which, according to the judgment of the case, appears probable."—P. 155.

So, whether we are well or ill, we are all to be *patients*. We once heard it asserted that frogs were created with the one view of furnishing subjects for the experiments of the physiologist. Man, it would seem, according to Dr. Dobell, was created for a somewhat analogous purpose.

And then Dr. Dobell goes on to detail the mode in which poor and wealthy are respectively to be provided for on his system. But, lest we should unintentionally misrepresent him, we will again quote his own words:—

"Every Hospital and Dispensary should institute a distinct department for the conduct of such examinations and for giving the necessary advice. Every patient discharged from its wards should be submitted to this department before returning to the duties of life."—P. 156.

"I would have the course of operations somewhat after this order:—The patient should first present himself before a senior student or junior Physician, who would take down his name, age, occupation, personal and family history, the nature of the illness for which he entered the Hospital,—and the like. All this should be registered in writing upon a *schedule* provided for the purpose, with all the headings *printed* to save time. With the schedule so far filled up, the patient should now appear before an examining Physician and Surgeon. By these, his personal condition would be ascertained and entered on the schedule. During this time his *secretions* would have been under examination by a microscopist and chemist, who would fill in their report upon the schedule.

"Finally, with the schedule thus filled up, he should appear," etc., p. 160. But we imagine our readers have had enough of Dr. Dobell's Hospital Utopia. Now then for "the working of the system in private practice." Dr. Dobell thinks that here "The whole might be done by one Physician; assisted, as the case might require, by a Surgeon or an Accoucheur, or by a microscopist or an analyst." . . . "Then with regard to the relationship between the Consulting Practitioner and *men in general practice*." The italics are ours this time, and we would remind Dr. Dobell that it is not very long ago that he himself belonged to the class whom he thus disrespectfully designates, a class of practitioners as acute, well-educated, and intelligent as is to be found in any Profession followed in this or any other country. But to proceed. "There is nothing to prevent *General Practitioners* from undertaking such examinations themselves. But the numerous and uncertain calls upon their time would probably stand in the way, and they would rather entrust the task to Consulting men" (we beg pardon); "in which case, I think, the connexion between the two classes of Practitioners would be of the most agreeable and advantageous kind. Suppose, for example, that a patient presents himself for examination once in six months. The course would be this:—The Consulting Practitioner would make his examination and form his opinion. He would then have an interview with the General Practitioner, learn any additional particulars from him, communicate to him his views, and the general conclusion as to the state and tendencies of the patient (*sic*) would then be agreed upon between them in consultation. These would be communicated to the patient; and in any diseases, which might occur during the interval between the periodical examinations, the General Practitioner would bear in mind the leading tendencies and susceptibilities of his patient's constitution as agreed upon at the last conference. If he needed a consultation, on the occurrence of disease, he would already be in friendly communication with the man most likely to be of use to him from his previous knowledge of the patient, and from his acquaintance with the General Practitioner's own views of the case."—P. 162.

There is Dr. Dobell's scheme. Doubtless the relation would be very "agreeable," as well as very "advantageous," could it be established between the author of "Germs and Vestiges" and the General Practitioners whom he gathered around him, by invitation, to listen to his instructions at the Royal Infirmary or Diseases of the Chest.

But we have been making long extracts from the last few pages of the book—let us now look back and ask ourselves what the remainder of the volume is all about. "Germs and Vestiges of Disease." Two lectures to commence with, in which the doctrine is propounded that the vital force, or what the author prefers pedantically to designate the vital mode of force, and to symbolise by V. M. F., manifested in the production, maintenance, growth, repair and reproduction of the animal organism to the extent of providing for the ultimate objects of existence, may be greater or less in different individuals or the same individual at different times and under varying conditions of life, and may be modified by modifying these conditions. Of course! or why are not men immortal? We should like to be shown anything new in this; but what with Locke and Cuvier, and Paget and Darwin, and Grove, and V. M. F., and L. M. F., the proposition is completely enshrouded in a cloud of mystification, and the doctrine, if not new, is made to look like it, and is put forth as a "conclusion" of the author. What the third lecture consists of our readers may gather from the following passages:—

"First come with me into the consulting-room, and after seeing what we can there, accompany me on my round through the streets and squares of this great city, and see disease and death in the order in which we happen to meet them, without regard to nosological arrangements."—P. 52.

"We must now start on our round, and proceed at once to a patient whom we left insensible late last night, and hardly expect to find alive."—P. 59.

"I need not take you further on my round."—P. 64.

All this reads to us like puffery; and not unlike it too are certain passages in the preface of the book, where Dr. Dobell talks about the "impracticability of carrying out so comprehensive and elaborate a plan" as a systematic work on the Natural History and Genealogy of Diseases "in the midst of the absorbing duties of a Physician's life."

With respect to the intermediate lectures between the third and the last, we may say that a fair summary is offered to the reader of the causes and sequences of disease. We have marked portions for criticism, but must refrain. We may simply say, that here too, where we did expect to find some interesting and important questions of etiology solved by the "experience" of our author, we have been greatly disappointed. Dr. Dobell certainly appears to have swept into his book an infinite number of quotations from Medical "authorities," and to have incorporated opinions from all quarters into its construction, but we see no evidence anywhere of these opinions having been brought to the test of the "experience acquired" in the systematic case-taking which our author tells us he practised during the earlier years of his private practice. When a Medical man puts himself out of the way to give oral instruction to his professional brethren, it is to be expected that he has something to offer that shall be worthy their acceptance, something that they could not have gathered for themselves from the works which are pretty certain to be upon their shelves.

Report on a Hospital at Tien-tsin, for the Treatment of Sick Chinese, Established by the British Army of Occupation. Shanghai: 1861. Sixth Monthly Report on the Chinese Hospital at Tien-tsin.

It is refreshing to note any instalment of real good, however small, which may help to balance the amount of harm inflicted by mankind civilised on mankind semi-civilised and barbarous. Amongst the benefits which it is alleged an intercourse with England has conferred on the Chinese, we doubt if there be any more real than the good which two or three Army Doctors, assisted by a few of their countrymen, did at Tien-tsin during the occupation of that town by the British. A Hospital for the reception of twenty sick Chinese, and for the relief of an unlimited number of out-patients, was opened on January 11, 1861. The first six monthly reports are now before us, and they form a series of papers of considerable interest, alike to the Philanthropist and to the Surgeon. To give our readers some idea of the scope and success of the work done, we may turn to the reports for the months of February and March. In the latter of these months the number of Chinese applying for relief was upwards of three hundred a-day. The narrow street leading to the Hospital was crowded with maimed, sick, and halt, some of them coming from remote districts and places more than a hundred miles distant. A large number of the applicants were sufferers from diseases of the eye. Ophthalmia is exceedingly rife amongst the lower orders of Chinese. Its prevalence is partly attributable to the manner in which they are crowded together in their dwellings, partly to their extremely filthy habits, and partly to the great extent in which they are the subjects of scrofula. A field of Ophthalmic Surgery sufficient to satisfy the ambition of any aspirant for the honours of Moorfields opened on the English Surgeons. In March, forty-four cases of entropion, fifteen of cataract, and numerous cases of opaque cornea were operated on. Dr. Lamprey treated the latter affection by strong nitric acid applied by means of a fine point, too extended action of the acid being prevented by the immediate employment of cold water. The report observes that the success of this plan of treatment was remarkable, and not the less so in cases where the pterygium existed. But besides the ophthalmic there were plenty of other cases—Medical and Surgical. Phthisis and other pulmonary affections, skin diseases, paralysis, tumours of various kinds, fractures and dislocations, diseases of the bones, and the whole category of scrofulous affections, formed the staple Pathological material. Attention is especially drawn by the reporter to a peculiar form of skin affection, which he describes as analogous to lupus, usually occurring in scrofulous subjects, and consisting of a spreading form of ulceration occasioning great contraction of the neighbouring parts as it passes onwards, and giving rise to hideous deformity when the neck and face are affected. The picture which the Report gives of the Chinese is on the whole not unattractive. "One touch of Nature makes the whole world kin," and despite their filth, their love of huddling together, their contempt for European fire-grates, and preference for portable stoves which they can take to bed with them, one feels one's sympathy touched by their kindness and attention to each other in sickness, and by the warm gratitude they evinced to their benefactors. One poor fellow, an inhabitant of Sin-ho, who during the action at that place had received a dangerous gun-shot wound of the lung, said to a casual visitor, "I have not breath in my chest to express all the gratitude I feel to the English Doctors for having saved my life, and made me again able to provide for my wife and five children." Another, a young Mongol soldier, whose thigh had been shattered by a bullet, begged his Medical attendant, Dr. Moffit, to visit him in Mongolia, promising him plenty to eat, "plenty butter, plenty milk, and a horse to ride upon." He professed himself, however, quite ready to fight again against the English, only—referring to his shortened leg—he must fight as a cavalry soldier.

The sixth monthly Report, by Dr. Lamprey, of the 67th, contains some capital photographs. Among them are two—one taken before, and the other after operation—of a young Chinaman with a large fibro-cartilaginous tumour of the face.

We cordially congratulate Drs. Gordon, Lamprey, and Moffit on the results of their exertions. We hear that a Hospital is being commenced at Pekin by the Medical Missionary, Dr. Lockhart. It appears destined to be principally through the disinterested labours of Medical men that the Chinese are to learn the existence amongst Englishmen of a civilisation higher than that typified by dollars, rifled cannon, and explosive shells.

Remarks on the New Medical Act, as Affecting the Curriculum of the Student: being the Substance of an Address to Students, Delivered at the Opening of the Medical Session 1861-62. By George Buchanan, A.M., M.D., Lecturer on Anatomy in the Medical School, Anderson's University; Surgeon to the Glasgow Royal Infirmary, etc.

This is an able Address, and with much that it contains we agree. The Author breaks a lance with the Scottish University Commissioners, refers with regret to the departing glories of the University of St. Andrews, and exalts the Medical and Surgical Corporations by comparing the advantages they offer to diploma-seekers with those presented by the Universities. It is pleasant to find a man believing in his own, and Dr. Buchanan evidently believes Glasgow to be unexcelled in Christendom as a Medical training-ground. We must, however, confess that we have a strong feeling against seeing the lecture-room transformed into a Medico-political arena for the discussion of the rival claims of Colleges and Universities, licences and diplomas. We should have welcomed Dr. Buchanan's remarks more warmly had they been presented to us under a different form.

A Handbook for the Nursery: being a Plain and Concise Description of the Diseases of Infancy and Childhood, with Directions for their Treatment. By Dr. Robert C. Croft, M.R.C.P. Edin.

This is an inoffensive little book, containing less that is objectionable than most of its class. The thirty-seven pages of which it consists will only moderately encourage a taste for domestic quackery. The leading ideas inculcated under the head of Treatment seem to be the propriety of sending for a Doctor and of applying hot potato poultices.

PROGRESS OF MEDICAL SCIENCE.

◆

Selections from Foreign Journals.

ON THE PATHOLOGICAL ANATOMY OF PUERPERAL FEVER.

By Professor BUHL.

Professor Buhl, of Munich, having examined the bodies of fifty women who died of puerperal fever, states that a constant and characteristic appearance is a pappy, red or dark brown or greyish-black mass lining the inner wall of the uterus, giving forth sometimes a gangrenous and sometimes a putrefactive smell. It is this matter which supplies the poisonous infection of puerperal fever; but as to the cause of the production of the fever differences of opinion prevail; some regarding it as the consequence of the immediate passage of poisonous matter into the wound, while others think that a preliminary poisoning of the blood by miasmata takes place, the corrupted mass being only a secondary result. Anatomically, we may distinguish two forms of puerperal fever—puerperal pyæmia and puerperal peritonitis—forms which may be clinically distinguished, as it is of importance in prognosis that they should be so.

Puerperal pyæmia does not usually prove fatal before the ninth day, and frequently not until after the third week. It is chiefly met with where the disease does not put on an epidemic form, the veins being the channel of infection; coagula, accompanied by suppuration, being found in the veins of the walls of the uterus, in a pampiniform plexus or in a spermatic vein. In no instance did the author ever find both spermatic veins obstructed, and in only one case was the entire vena cava inferior filled with adherent coagula. These coagula and their subsequent caseous metamorphosis are quite sufficient to establish the existence of puerperal pyæmia, the so-called metastatic abscesses being seldom met with. Œdema of the lungs and ecchymosis of the pleura were frequently met with by the author.

The puerperal peritonitis was more frequent, more violent, and more rapidly fatal than the puerperal pyæmia, inasmuch as death sometimes occurred within two days after delivery, and in but few cases was delayed to the third week. Of the 32 cases of this variety only 2 were chronic, proving fatal in the course of six or eight weeks. In all the cases purulent exudation was found, in 18 instances occupying the tubes, and in 14 the subserous tissue of the uterus. The two conditions were found combined in only 4 instances, and a plugged condition of the veins was observed only in 5 instances. Of the 18 instances in which puerperal pyæmia occurred, in only 2 was there pus in the tubes, and in only 1 subserous effusion of pus; so that of 20 cases of tubal suppuration, in 18 peritonitis was present, and of the 14 cases of subserous suppuration peritonitis occurred in 13. On the other hand, of 23 cases of purulent coagula of the veins in only 5 did peritonitis occur, and in all these there was subserous or tubal suppuration also, and in 16 cases in which these parts exhibited no pus, no peritonitis took place. The disease of the veins thus bore no relation to the occurrence of peritonitis. It results from these facts, that peritonitis may arise either from the immediate passage of the poisonous material from the uterus through the tubes, or from the conveyance of this from the inner wall of the uterus by the lymphatics. The supposition that the pus may have proceeded from the peritoneum into the tubes is negatived by the fact of these having been free of it in fourteen cases: and the pus of the periuterine, subserous tissue or of the lymphatic vessels must be regarded rather as a consequence than a cause of the peritonitis, inasmuch as it was absent here in twenty instances. The prognosis is not alike in these two modes of origin of the peritonitis. That induced by pus from the tubes is a much slighter and more simple inflammatory process, met with when there is little or no epidemic extension of the disease; while the peritonitis resulting from lymphatic absorption is a much severer form of disease, preceding or accompanying general infection, and is especially met with in the epidemic form.

In both of the principal forms of puerperal fever, besides the morbid uterine appearances there were found—1. Almost constantly swelling and watery infiltration of the retroperitoneal, inguinal, and (though seldomer) the mesenteric glands. 2. Osteophytes on the internal surface of the cranium. 3. In several cases, especially in pyæmia and lymphatic absorption, a distension of the cortical substance of the kidney, together with microscopical appearances corresponding to the acute stage of Bright's disease. In only two of fifty individuals was tuberculosis found.—*Froriep's Notizen*, 1861. No. 13.

EXCERPTA MINORA.

A Mode of Administering Cod-Liver Oil.—Many persons are unable to keep down cod-liver oil, returning it several hours after taking it, even when they have taken it at the beginning of a meal, and strange enough, only vomiting it after the digestion of the aliments has terminated. M. Dannecy having been consulted by many inconvenienced in this manner, and who yet swallowed the oil without any repugnance, recommended them to take after each dose from eight to ten grairs of calcined magnesia suspended in a small quantity of water. The success of the plan was most complete.—*Union Médicale*, No. 153.

Herpes in Relation to Pneumonia.—Dr. Geissler, of Leipzig, regards the occurrence of herpes in pneumonia as a favourable sign. In 421 cases herpes was observed 182 times; and of 87 cases which terminated fatally, herpes only occurred in 17, and was not observed in 70. The herpes appeared in two-thirds of the cases on the second, third, and fourth days, and in one-third of the entire number on the third day alone. These three days were proportioned as one, three, two, and the fifth day was as the second; so that 80 per cent. of all the instances of herpes fell upon these four days and 20 per cent. upon other days, no case having occurred on the first. The herpes which appeared on the third day had least relation to a favourable prognosis, that occurring on the second and fourth days the most.—*Froriep's Notizen*, 1861, B. 3, No. 7.

Subclavicular Abscesses.—These abscesses, met with beneath the clavicle behind the pectoralis major, are produced by various causes, among which may be mentioned the pressure made by the uniform (a hint to our Volunteer Surgeons) in young persons. Some of these abscesses form communications with the lungs, but the greater number are situated externally to the thorax. These abscesses may be opened by traversing the pectoralis or by choosing an interstice separating the two portions of the muscle; but M. Sédillot prefers following the anterior wall of the cavity of the axilla. The muscle is thus left intact, and an incision so made allows the pus to flow away freely. These abscesses should be opened early, in order to prevent the mortification and destruction of the cellular tissue and consecutive fistulæ.—*Union Méd.*, No. 149.

On the Performance of the Operation for Hernia without Hæmorrhage.—M. Amédée Joux, while acknowledging that his procedure of liberating a hernia by tearing rather than incising the tissues is not a new one, believes that its general applicability to all forms of hernia has not been sufficiently acknowledged. During a practice of twenty years it has yielded him most successful results. The following are the conclusions he has arrived at:—1. Operations for strangulated hernia have not the dangerous character (the author practises in the provinces) attributed to them in classical works. To obviate this they should be performed promptly instead of practising the taxis, which is so often useless and always dangerous. 2. After the division of the skin all the rest of the operation should be performed by aid of a grooved director, the small end of a spatula, or any other means of producing the laceration in place of the cutting of the parts. 3. In order to avoid all source of hæmorrhage during the liberation of the strangulation, after carrying the end of the finger within the strangulated point, we should pass in the end of a spatula after the manner of a lever, using the finger already passed as a fulcrum. Pressing most at the tightest points, in a short time enough space is obtained to admit of the reduction of the intestine, if this has not returned of its own accord, the whole procedure being quite bloodless.—*Revue Méd.*, November, p. 630.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

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RUSSIA.

St. Petersburg, January 2.

THE HOSPITAL OF THE BLACK WORKMEN.

The Medical Department of the Ministry of the Interior, which is under the direction of Privy Councillor Dr. Otzolich, deserves favourable mention, on account of a valuable annual report it publishes, and of a scientific Institution connected with it, which is not devoid of importance. The latter is the so-called Hospital of the Black Workmen, which is used as a nursery for the education of the "Doctors of the Crown." "Students of the Crown" are those who pursue their Medical studies, free of charge, in the Medico-Chirurgical Academy of St. Petersburg, at the expense of the Medical Department of the Ministry of the Interior, and who, in return, bind themselves to serve the Crown for ten years after the completion of their studies. During that time they receive a salary, and are promoted in rank, but they cannot choose their place of residence nor the kind of practice; and so it often happens that a Medical man who wishes to stay here is sent to the confines of China, while another who may have particular reasons for leaving the capital as soon as possible is obliged to remain in it, or one who wishes to become an operator is employed as Medical Jurist, etc. Those, however, who have good connexions, or are very talented, have generally some influence upon the nature of their appointments. The Doctors of the Crown are chiefly destined, as Surgeons or Medical Jurists, for distant provinces, and, as they are often the only Medical persons in such regions, it is of great importance that they should have enjoyed a thorough education and acquired sound judgment in Medical affairs generally: they are, therefore, not sent to their scene of action immediately on leaving the lecture-rooms and cliniques, but they first receive further Medical instruction of an entirely practical nature. The merit of having introduced this regulation is entirely due to Dr. Otzolich, who has founded a special school for the Doctors of the Crown in the Hospital of Black Workmen, where three Professors are appointed to superintend the doings of these young Practitioners, who are obliged to treat Medical and Surgical cases, to make legal post-mortem examinations, Surgical operations, etc. The three Professors are Dr. Eugen Pelikan, a Pole, who is well-known by his researches on the Woorara poison, and who superintends the autopsies and microscopical investigations, and also gives lectures on these subjects; Dr. J. F. Heyfelder, who is superintendent of the Surgical wards, holds courses of operations, and directs the Surgical performances of the young Practitioners; and Dr. Trapp, who is also Professor extraordinary at the Academy, and gives lectures on pharmaceutical and clinical chemistry, and directs the labours in the chemical laboratory. Dr. Lapnochinsky is superintendent of the Medical Clinique. The Chief Staff Surgeon, Dr. Otzolich, being a very liberal man, and by no means averse to innovations in the Practice of Medicine, often allows Physicians who are not connected with this Institution to make therapeutical experiments with certain methods of treatment, to which they have devoted special attention. Thus, some time ago Dr. Eduard Meyer treated a large number of patients according to the principles of Rademacher; M. Ricord, the nephew, made experiments with syphilisation; Dr. Heyfelder, the son, performed a number of resections, and Dr. Wixen treated patients suffering from pneumonia and typhoid fever with cold water, which latter for this climate seems to be rather cruel. Hydropathy has, however, gained much ground here of late, and I will make a few remarks on this subject in a future letter.

The institution just alluded to, which has room for 600 patients, is unfortunately divided into two different parts, which are at a great distance from each other, whereby, of course, much time is lost. The smaller establishment, with 100 beds, is connected with the House of Correction, and situated quite at the end of the town; its ventilation and general management are satisfactory. The larger establishment, with 500 beds, is in the Ismael quarter of the city, and in a building which was not erected for the purpose, and is, therefore, not very suitable for it. The lower story is nearly underground, low, damp, dark, without corridors, one room leading into the other; while the first floor, which was formerly the residence of a nobleman, is not deficient in light and air, but nevertheless pyæmia, Hospital gangrene, erysipelas, and phlegmone are rife in the wards, and all diseases are apt to take an unfavourable course. It is only in summer that the patients have a fair chance of recovery, as they are then transferred to the garden, where temporary wards are erected. The Hospital itself is, during these three months, quite unoccupied and the necessary repairs are then generally undertaken. In this house there are two lecture-rooms, with microscopes and other scientific apparatus; a poor shed for making autopsies; a laboratory, an operating theatre, a small library, and a collection of instruments which is very good and nearly complete, having been chiefly furnished by M. Lüer, of Paris, and M. Rooth, of this place. This is the sphere of action of the three Professors mentioned above, who have to give their instruction in the Russian, German, and French languages. I regret to say that the principle of nationality, which has received such a mighty start by the efforts of your "august ally," begins also to haunt this Hospital, the young Russians being very much dissatisfied at having German and Polish teachers.

Dr. Pelikan is, if I may be allowed the expression, one of the most influential mediators between Russian and European Medicine. Three years ago he went abroad and studied for eighteen months at Berlin, Paris, and Würzburg, under Virchow, Claude Bernard, and Kölliker, and became thoroughly imbued with all the most recent scientific discoveries, doctrines and methods of investigation. On his return to Russia he delivered a course of lectures on cellular pathology at the Hospital of Black Workmen, and also gave a practical course on physiology, which was attended by almost all Physicians and Naturalists of St. Petersburg. He is an enthusiast for Medical science especially as cultivated in Germany, and has done much towards raising the standard of Medical education in this empire.

ITALY.

Turin, November 2.

PROFESSOR MOLESCHOTT.

The call of Professor Moleschott to the Chair of Physiology at this University is quite an event in the Medical world here. In order to appreciate its importance, it is necessary to openly acknowledge that Italy has, in recent times, taken too insignificant a part in the progress of natural philosophy. The vivisections of Panizza, the experiments of Matteucci, the microscopic discoveries of Pacini and Corti, were better received on the other side of the Alps than in the country whose reputation they served to increase. The Italian school has generally contented itself with theorising, speculating, reflecting, and unconditionally submitting to authorities; but it has neglected to make exact observations and experiments. Hence it results that Italy is now almost isolated in the Medical world, and an absurd conceit tends to perpetuate this isolation by investing it with the name of nationality. But the time for the existence of a local science has passed away. All facts, discoveries, and ideas immediately pass from their place of origin into general possession, and are either further developed or die out according to the degree of vitality inherent to them. Italian Medicine is unfortunately still very much shackled by scholastic philosophy, and until it has freed itself from this, little good can be expected. Physiology has been especially neglected here of late, and the most important recent discoveries in this science have found little sympathy with us. Our handbooks of physiology are full of wrong statements and antiquated reflections, and until quite lately there was not even a Physiological Institute connected with this University. Some time ago the question was put to a student in examination, whether the blood was an organised liquid or not, and he answered that some authors affirmed, while others denied it, and that his view was inclined to the "middle between the two."

This state of things could not last; when, therefore, the Chair of Physiology became vacant by the retirement of Professor Berruti, the ministry on its own responsibility undertook to call a foreign *savant* to it. M. Moleschott, who is a Dutchman by birth, but German by education and predilection, and of whose most recent researches your Zurich correspondent has informed your readers, was requested to fill the Chair, and he accepted the call. This gentleman is of such eminence and just reputation that his appointment has been less invidious to the Italians than might otherwise have been the case. His important works and papers on the physiology of nutrition and of the nervous system are well known everywhere; and his Physiological Journal, which appears monthly, and in which many excellent papers have been published, gives continued evidence of his zeal, industry, and talent. As he also possesses the gift of great eloquence, this University ought to congratulate itself upon having received such valuable addition to its staff of teachers. It may interest your readers to hear that quite recently another German *savant*, M. Herwegh, has been called to fill the Chair of Literary History at the University of Naples!

LIVERPOOL.

January 21.

The most important item of professional news which I have to record for the past month is the inauguration of the Liverpool Training School and Home for Nurses, at a meeting held on Friday, the 17th inst., at the Blue-coat Hospital. The chair was taken by the Mayor, Mr. Robert Hutchinson, formerly Treasurer to the Royal Infirmary of this town, and one of its best friends. Both Members for the borough were unfortunately detained from the meeting, but each testified his approval of the scheme by a donation of a hundred pounds, and a promise of ten guineas a year as a subscription to the funds of the Institution.

The attendance at the meeting was most satisfactory, and afforded evidence that the members of the Medical Profession and those who take an interest in all philanthropic objects are alike united in their approval of this new effort. It appears, as was stated by the chairman, that as long as thirty years since the subject of Hospital Nursing was taken up by the Medical Profession in this town, and an Association formed with the object of improving the style of nursing then in vogue. This effort does not seem to have been attended with success, and until the foundation of the Nurses' Institution in Soho-street, no systematic exertions were made with this object. The Nurses' Institution has now been seven years in operation; from it nurses are sent out at a uniform charge of a guinea per week to those who are able to pay, and when possible their services are freely given to the poor. I can myself testify to the value of their aid when thus rendered; but unfortunately from the fact that the staff of nurses is limited, and the demand for them on the part of paying patients is very great, it is comparatively seldom that there are nurses free to be employed among the poor. This difficulty it is proposed to meet in the new Institution, by establishing a fund from which nurses specially devoted to service among the poor shall be paid.

When speaking of Training Institutions for Nurses, I ought not to omit the fact that, at the Lying-in Hospital, which was established in 1841, regular courses of instruction have been and are given to women who purpose to become monthly nurses. The Institution now inaugurated has three distinct aims: first, the improvement of Hospital nursing; second, district nursing under proper superintendence; third, the provision of professional nurses to be engaged for attendance on the sick in private families. A building is to be erected on land belonging to the Royal Infirmary, in which the nurses will reside. The necessary funds for this purpose have already been provided by the munificence of a gentleman who prefers that his name should not be made public; and I have not the slightest doubt that the expense of furnishing the house will be readily borne by those who are always ready as well as able to help on any really good work. A superannuation fund is to be provided also, so that those who engage themselves as nurses may feel that they are free from the fear that they will be left destitute when their health or strength fail. The Chairman of the meeting, referring to this part of the plan, said that when visiting the Deaconess's Institution at Kaiserwerth, its founder, Pastor Fliedner, ascribed a great part of the success with which he has met to the existence of the "Mother-house," as he termed it, in which those who had grown old in the service, or have been disabled by sickness, may end their days in comfort. Great importance is attached by the promoters of the present scheme to the second part of their programme—the provision of district, or, as they have been termed, "missionary nurses," in reference to whom Miss Nightingale says: "I quite agree with you that missionary nurses are the end and aim of all our work. Hospitals are, after all, but an intermediate state of civilisation. While devoting my life to Hospital work, to this conclusion I have always come, namely, that Hospitals were not the best place for the sick poor, except for severe Surgical cases." It is designed that the district nurses shall all be paid from the general funds of the Institution, and that local committees shall be formed in the various wards into which our town is subdivided, whose business it shall be to provide lodgings for the nurses, and to recommend the patients to whom they shall be sent. It is intended that the training of all shall begin under Hospital discipline, thus supplying an education, without which "I have rarely known," says Miss Nightingale, "a nurse worth the bread she ate." They are, I believe, next to be employed in work among the poor before undertaking the duty of nursing in private families. Great care has been taken to prevent any misconception as to the purpose with which the "missionary nurses" are to be employed; and, as the Mayor stated in his opening address, the claim for public support and sympathy, is based on the unsectarian character of the Institution. Following out the same idea, the Bishop of Chester, who moved the first resolution, said, "This is a question as large as humanity itself, and I trust there will be no spirit evinced in it but humanity. The nurses we want to send out are not romantic, sentimental, or theological nurses, but women trained to do their work systematically and well—women who will be of good Christian principles, and who will say a word of Christian comfort at the side of the sick-bed where they are watching; but I hope they will say it not in a spirit of religious controversy or religious proselytism, but in a genial spirit of Christian charity, which is as wide as the Gospel itself, and all the forms of Christianity in which the Saviour's name is honoured among us." I think, also, that the names of the Committee who have this good work in hand will be a guarantee to all here that it will be carried on so as simply to promote the great end for which the Institution is designed—to mitigate suffering and to save life.

As I know that the pressure of matter on your columns is now great, I omit many points of interest which have lately come under notice here, hoping to recur to them at another opportunity.

GENERAL CORRESPONDENCE.

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DIGITALIS IN DELIRIUM TREMENS.

Letter from Dr. Duchesne.

[To the Editor of the Medical Times and Gazette.]

Sir,—The treatment of delirium tremens by digitalis being now *sub judice*, the leading features of a successful case, may perhaps be of interest to the Profession, as tending to point to those cases in which it may be expected to prove especially useful. Being absent from home, the patient was at first under the care of a gentleman in charge, who pursued energetically the usual Hospital treatment up to the date of my return.

W. A. H., aged 35, of small stature; in good condition of body; fair; of excitable temperament; a small draper or tallyman; of sober habits. Has for the past week taken more spirits than usual, and on December 25 indulged very freely, eating almost nothing. First seen on December 28; usual symptoms.

Treatment.—Opium and chloric ether; then morphia, commencing with a quarter of a grain and increased at last to one grain every four hours, with three ounces of whisky—the *fons et origo mali*—and one pint of beer, with milk and beef-tea, up to January 3, the day on which I saw him. His condition was this:—Pulse 84, soft and full; secretions arrested; pupils contracted; head hot and heavy, dull pain sub-occipitally; skin perspiring very freely. Slept three hours last night, three this morning, and has had sleep during the treatment. He had nausea, felt muddled, and in fact was narcotised; the delirium persists. To discontinue the morphia, and take effervescing ammonia mixture with Scheele's acid. 11 p.m.—Has passed urine, but continues very restless and rambling; has taken his milk and beef-tea, with some whiskey and beer. To take at 3 a.m. ℥ss. tinct. digitalis, aquæ ad ℥jss; spirit lotion to head.

4th, 8 a.m.—Patient would only take half the draught; no effect. To repeat the draught. 2 p.m.—Slept from 9·30 a.m. to 1·30 p.m. Took some beef-tea, and is now asleep. To take ʒij. tinct. digitalis, aquæ ʒvj. every six hours; milk and beef-tea; beer, no whisky. 10 p.m.—Still asleep; two doses taken.

5th, 9 a.m.—Asleep. Woke up at 8, and had some toast and coffee, with milk. 9 p.m.—Has slept the greater part of the day; has eaten three mutton chops; no more medicine taken, but bowels have been very freely relieved both yesterday and to-day; urine normal; no delusions; is convalescent.

On the following day I put him on citrate of iron and quinine, with nux vomica, and I am now about to take my leave.

It will be remarked that this was a primary attack, occurring in a young man of tolerably regular habits, although of weak constitution and nervous temperament; that the worst day of the attack was that on which the effects of morphia had become fully developed, and that the effect of the digitalis was most marked and rapid, the pulse becoming firmer, the sweats ceasing, and most comfortable somnolency being immediately induced. It had also an equally-marked action on the intestinal canal. In all, one ounce of the tincture was taken.

I am, &c.

Robert Duchesne, M.D. St. And.

16, Mount-place, London Hospital, Jan. 8.

OPERATION FOR RESTORING THE LOWER LIP: PLAGIARISM OF MR. SYME.

Letter from Dr. Buchanan.

[To the Editor of the Medical Times and Gazette.]

Sir,—I observe, with much regret, in perusing Mr. Syme's "Observations in Clinical Surgery," that that gentleman persists in laying claim to the introduction of the operation there described for the restoration of the lower lip. Mr. Syme writes:—

"Soon after devising the process for the restoration of the nose, I thought of applying the same principle to supplying deficiency of the entire lower lip, and since then in numerous cases have met with the most satisfactory results. Indeed, it would be difficult to mention any surgical operation that affords greater amount of relief at a smaller expense of suffering. Nevertheless, and although the operating theatre of Edinburgh has year after year borne witness to the advantages of this procedure, the compilers of systems have treated it with cold indifference, either maintaining silence in regard to the proposal, or mentioning it with such faint praise as must tend to deter from, rather than encourage to, its adoption."

Now this is really too bad. Mr. Syme persists in ignoring the fact that the same operative procedure was described, practised, and published by Dr. Buchanan, of Glasgow, many years before he himself reproduced it. Nor, unfortunately, can he plead any ignorance of this being the case, since the matter was, to my certain knowledge, brought under his notice by the late Professor Laurie, so that Mr. Syme's persistence at this date in laying claim to the operation has the appearance of being deliberate.

Any one who takes the trouble of comparing Mr. Syme's account of this operation at page 62 of his "Observations in Clinical Surgery," with that given by Dr. Buchanan in the *London Medical Gazette* for 1841, and republished in the *Glasgow Medical Journal* of October, 1858, will see that the two proceedings are step for step the same. But Dr. Buchanan's operation was devised and performed in the year 1835, and published with illustrations in 1841, whereas Mr. Syme's account was not given to the world till March, 1847, in the *Edinburgh Monthly Journal of Medical Science.*" Dr. Buchanan further published a special reclamation in the *Glasgow Medical Journal* for October, 1858, in the course of which he observes :—

"Mr. Syme has no title of any kind to be considered as the author of that operation. Mr. Syme did not even introduce it into Edinburgh. I say this with the utmost confidence, because I myself introduced the knowledge of it into Edinburgh, at a time when no man in that city had ever heard of such an operation before."

This took place in the year 1835, when Dr. Buchanan submitted his proceeding to the notice of several Edinburgh men, among others to the late Dr. John Argyle Robertson, to Dr. Knox, and to Mr. Fergusson.

I make no comment on these facts, at the same time I confess to feeling some annoyance at seeing this proceeding, which is now pretty generally adopted, continually referred to in Surgical works as "Mr. Syme's operation." Remonstrance with that gentleman having proved of no use, I think it only due to Dr. Buchanan's reputation as a Surgeon to lay the matter before the Profession; in the hope that it will render him the credit he deserves for the introduction of an important improvement. I am, &c.

ANDREW BUCHANAN, jun., M.D.

Athol-place, Glasgow, January 27.

CASE OF DOUBLE MONSTER.

LETTER FROM DR. LOWE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following case, which occurred a short time since in my practice, presents, I think, some interesting and peculiar features :—

I was called to attend a patient whom I had attended before in her only previous confinement. She was then suffering slight pains, and the os uteri was undilated. I then left her, having been summoned to an urgent case. A neighbouring Practitioner having attended during my absence, but after a few hours I was again summoned to this extraordinary case.

When I arrived, I found two heads presenting. In fact, one had already emerged. My colleague proposed that the second head should be perforated. But I thought it better to wait yet longer after supporting the perineum. In about three-quarters of an hour, the second head, with the funis round its neck, was born, and was immediately followed by the bodies (perfect externally) of two female children. The heads, extremities, and external genital organs were perfect, but connected at the thorax and abdomen forming one trunk with one umbilicus and cord.

Should you deem the above case interesting to your numerous readers, I shall feel obliged by your inserting it.

I am, &c.

WILLIAM LOWE, M.D., L.S.A.

Stepney-green, January 23.

THE "READY METHOD" IN CASES OF CHOKING.

LETTER FROM DR. JAMES HUXLEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am reminded by the accident at Monmouth County Gaol, in which a prisoner was suffocated by a piece of meat obstructing the rima glottidis, to ask you to make more widely known a simple and effectual means of dealing with the emergency of choking.

In these cases time is everything; the delaying of relief for a very few minutes must be fatal. The time required in procuring any instrument such as a probang cannot be spared; and a probang when obtained cannot be relied on for useful service. It may possibly push the obstacle down the œsophagus; it is much more likely, however, either to drive it more firmly into the rima, or to pass it by altogether, and be of no effect, one way or the other.

The simple and effectual management of the accident is this :—Put the patient on his back; with one hand on the throat, raise the whole vocal apparatus towards the back of the mouth and fix; put the forefinger of the other hand into the mouth, down to, and beyond, the epiglottis. If a foreign body is sticking in the rima it can be felt and loosened, and raised by alternate pressures with the finger from side to side, and brought out of the mouth by the finger (hooked), either in one piece or in successive portions.

If the patient is far gone when first attended, the operation is easier; the jaw is dropped and there is no resistance. The hand outside, raising and supporting the whole larynx and trachea, gives resistance to the finger at work within. It is very easily done. The finger *feels* and the probang does not. The former neither does mischief nor misses the object. Many years ago, in the presence of an emergency, this plan suggested itself. I have used no other since, and never found it fail. Amongst the insane, embracing paralytics, many have the power of deglutition enfeebled, and some are greedy feeders, or will steal and try to "bolt" impracticable morsels. Choking, then, is here an accident to be looked for, and formerly, before the introduction of mincing-machines, it was very common. You will perceive that this proceeding anticipates the question of tracheotomy altogether.

I am, &c.

The Kent Asylum, Jan. 25. JAMES E. HUXLEY.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 14.

DR. BALFOUR, Vice-President, in the Chair.

(Continued from page 94.)

A Paper, by Dr. C. J. B. ALDIS, was read

ON THE POISONOUS EFFECTS OF COAL GAS UPON THE ANIMAL SYSTEM.

The Author was induced to make the present inquiry in consequence of the examination of gas, as to its purity, now forming an important branch of the public health. He also wished to ascertain whether Cannel gas destroyed life sooner than common gas, since this question had arisen at a recent coroner's inquest. The third and fourth objects were, to counteract, if possible, by publicity, the want of precaution often displayed by gas-fitters in the discharge of their duties, and to try means for their recovery when rendered insensible. The following are the results of some experiments made by the Author, Mr. F. G. Evans, engineer of the Chartered Gas Company, and Mr. Bannister, assistant-engineer at the works in Horseferry-road, Westminster, November 8, 1861 :—A rat was first killed by means of a sharpened file thrust into the brain, for the purpose of comparing the appearance of some of the internal organs with those of others destroyed by the gases. The eyelids were closed; the lungs collapsed, and of a whitish colour; both ventricles of the heart contained black coagulated blood. Six experiments were then made—two with Cannel gas, three with common gas, and one with foul gas—upon rats, which were placed, in succession, under an inverted glass vessel, into which the gases were passed through a $\frac{3}{8}$-inch cock and tubing with a $\frac{1}{2}$-inch bore. The animals soon began to gasp, and became insensible after slight struggling. They lay motionless for a few seconds, when death supervened upon convulsive movements. The eyes were open and projected. The outer surface of the skull was exceedingly red in all that were examined, and dark fluid blood escaped from them. The superficial vessels on the surface of the brain were pinkish, and some were empty; the substance of the brain was pale. The lungs were collapsed, and of a pink colour; the heart was distended with darkish fluid blood; and the abdominal veins were congested. The eyes of the rat exposed to foul gas did not project so much as in the other examples. On opening the body a strong smell of sulphuretted hydrogen gas escaped. The brain and lungs were much congested and of a brownish colour; the heart was greatly distended with dark fluid blood, the auricles being nearly black; and the abdominal veins were distended with dark blood.

On November 6, the Author examined six rats killed at the works in the same manner as the last six just mentioned, all of which had died with their eyes open. The post-mortem appearances were similar. In remarking upon the physiological results of the experiments, it may be observed that death ensued from the combined effect of different coal gases, the chief constituents of which are, after purification, light carburetted hydrogen, hydrogen, carbonic oxide, carbonic acid, oxygen, nitrogen, and the condensible hydro-carbons; whereas the foul gas contained, in addition, ammonia and sulphuretted hydrogen. Again, Cannel coal gas contains more hydro-carbon vapours than common gas, for which reason it probably destroyed life more quickly than the common gas. The Cannel gas supplied by the Chartered Company is made with a mixture of Bog-head and Newcastle coal; while the common gas is made from Newcastle coal, enriched with a small per-centage of Wigan Cannel. The impurities of common Newcastle coal gas, according to Lewis Thompson (a) may be taken at ½ part of ammonia, 8 parts of sulphuretted hydrogen, and 25 parts of carbonic acid in every 1000 measures of the gas. Dr. R. D. Thomson (b) gives the following analysis of London gas :—Olefiant, 3·86 per cent.; carburetted hydrogen, 38·93; hydrogen, 46·43; vapour of water, 2·48; carbonic acid, ·46; carbonic oxide, 5·62; nitrogen, 2·22. While testing the gases from the Chartered Company with Cooper's tube, which may be considered merely as an approximation to the truth, the Author found that the common gas contained about 1 to 2 per cent of carbonic acid, 4 to 5 per cent. of hydro-carbon vapours, ½ to 2 per cent. of carbonic oxide; but the Cannel gas contained, of carbonic acid, from 1 to 1½ per cent.; carbonic oxide, ditto; hydro-carbon vapour, 12 per cent. On a post-mortem examination of five bodies of persons, quoted by Dr. Taylor in his work on Poisons, there was congestion of the brain and its membranes, the pia mater gorged with blood, and the whole surface of the brain intensely red, and the blood coagulated. In two other cases there was congestion of the brain, but the blood was remarkably liquid. The effects, however, produced by the coal gas were owing to its long-continued respiration in a diluted state, which may account for their difference, when compared with the results of the above experiments. In these the blood of only one rat was loosely coagulated in the left ventricle of the heart. The brain also of all, excepting that killed by the foul gas, were free from congestion. Mr. William Bloxam, jun., has kindly favoured the Author with notes of a case of poisoning by coal gas. The deceased was found on the top of a pair of steps, in a closet, in a sitting posture, his head on one side, his arms hanging down, and his back leaning against the wall. (He was connecting a meter.) It is worthy of remark, that he did not appear to have ever attempted to descend from the steps.

Autopsy, Twenty-four Hours after finding the Body.—The blood everywhere was fluid; the brain and membranes by no means congested—rather pale than otherwise; the lateral ventricles contained much pale serum; no coagulum in the corpus striatum, optic thalamus, crus cerebri, cerebellum, nor other position. The brain and cerebellum apparently healthy. *A powerful odour of gas* on opening the cranium, and slicing the brain down to the corpus callosum. The lungs did not collapse on raising the sternum; and the cartilages were dark red—darker at the back of the lobes (from gravitation of blood); the tissue healthy. The trachea and bronchi contained frothy mucus in some quantity. On securing a bronchus, removing lung, and collapsing by pressure *a very strong odour of gas was perceived.* Right side of the heart distended—left nearly empty; blood black everywhere; heart healthy; no signs of irritation or disease in the abdominal viscera; congestion of the abdominal venous system. The Author suggests that the deceased committed an error of judgment, which is too frequently the case, while adjusting the meter; for it appeared from an inquiry at the works, that he had connected the pipe with the meter first, instead of with the pipe from the main, which latter he was effecting with a running socket, so imperfectly united that sufficient gas escaped to destroy life. It will be evident that, as he was working with his head at the upper part of the closet on a level with the fanlight of the door, he should have been doubly cautious; for when the gas escaped, this part became a kind of gas-holder, and the deceased, having become insensible, was unable to lower his head beneath the frame of the fanlight, or had he but struggled and fallen, his life might have been spared. In numerous instances gas has appeared to act like an anæsthetic agent, by rendering the men while at work comatose, many of whom, when removed into the fresh air, gradually recover. They complain generally of a pricking sensation, resembling that from pins and needles; there is stupor, with violent headache, giddiness, nausea, and sometimes vomiting. The countenance is puffy and livid, being of a dark, bluish-black colour; they look tipsy, and are obliged to be led, their legs giving way from under them; and the breath smells strongly of gas. The Author made some further experiments with Mr. Bannister on December 11, which were conducted in the same manner as the preceding, except that the animals were rendered insensible only, and four were afterwards exposed to fresh air; but the others to the action of ammonia and fresh air. Another experiment was made on December 13, when a rat was rendered insensible by means of common gas, and afterwards passed through water into a large glass vessel filled with oxygen. From these experiments it appeared that the animals recovered more quickly when exposed to fresh air than when other means were adopted.

Dr. Kidd remarked, that the case related resembled poisoning by chloroform, where convulsions invariably preceded death.

Dr. Barnes related a case of poisoning by coal-gas. The patient was found perfectly insensible, and lying on his back. His countenance was of a dark, livid, leaden colour. He applied ammonia to the nostrils, and administered some to the mouth, the patient recovering on being exposed to the open air. The blue colour present in this case was much more striking than that observed in cases of poisoning from chloroform.

Dr. Marcet observed that it would be of interest to determine which were the constituents of coal-gas possessed of poisonous properties, and to ascertain their mode of action. He reminded the Society of the extremely dangerous nature of carbonic oxide—a substance constantly present in purified coal-gas; and alluded to a case of Dr. Taylor's, reported by the Author of the paper under consideration, where—if he (Dr. Marcet) had not misunderstood Dr. Aldis's statements—after death from the inhalation of coal-gas, the blood was found red in the vessels of the brain—an obvious indication of the fatal effects resulting, in this instance, from the action of carbonic oxide; otherwise that blood would have exhibited a dark venous colour. Dr. Marcet believed the hydro-carbon (light carburetted hydrogen and olefiant gas) constituents of coal-gas acted very differently from the carbonic oxide. Carbonic oxide produced death by altering the properties of the blood-corpuscles, a fact discovered by Professor Bernard; the inhalation of light carburetted hydrogen and olefiant gas gave rise, in all probability, to symptoms of anæsthesia, as would result from chloroform, only causing death when in a concentrated condition—namely, by paralysis of the muscles of respiration, or by cardiac syncope. He also thought fatal effects from the inhalation of gas may be due in some cases to asphyxia from spasm of the glottis, and offered several arguments in favour of this view.

Dr. Aldis remarked that the term "asphyxia" was often loosely applied to cases of death from coal-gas, as if it resulted from the mere absence of air; whereas he believed, from the symptoms which followed the inhalation of coal-gas, that the system became affected by a sedative poison. Great negligence was too frequently displayed by gas-fitters while discharging their duties, whereby the public health and property were jeopardized; but he was glad to mention that in consequence of the great fire which had occurred in Wood-street and other accidents, Mr. Simmons, of New Palace-yard, had invented a gas-connecter. He had seen the machine in operation, and could say that it was easily managed, and safer than the old plan of cutting a hole in the main. It was provided with a drill and valve, which, by preventing the escape of gas, rendered the instrument both economical and safe, the men being able to work without risk to life and destruction of property.

The Professorship of Physiology at the University of Zurich.—The appointment rendered vacant by the call of Professor Moleschott to Turin, has been conferred on Adolf Fick.

(a) Chemistry of Gas Lighting, p. 34.

(b) Evidence on Gas (Metropolis) Bill, 3523, June 29, 1860.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 21.

DR. COPLAND, President, in the Chair.

Dr. WILKS exhibited a specimen of

FIBROID DISEASE OF THE STOMACH.

The stomach felt more like a thick India-rubber bottle than the ordinary organ, its walls being in some parts an inch in thickness. This was owing to the immense hypertrophy of the muscular coat, and to the deposition of fibroid material in the submucous tissue. This condition existed from the pyloric end as far as the œsophagus, the end of which was also slightly affected. The large intestine was similarly diseased, its submucous tissues being occupied by a dense white fibrous substance, and external to this was the hypertrophied muscular coat. The peritoneum was universally thickened from chronic inflammation. The stomach came from a woman who died of ascites, under Dr. Wilks's care, in Guy's Hospital. The affection has been called by some cirrhosis of the stomach, and formerly was included under the cancers.

Dr. BARLOW showed a specimen of

ULCER OF THE DUODENUM JUST BEYOND THE PYLORUS.

The stomach, duodenum, and pancreas were exhibited. They were removed from the body of a man who died at the age of 33. For some months before death Dr. Barlow had attended him for very severe pain across the stomach, which was relieved by opiates. He recovered for a time, but after irregularities in diet the pain returned. It was always worse a few hours after eating, and again in the night. He had also vomiting. He was supported by beef-tea enemata, and was at one time so far recovered as to attend to his business. But he again indulged in eating, and became worse than ever and died. After death there was found fibroid degeneration and enlargement of the head of the pancreas. This Dr. Barlow believed had pressed on the duodenum, and caused the ulceration. At one time the patient took the soap and opium pill, and suffered a good deal afterwards. Dr. Barlow believed the pain might have been due to the soap, as the patient once suffered very great pain after eating a little fat.

Dr. HARLEY then showed a specimen, and related the particulars, of a case in which there was found after death

COMPLETE OBSTRUCTION OF THE BILE AND PANCREATIC DUCTS.

The case was one of great obscurity. The patient, a gentleman, 50 years of age, had up to fourteen or sixteen months before his death been very healthy. The first symptom of ill-health was a little uneasiness after food. He then became yellow, and this increased to actual jaundice. At the early part of this illness the gall-bladder was not only to be felt but was actually visible under the false ribs ; but after an attack of purging of what was called bile, this swelling disappeared, and was never again visible. There was no tumour, but at this stage of the disease one eminent Physician believed it to be organic disease of the pancreas or liver. The stools were clay-coloured, but except this and the jaundice there were no symptoms of biliary calculus. Dr. Harley saw him first in October last. The patient was then passing a great deal of fatty matter by stool, which was at first supposed to be from the bile ; but on examination it turned out to be a fish-oil,—cod-liver oil modified ; nothing being left but margaric and stearic acids. It was then supposed that there was a stoppage of the pancreatic duct. In the urine was found the biliary acids as well as the colouring matter of the bile, and the diagnosis accordingly was obstruction both of the pancreatic and of the bile ducts. Fourteen days later there was tenderness over the region of the liver. The urine was several times examined, and was found to contain tyrosine and leucine. As Frerichs stated that this was found in contracted liver, Dr. Harley examined the patient again, and found that the liver was getting smaller. Another point of interest in the case was that the urine, which was constantly examined, was free from albumen. The uric acid was in small quantity only, which favoured the idea of there being no malignant disease of the liver. There was passed in the day twenty-seven grammes of urea, which showed that the digestion was good, but gradually the urea diminished, and at length only fifteen grammes were found in it. Three weeks before death sugar was found in the urine. He had, in other cases of chronic disease found sugar in the urine a little time before death. After death in this case the urine was highly saccharine. At the autopsy it was found that the gall-bladder was much enlarged and was filled with tarry, viscid bile. The cystic duct was much dilated, and the common bile duct was at least two inches in breadth. The liver was small and dense, and bile oozed out of it in every direction. After death distinct crystals of tyrosine and cystine were detected in the liver. The head of the pancreas was enlarged, and on section a quantity of pus flowed out. There was as great dilatation of the pancreatic duct as of the bile ducts. On opening the duodenum there was found a sinus communicating with an abscess in the head of the pancreas. The tumour of the pancreas was inflammatory only. In the kidneys were found abscesses, and the structure which was left was extremely fatty. On examining the urine after death, scarcely any albumen was found. Dr. Harley said this was a most instructive case, as it showed how valuable an adjunct chemistry was to the other methods of diagnosis in disease of the abdominal organs.

Mr. BARWELL then showed specimens taken from a woman who died in the Norfolk and Norwich Hospital, of

ANÆMIA LYMPHATICA.

The patient was 23 years of age. Twelve months before death she noticed swellings in the neck and in the axillæ. On admission, she was very pale, emaciated, and there was a mass of enlarged glands on both sides of the neck, in the axillæ above and below the clavicles and in the groins. There was extensive dulness in the right side of the abdomen, often in the right pleural cavity. There was no excess of white corpuscles in the blood. After death there was found, in addition to the masses above noted, enlarged glands in the anterior mediastinum, at the root of the lung and round the base of the lung was a very large mass. The lumbar glands on each side were much enlarged.

Mr. CANTON showed the

SHOULDER-JOINT OF A HORSE AFFECTED WITH CHRONIC RHEUMATIC ARTHRITIS.

He stated that this peculiar affection which was so well known to attack the larger or smaller joints of the body in the human subject might also be found occasionally to invade the corresponding parts in lower animals, and, in the specimen before the Society all those pathological changes which are so characteristic of the malady—as expanse of articular surfaces, loss of cartilage—osteophytic growths around, etc., were well displayed. Mr. Canton stated that in a letter on this subject, received from Professor Smith, of Dublin, he learned that this gentleman has in his possession preparations showing chronic rheumatic arthritis in one of the metacarpo-phalangeal joints of the Irish elk, and which displays beautifully the removal of the cartilage of incrustation and the formation of the smooth polished, ivory-like deposit on both the bones, and also five parallel grooves in the line of flexion of the joint. In another specimen one of the phalangeal joints is the seat of the disease, with the porcellaneous change and grooves very numerous and deep. There are also in the Pathological Museum of Trinity College the two elbow-joints of the great sloth bear symmetrically affected by chronic rheumatic arthritis.

Dr. GIBB exhibited for Mr. McWHINNIE

A NIPPLE-LIKE TUMOUR REMOVED FROM THE THIGH

of a young woman, aged 22 years. It occupied a spot at the upper and back part of the thigh, where it always came into contact with the chair when sitting, and had existed nearly all the patient's life. It strongly resembled the blind teat of a cow, or the nipple of a married woman, and on section was found to consist of firm and dense fibrous tissue apparently originating from the inner surface of the true skin.

Dr. GIBB exhibited

A HORSE-SHOE KIDNEY

taken from a young man, aged 27 years, who died of dropsy and albuminuria. The union of the two kidneys at their lower part, which was about an inch wide, consisted of a fusion of the substance of the one with the other. A distinct pelvis was present in the body of each half, each supplied with a single ureter. The entire organ was affected with Bright's disease. Dr. Gibb thought at first that this peculiar malformation was rare, but on looking through the London Museums, he had come across as many as eighteen different examples, presenting various anomalies in regard to the number of the ureters and renal arteries.

ABERNETHIAN MEDICAL SOCIETY

(St. Bartholomew's Hospital).

Thursday, January 9.

Mr. A. Coleman in the Chair.

A Paper, by Mr. **Ellis**, one of the House Surgeons, was read, on

HOSPITAL GANGRENE,

with reference to several cases of that form of disease which have recently occurred in the wards of the Hospital. The Author of the paper remarked that none of the cases that had come under his notice had commenced with the appearance of a pustule in the proximity of the wound, as commonly noticed by writers on the subject. He contended that the disease was not a constitutional, but a local one, and he consequently placed most faith in the local treatment by strong nitric acid, which had been attended with the greatest success in the cases under his care. In one case under Mr. Lawrence's care the immersion treatment was tried, but without any marked beneficial results. Cancrum oris, of which he had recently had two cases, he believed very similar, if not identical, with hospital gangrene.

Mr. J. A. **Kingdon** agreed in the main with Mr. Ellis respecting the non-constitutional character of the disease.

Mr. **Wormald** related several interesting cases of

SLOUGHING PHAGEDÆNA

that had recently occurred in his wards in the Hospital. He stated he had at the present time one patient suffering from this and diphtheria, and pointed out some resemblance between these two diseases.

Dr. Andrew, Mr. Baker, the Chairman, and other members, also took part in the discussion.

MEDICAL NEWS.

◆

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, January 23, 1862 :—

Dunderdale, William, Poulton-le-Fylde, Lancashire
Holman, Thomas, Uckfield, Sussex
Joyce, Thomas, Newbury, Bucks
Tyrrell, Walter, St. Thomas' Hospital
Worboys, Thomas S., St. Bartholomew's Hospital.

Names of gentlemen who passed the Examination in Arts, and received Certificates of Proficiency in General Education, on January 25 :—

Marsh, William Joseph, London,—Certificate of Special Proficiency
Bland, Henry, Idle, near Leeds
Dabbs, George H. R., Parkhurst, Isle of Wight
Dobson, Nelson Congreve, Holbeach
De Tatham, Hamilton, 40, Dorset-square
Etches, Charles Alfred, York
Harris, Richard, London
Ling, John M., Saxmundham
Rickard, Frederick Martin, Devonport
Riley, Joseph, Manchester
Smith, William R., London
Webb, John, Hannington, Hants.

APPOINTMENTS.

Bianchi.—Robert Bianchi, M.R.C.S. Eng., L S.A. Lond:, has been elected Surgeon to the Workhouse, St. Saviour's Union, Southwark.

Buchanan.—George Buchanan, M.D. Lond., M.R.C.S. Lond. (exam.), Mem. and L.S.A., has been appointed Physician to the London Fever Hospital, *vice* Thos. Southwood Smith, M.D. Edin., F.R.C.P. Lond., deceased.

Clarke.—Robert Alexander Clarke, L.R.C.S. Edin., L.S.A. Lond., has been elected Medical Officer to the new Workhouse, Bolton, Lancashire.

Fisher.—Luke Fisher, L.S.A. Lond., has been appointed Junior Surgeon to the Dispensary, Preston, Lancashire.

Huxtable.—William Huxtable, M.R.C.S. Eng., has been elected Poor-law Medical Officer for the parishes of Otterton and Bicton, in the St. Thomas's Union, Devonshire, *vice* Frederick Pratt, M.R.C S. Eng., L.S.A. Lond., resigned.

Lang.—John Lang, M.R.C.S., L.S.A. Lond., has been appointed Surgeon to the Hospital and Dispensary for Children, Manchester.

Metford.—Joseph Seymour Metford, M.R.C.S. Eng., L.S.A. Lond., has been appointed Hon. Surgeon for the District of St. John's, Redland, Clifton Dispensary, Bristol, *vice* George Micklethwait Stansfeld, M.R.C.S. Eng., L.S.A. Lond , L.M. Dub., resigned.

Spaull.—Barnard Spaull, F.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer to the Fulham Union Workhouse, Middlesex.

Sutton.—John Maule Sutton, M D. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Physician to the Queen's Hospital, Birmingham, *vice* Dr. Noott, resigned.

Taylor.—Mr. W. C. Taylor has been appointed Dispenser to the Worcester Dispensary.

DEATHS.

Allison.—October 27, at Ballarat, Australia, Edward Duffin Allison, M.D., F.R.C.P. Edin., late of Allison-place, Leith Walk, Edinburgh.

Babington.—January 25, Cornelius Metcalfe Babington, of No. 29, Hertford-street, May-fair, F.R.C.P. Lond., M.R.C.S. Eng., Physician Accoucheur to Queen Charlotte's Lying-in-Hospital, and Assistant-Physician to the Hospital for Sick Children, aged 46.

Chillick.—December 30, at Clareview, Co. Fermanagh, James Chillick, M.D., aged 61.

Clifton.—December 28, Nathaniel Clifton, of No. 38, Cross-street, Islington, M.R.C.S. Eng., (in practice prior to 1818,) aged 75.

Colquhoun.—January 27, at Minto-street, Edinburgh, James Colquhoun, M.D., late of the 1st Madras Light Cavalry.

Den.—January 19, at Denville, near Waterford, of fever contracted in the discharge of his professional duties, George Matthew Den, of Millinavat, Co. Kilkenny, M.D. Univ. St. And., C.M. Glasg., L.M. Dub., L.F.P.S. Glasg.

Dicken.—December 20, at Sealkote, East Indies, William Stephens Dicken, M.D., M.R.C.S. Eng., Deputy Inspector General of Hospitals, Indian service, aged 57.

Henderson.—December 22, at No. 89, Union-street, Aberdeen, James Leslie Henderson, Medical Student, (son of Joseph Henderson, of Auchinblae, Fourdoun, Kincardineshire, L.R.C.S. Edin.)

Irving.—January 20, Christopher Irving, of Swineshead, Lincolnshire, M.R.C.S. Eng., L.S.A. Lond.

Massey.—January 22, Christopher Joseph Massey, of No. 80, Crown-street, Brownlow-hill, Liverpool, M.R.C.S. Eng., aged 32.

Ramsay.—January 12, at Greenlow, Milton Bridge, near Edinburgh. George Hamilton Ramsay, formerly of Aldborough, and afterwards of Bridlington, Yorkshire, L.R.C.P. Edin. (exam.), L.R.C.S. Edin., aged 29.

Smith.—December 6, Cornelius Smith, of No. 56, Gracechurch-street, City, F.R.C.S. Eng. (Hon.,) L.S.A. London, aged 54.

Vicary.—January 21, George Vicary, of Warminster, Wilts, F.R.C.S. Eng. (Hon.,) L.S.A. Lond., aged 68.

Illness of Professor Schrœder van der Kolk.—Our readers will be glad to hear that this distinguished Anatomist and Physiologist, who has lately been very ill from a dysenteric affection of the colon and rectum, is now better. As the Professor is sixty-five years of age, his illness occasioned much anxiety. He has been attended by his son, who holds a Professorship at Maestricht, and by Dr. Von der Lette.

Centenarians in France.—The mean annual number of deaths which occur in France at the age of 100 and upwards is 148. That the attainment of great longevity in occasional cases is not always a proof that the districts in which these are observed enjoy pre-eminent conditions favourable to life, is shown by the fact that the departments in which most of these cases have been observed are not those in which the mean duration of life is the longest.

Diagnosis Applied to Fees.—A Paris Physician dismissing from his consulting-room a well-dressed gentleman, the latter slid a piece of money into his hand. The old Practitioner immediately diagnosticated by its weight that it was but a piece of 2 francs, however suitable its size might have seemed. He took no notice of the circumstance, nor even looked at his fee, but returned it, quietly observing " You have made a mistake, Sir, you do not owe me 40 francs, but only 20."

Cases of Small-pox in Berlin during 1860.—According to the official statement, there occurred 88 cases of small-pox in Berlin during 1860. Of these 47 individuals were of the male and 41 of the female sex, 45 of the number being below and 43 above 15 years of age. Eight deaths took place, 3 occurring in children less than 3 years of age, and 5 in adults between 25 and 50. Of the 88 individuals, 34 of the children and 39 of the adults had been vaccinated; 11 of the children had not been vaccinated, while the fact was uncertain with respect to 4 of the adults. Among the fatal cases 1 child and 5 adults had been vaccinated, and 2 children had not been vaccinated.—*Berlin Zeitung*, No. 51.

The Queen's College, Birmingham.—The following liberal donations have been recently forwarded to Mr. Sands Cox towards the liquidation of the building debt and other trade liabilities:—The Chancellor of the University of Cambridge the Duke of Devonshire, £20; the Earl of Dartmouth, £10; the Earl of Aylesford, £10; the Earl of Clarendon, £10; the Earl of Powis, £25; the Earl of Harrowby, £25; the

Earl Howe, £15; the Earl Ducie, £10; the Earl of Dudley, £21; the Lord-Lieutenant of the County Lord Leigh, £21; Sir T. Shipwith Bart., £5; Sir Robert Hamilton, £5; Major-General Whylock, R.M., £25; Henry Walter Bracebridge, Esq., £5; Matthew R. Boulton, Esq., £10; Wyrley Birch, Esq., £5; the High Sheriff for the County, R. Greaves, Esq., £5; C. N. Newdegate, Esq., M.P., £10, etc.

THE following bilious paragraph appears in Wednesday's *Guardian*:—"The mania for erecting public statues rages with unabated fury. A successful Dublin Physician, who is said to have first attracted notice by driving furiously about the streets to relieve imaginary patients, having made a large fortune by prescribing for old ladies, and having obtained a baronetcy, as baronetcies can be obtained only in Ireland, died some time ago. Dublin is now about to erect a statue in his honour, and has employed Mr. Foley to produce it. A Physician is a very useful person, and, no doubt, takes materially from the sum of human suffering; but his labours are private, and are amply repaid by the guinea, or five guinea, or fifty guinea fees which he receives for saving a *gourmet* from the consequences of a supper of oysters or a bottle too much of Burgundy, and removing the superfluous bile of a Lord-Lieutenant or a Judge. Public statues ought to be reserved for those who have added to the extent of Medical knowledge. What more than a public statue could be given to the inventor of vaccination, or the discoverer of the circulation of the blood?"

SUICIDE IN DIFFERENT COUNTRIES.—M. Boudin states that according to the most recent official documents, the following is the proportion of suicides per million of inhabitants in the different European States:—Belgium, 57; Sweden, 67; England, 86; France, 100; Prussia, 108; Norway, 108; Saxony, 204; Geneva, 267; and Denmark, 288. The mode of committing suicide is also markedly different in different countries, as may be seen from the following distribution of suicides per thousand:—

	Strangulation.	Drowning.	Shooting.	Poison.	Other Means.
Denmark	689	208	49	15	39
Norway	661	207	43	?	89
Bavaria	494	244	181	?	81
Belgium	474	254	154	18	100
Sweden	393	235	69	217	86
France	364	317	131	18	170

From this table it seems that the Scandinavian and Germanic races give the preference to suspension, poison is one of the favourite means of the Swedes, while the French resort much to drowning and shooting. The difference is more strikingly seen when female suicides are alone considered. It is then found that suicide by firearms is practised seven times more frequently by the French than by the Danish woman, she having also a greater propensity to kill herself by drowning and by precipitation. On the other hand, the Danish woman has double the tendency of the French woman to choose strangulation as a means of suicide.—*Annales d'Hygiène*, January.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 25, 1861.

BIRTHS.

Births of Boys, 900; Girls, 901; Total, 1801.
Average of 10 corresponding weeks, 1852-61, 1794·2.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	768	801	1569
Average of the ten years 1851-60	638·1	653·9	1292·0
Average corrected to increased population..	..	..	1421
Deaths of people above 90	..	..	14
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	2	6	1	17	15	..
North ..	618,201	..	3	8	3	9	21	3
Central ..	378,058	..	3	15	..	16	9	2
East	571,129	1	2	14	1	24	22	..
South ..	773,160	..	8	17	1	19	27	9
Total.. ..	2,803,921	1	18	60	6	85	94	14

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 484 in.
Mean temperature	36·1
Highest point of thermometer	52·3
Lowest point of thermometer	20·4
Mean dew-point temperature	32·0
General direction of wind	S.E. & S.W.
Whole amount of rain in the week	0·62 in.

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

The verdict in favour of Mr. Windham has reached us at the last moment of going to press. A review of the Medical evidence will appear in our next Number.

Mr. Spencer Wells's "31st, 32nd, and 33rd Cases of Ovariotomy," shall appear as soon as possible.

R. A. C., Woolwich.—Our Correspondent shall have the papers on calling next week at the Office.

Non Medicus.—The writer's minute description of the "Muscæ Volitantes," which have so long interfered with his vision, is curious; but does not possess sufficient practical importance to warrant insertion.

A letter has reached us from a barrister, Dr. O'Brien O'Feely, in which he maintains the position that the existence of insanity in any given case is a question of fact to be decided by scientific evidence, and that as it is not the province of the law to define scientific questions, a definition of insanity is not to be expected from it. Dr. O'Feely regards the diversity of opinion manifested by Medical witnesses on the subject, "as a healthy sign of independent scientific inquiry." A charitable conclusion, in favour of which we wish there were stronger evidence.

Medicus.—A Surgeon with a single qualification is eligible for a Poor-law appointment. But the holder of both a Medical and Surgical diploma would have the advantage in a competition.

J. W. J.—If our correspondent wishes to have the last Examination Papers for the Medical Degree of the University of St. Andrews he should apply to the Secretary of the University. The papers were of precisely the same character as those we have published on former occasions.

A Deputy Inspector.—No concessions to the just demands of the Army Medical Department have yet been made by the authorities at the War-office. A wing of the Netley Hospital will shortly be opened and its salubrity be put to a practical test.

Observer.—Our remarks on the Monmouth Inquest pre-supposed, as a matter of course, a thorough exploration of the throat by the fingers or forceps. We agree with the jury that in the event of the failure of ordinary means for removing the foreign body, the man should not have been allowed to die without the chance that tracheotomy affords.

THE PURTON MINERAL SPRING.

We shall be glad to receive the details of any cases of interest which may have been benefitted by the Purton mineral water. A correspondent writes: "I have tried it in three or four cases with advantage, chronic rheumatism, erratic gout, and two obstinate cases of cutaneous disease depending on a like condition of the blood. The rare combination of the sulphates with iodine and bromine, and a certain empyreumatic quality, render it particularly suitable for weak digestions."

FRAUDULENT CERTIFICATES OF DEATH.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I should be glad of your opinion as to what steps, if any, should be taken in the undermentioned case.

A Homœopath, without any qualification, gets an M.R.C.S. and L S.A. to sign his certificates of the cause of death. I am, &c.

M.R.C.S., &c.

[The facts, with the necessary proofs, should be laid before the Superintendent Registrar of the district. The matter should also be referred to a local Medico-Ethical Association.—ED.]

ANATOMY *versus* PHRENOLOGY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It is worth something to find justice done however late in the day. When I, years ago, used to study the brain, by the aid of that now scarce work *Herbert Mayo's Anatomical Commentaries*, including a translation of Reil's most accurate description of the brain, I was laughed at. Phrenology, and the free and easy scraping process of Spurzheim, carried all before it. It did gratify me, therefore, the other night, at Professor Rolleston's Lecture at the Royal Institution, to hear Spurzheim deposed, phrenology shown in its true colours as a baseless vision, and Reil's painstaking dissections quoted with approbation. I am, &c.

London, January 27. SENEX.

THE HARTLEY COLLIERY ACCIDENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—£20,000 have been subscribed for the families of those who have perished in the Hartley Colliery Accident. It is a consolation to know that the deaths of the poor men were, in all probability, easy, and that their families may be now considered provided for. But, although it is the lowest view to take of this national calamity, it is certainly worth considering what the pecuniary cost of a second shaft would have been in comparison with that of providing a maintenance for 407 widows and orphans. Will not Government interfere to enforce this absolutely necessary provision on the colliery owners?

I am, &c. A HEALTH OFFICER.

AN EDINBURGH DEGREE.

Dr. G. F. Whidborne, L.R.C.P. Edin., was reported to have said at the Windham trial that he possessed an Edinburgh Degree. He writes to the *Times* to explain :—

"If in my examination in the Windham case I said I had an 'Edinburgh degree,' I simply meant that I had a diploma from an Edinburgh College; and I followed up the statement by saying I am a 'Licentiate of the Royal College of Physicians of Edinburgh' by examination, and never intended or wished to represent myself as having a degree from the University.

"I would ask permission at the same time to state that the connexion with Mr. and Mrs. Windham was merely that of their Medical adviser, and that the part I took at the marriage at their request, was without knowing more of the circumstances than that family differences prevented their asking either one of his or her relations. I believe such convenient acts of friendly feeling are by no means uncommon."

GRATITUDE OF DISPENSARY PATIENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I lately visited a Dispensary patient at her own home. She had been ill for many months, and had enjoyed the gratuitous services of many Physicians at various Institutions, but she had not a good word for any of them. I saw on her table half-a-dozen bottles of half-consumed medicine : one was a bottle of cod-liver oil supplied from the Dispensary ; she did not like the flavour of it ; one came from an expensive Chemist's, and had been paid for by the clergyman ; she had discarded the Medical attendants who prescribed them because they did not understand her case, and expressed her deep regret that she had not sent to my Dispensary sooner. Six months ago I saw a man in pretty good circumstances, at his own house for the same Dispensary. He, too, had been under different Physicians well known to myself, each of whom he vituperated for ignorance, paying me the compliment of saying he knew he was in good hands at last. Need I say that my turn came soon, and that on one occasion I was received with the most insolent abuse? Ungrateful hypochondriacs are met with in all kinds of practice ; yet our modern Dispensary system fosters the breed immensely. I am, &c.

A POOR PHYSICIAN.

PROFESSIONAL ETIQUETTE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—On Sunday the 19th I was summoned to attend a young lady, hitherto in good health, who had "fainted" on going into church, about three miles from hence, and, although there in as short a space of time as possible, I unfortunately found her dead.

On my return home, after conveying the corpse to its friends, I called, as I believed it my professional duty, on the family Medical attendant, Mr. R. R. Shillitoe, and told him the circumstances. He went over to Preston in about four hours after the occurrence, and then for the first time saw the corpse.

A coroner's inquest was held the next day, and Mr. Shillitoe (who by-the-bye is deputy coroner) was there, gave evidence of death from apoplexy (of which there was not the slightest appearance) and I believe received the usual fee.

May I ask whether Mr. Shillitoe acted in a professional manner? Ought it not to have been my lot to give the evidence? At any rate should I not have shared the responsibility? Your opinion and that of my brother professionals would be esteemed by me.

I should be sorry to expect more than my due, but I feel I have been unjustly treated, and unprofessionally deprived of my rights. Trusting you will excuse my thus troubling you,

I am, &c. JOSEPH J. POPE,
Hitchin, Hertfordshire, January 28. M.R.C.S., L.A.C., L.M. 1857

THE CAMERA OBSCURA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am much obliged to the Medico-Chirurgical Reviewer for his courtesy in informing me of his authority for the date of Porta's discovery, and I regret that he could not have given me the information I sought without accompanying it with the satirical remark contained in his last paragraph.

I beg to assure him that I had no intention of applying "hard words" to him. If I had not thought his article a good one, I should not have considered it worth my while to apply to him for further information ; and if he supposes that I attributed the substitution of "Porter" for "Porta" to anything but a printer's blunder, I most sincerely beg his pardon, and regret that I did not express myself more clearly ; and now that I have expressed my sorrow at having inadvertently written anything that could call forth his stern rebuke, I trust that he will condescend to inform me of the "equally absurd mistake" contained (as he asserts) in my note.

As the Reviewer states that he is perfectly aware that none of the early editions of the work in question contain only three books, I feel compelled to state, in defence of the assertion made in my previous note, that Brunet (no mean authority on bibliographical matters) is on my side of the question. In page 138 of the third volume of his "Manuel du Libraire" he distinctly asserts that the Naples edition of 1558 "ne contient que trois livres."

As accuracy even in apparently trifling matters is of importance, I venture to beg you to insert this note. I am, &c.

F.R.S.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having seen in the *Medical Times and Gazette* of the 18th of this month that your correspondent, "F.R.S.," wishes for some information respecting the date of discovery of the camera obscura, I beg to offer him the following quotations relating thereto:—In Rees' Cyclopædia it is stated that "The first invention of the camera obscura has been ascribed to Baptista Porta—see his 'Magia Naturalis,' lib. xvii. cap. 6., first published at Frankfort, about the year 1589 or 1591. But Dr. Freind in his "History of Physic," (vol. ii., p. 236) observes that Friar Bacon, who flourished in the beginning of the thirteenth century, describes the camera obscura, and all sorts of glasses, which magnify or diminish any object, bring it nearer to the eye or remove it further off. See also Bacon's "Opus Majus" by Dr. Jebb, p. 236; and his "Epistle ad Parisiensem," and his "Perspective," cited by Dr. Plott in his "History of Oxfordshire," p. 215; from which we may conclude that he had a very accurate and extensive acquaintance with the properties of various kinds of glasses."

The "Imperial Dictionary" states that "the invention of the camera obscura is due to Friar Bacon, although it has been attributed by some to Baptista Porta." The above quotations seem to favour the opinion that Friar Bacon was the discoverer. The following quotations, however, are in favour of J. B. Porta; but there is such a discrepancy in the dates, that it is extremely difficult to fix the period of the discovery.

In the Rev. J. Joyce's "Scientific Dialogues" (Bohn's Edition), it is mentioned that "The invention of this instrument is assigned to Baptista Porta in 1500; although some attribute it to Roger Bacon." The above date is evidently a mistake, for no work to which I have referred states Porta to have been born before the year 1540, some say 1550. But Rees (Cyclopædia) curiously enough states that "His earliest work was entitled 'Magia Naturalis,' first printed in four books in 1538," when just before he states him to have been born in 1540! In Cassell's "Popular Educator" it is given that "Porta, a Neapolitan, discovered in 1563 the phenomena produced by a luminous pencil which penetrates through a hole into a dark chamber." This date corresponds with that given by Mackenzie, in his work on Vision.

The "National Cyclopædia" says: "The earliest description of the camera obscura is in the seventeenth book of the 'Magia Naturalis' of John Baptista Porta." It will be seen, therefore, from the above quotations, that no exact date can be assigned to the invention, as the real discoverer appears not to be known.

The same remark applies to the camera lucida; some works stating it to be the invention of Dr. Wollaston, while others give Dr. Hook as the discoverer.

Hoping that these few remarks may not be entirely unacceptable to "F.R.S." I am, &c.

January 29. H. L. MAYSMOR, M.D., F.R.C.S.E., &c.

COMMUNICATIONS have been received from :—

Dr. HUXLEY; Mr. GOWLLAND; Dr. O. FERLEY; MEDICUS; Dr. OLIVER; Dr. A. BUCHANAN; and Mr. F. A. BULLEY; F.R.S.; Dr. MAYSMOR; Mr. NUNN; NON MEDICUS; Dr. MCWILLIAM; Mr. KESTEVEN; Mr. J. W. IRVINE; Mr. RUMSEY; M.R.C.S.; Mr. J. POPE; Dr. HILDIGE; R. A. C.; Mr. J. WEIR BROWN; Prof. ROLLESTON; and Mr. J. C. BROWNE.

APPOINTMENTS FOR THE WEEK.

February 1. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Rev. A. J. D'Orsey, "On the English Language."

3. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. J. N. Radcliffe, Esq., "On the Recent Epidemic of Diphtheria."

MEDICAL SOCIETY OF LONDON, 8½ p.m. Mr. Henry Smith, "On the Difficulties and Dangers attending the Operation of Tracheotomy."

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

4. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ETHNOLOGICAL SOCIETY, 8 p.m. Dr. Hunt, "On the Acclimatization of Man."

PATHOLOGICAL SOCIETY, 8 p.m. Meeting.

ROYAL INSTITUTION, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

5. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

OBSTETRICAL SOCIETY OF LONDON, 8 p.m. Dr. Swayne, "On Discoloration of the Skin during Pregnancy." Dr. Barnes, "On the Arterial Thrombosis of Lying-in Women." Dr. Graily Hewitt, "On the Uterine Douche as a Therapeutic Agent," with Exhibition of a New Instrument. Mr. Baker Brown, "Case of Retained Menses of Two Years' Duration—Puncture by Rectum—Recovery."

SOCIETY OF ARTS, 8 p.m. Meeting.

6. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Dr. Levison, "On Incipient Moral Insanity," with Two Cases.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall, "On Heat."

7. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor T. H. Huxley, "On Fossil Remains of Man."

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. "On Typhoid Fever." Discussion.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) :—

By Mr. Fergusson—Amputation of Forearm; Harelip; Tenotomy.

Metropolitan Free Hospital.—The following Operation will be performed on Monday next, at Two o'clock :—

By Mr. G. B. Childs—Amputation of the Breast.

ORIGINAL LECTURES.

◆

CLINICAL LECTURE
ON
IDIOPATHIC HYDROTHORAX,
GIVEN AT
St. Mary's Hospital,
ON NOV. 21, 1861,

By THOMAS K. CHAMBERS,
Fellow and Censor of the College of Physicians;
Physician to St. Mary's Hospital;
and Lecturer on Medicine at St. Mary's Medical School.

GENTLEMEN,—Two cases of *idiopathic hydrothorax* shall supply us with instruction to-day.

Case 1.—Maria G., a housemaid, aged 20, has always enjoyed sufficient good health to continue her employment as a servant, though occasionally subject to "bilious headaches," pain in hepatic region, sties in the eye, and irregularities of the catamenia. She easily catches cold, and has a dry cough, but never expectorated blood or indeed any sputa at all. Her father died at 40 of some pectoral complaint, but her mother is alive and well, and she has not lost any collateral relations in adult age. In short, though she is well grown and hearty looking, her constitution, probably inherited from the paternal side, possesses little power of resistance to external influences. She is just the sort of person who might, through force of untoward circumstances, develope tubercle or any other chronic diathesis; though I feel convinced she has not done so as yet. She has not done so as yet, I say, because these constitutions give way very rapidly when once they begin, and are also very sensitive, so that she would be sure to have shown it, had any internal organic disease existed.

She was in her usual health up to October 27 last, and had menstruated regularly the week before. On that day and on the 28th, without any assignable cause, she felt "giddy, nervous, and ill;" and in the evening of the 28th she felt a difficulty in breathing, accompanied by a stabbing pain in the right side. The sharpness of the pain lasted three hours, when it declined and was succeeded by what she describes as an "aching." On the 29th, she went to Mr. ——, a neighbouring Surgeon, who examined her chest, gave her some pills and medicine, and desired her to call again in a week. From that time up to her entry into the Hospital she was unable to work; the dyspnœa kept on increasing, as did also a sensation of tightness round her waist; she lost her appetite, and was thirsty; she had also frequent shiverings during the week, but cannot fix the date of the first. She was admitted into Victoria Ward on November 5.

I saw her on November 6. She was obliged to be propped up in bed from the orthopnœa and dyspnœa under which she laboured. There was complete dulness of the whole of the right side of the chest, except a small piece beneath the clavicle which was resonant as compared with the lower part, but still dull as compared with the other side. In this part alone were three breath sounds to be heard; and these were of a bronchial character, like the noise produced by blowing in and out through a stethoscope. The pulse was small, 120. The tongue was quite clean. She was ordered ℞ Pilulæ hydrargyri, scillæ, āā, gr. jss., pulveris digitalis gr. ij., in pilulâ ter die cum haustu sequenti. ℞ Potassæ nitratis gr. xx., spiritûs ætheris nitrici, ♏xx., mist. camphoræ ℥j., and a poultice continually applied to the right side of the chest. Diet: two pints of beef-tea, one pint of milk, bread, etc., *ad libitum.*

8th.—The breathing is more laboured; the dulness on percussion extends higher; the pain has returned to the right side of the waist. Applic. cuc. cruentæ ad ℥viij. lateri dextro; perstet in pilulâ et haustu ter die.

9th.—The sense of tightness and pain around waist much relieved since the cupping. Otherwise no change in symptoms. Add to diet another pint of milk.

10th.—The same report. Emplastrum cantharidis lateri.

15th.—The gums feel, but do not look sore. The breathing is decidedly easier, but I can remark no diminution in the extent of dulness on percussion. Omitte pilulam in unum diem. Add to diet an egg and rice-pudding.

16th.—There is a decided improvement in the breathing. She can lie down with the addition of only an ordinary pillow to the bolster. There is breathing of a mixed bronchial and vesicular character over the whole infra-clavicular and over part of the mammary region, and more resonance on percussion. No râles. Resumat pilulam bis die. ℞ Decocti scoparii ℥jss. ter die, vice haustûs nitri prioris; repet. empl. cantharidis.

18th.—Chest quite resonant in front. Beneath the scapula behind, there is dulness on percussion, and œgophony. Gums not sore, but a mercurial taste in mouth. Perstet in pil. et haustu. Diet "simple,"—mutton chop, two pints of milk.

Case 2.—Annie M., wife of a builder's clerk, aged 27, of a healthy, long-lived family, has never been ill since the age of 15, when she had influenza for a fortnight. She has once borne twins, who died, but she has two other living children, the last of whom was born May 23. She suckled him up to October 14, when she was forced to desist by her present illness. This she accounts for by the following history:—During the first week of October her baby had an arm very sore after vaccination; and so, to avoid rubbing the tender place, she fed him from the left breast exclusively. To soothe the natural crossness of the infant, she used to do this even out of doors; and once when so engaged under a tree in Kensington-gardens, she felt much chilled.

During the second and third weeks of October, dyspnœa gradually came on, accompanied by an uncomfortable feeling, by degrees amounting to pain in the cardiac region, so that she told her husband she felt sure something was the matter with the heart. She positively denies having felt any stitch in breathing, or other pain in the side, she did not lose appetite, experience any thirst, or other signs of fever. Her complaint was of dyspnœa, pain in the heart on exertion, and a dread that she was going into a consumption. This dread was increased by the coming on of a cough with a good deal of glairy expectoration.

She was admitted into St. Mary's Hospital on November 1. On examination, the whole left side of the thorax was absolutely dull, was nearly two inches by measurement larger than the right round the lower part of the waist, and there was entire absence of breath-sounds. The heart was dislocated from its usual place; the apex could not be distinctly found to impinge anywhere, but the general pulsation was felt partly in the epigastrium, partly behind the cartilages of the right ribs—not at all in the cardiac region. She could not breathe lying down, and the inspirations were irregular, shallow, and frequent. On the right side there was excessive motion and puerile breathing. The expectoration consisted of transparent mucus with but little froth. The pulse was upwards of 120, sometimes irregular and intermittent. The appetite was natural, there was no thirst and the tongue was clean.

She was ordered "half ordinary diet," a pint of beef tea, and a pint of milk daily. A blister six inches square was put on the left side, and the following drugs prescribed:—℞ Pulv. digitalis, scillæ, pil. hydrargyri, āā, gr. jss.; omni nocte et mané. ℞ Potassæ nitratis gr. xx.; spiritus ætheris nitrici, ♏xx., mist camphoræ ℥j. ter die.

November 4.—Breathing equally laborious. Cough increased, and sputa more copious, probably by a draught from the window upon her bed. Pulse 100, weak. No change in medicine. Blister to be repeated. Add an egg to diet.

9th.—The breathing is easier since last report, and the measurement of the thorax three-quarter of an inch less. Add a bottle of stout to diet.

11th.—Says she coughs only in the day time (when there are windows and doors unavoidably open in the ward). Lies on the affected side without pain or inconvenience to the heart, though it still remains dislocated. Diet "simple," one chop, one egg, one bottle of stout.

14th.—Soft and distant breath sounds with inspiration and expiration under left clavicle.

15th to 18th.—Medicine omitted and effervescing draughts with prussic acid given on account of nausea and vomiting, which does not come on after eating, but the first thing in the morning and when the stomach is empty.

18th.—Resumed medicine as before prescribed.

20th.—There is very little, if any, diminution of dulness on percussion since admission, although air enters the upper lobe now. The fluid does not seem to have been continued to be absorbed since the 14th. Perhaps this arises from the partial return of the heart to its place occupying the space, as the organ can now be felt pulsating behind the cartilages of the left ribs as well as on the wrong side of the chest. Pulse 100, of good power. The stout caused her face to flush after dinner, so it is left off. Other diet as before. ℞ Pil. hydrargyri gr. iij.; scillæ, pulv. digitalis, āā, gr. j¼, ter die; potassæ nitratis, gr. xx.; spiritus ætheris nitrici, ♏xx.; misturæ camphoræ ℥j. ter die; repetatur emplastrum cantharidis.

Idiopathic Hydrothorax, or Hydropleurisy, is an expression which I find requires a defence. In the "Cyclopædia of Practical Medicine," and in the "Library of Practical Medicine" (whose good indices render them the most frequent books of reference for busy men), the existence of such an idiopathic state is denied altogether. Effusions of fluid into the pleural sac are stated always either to depend on some visceral cause of dropsy, such as organic changes in the lungs, heart, liver, and kidneys, or by consisting of pus to give the case a title to be classed as empyema. An acute collection of serum in the pleural sac from causes depending on the pleura itself, is either ignored altogether, or merged in the common description of "pleurisy." This I hold to be bad pathology, likely to lead to bad practice. That a quantity of fluid sufficient to fill one side of the chest to complete dulness, that is to say between four and five pints should disappear in ten days or a fortnight, is surely conclusive against that fluid being pus. Pus is absorbed, if at all, with extreme slowness.

Then as to the undifferentiated classification of these cases as "pleurisy,"—is that practical? Let us examine. Half of our pleuritic patients have no fluid collected at all; there is pain in the side, and rubbing sounds on auscultation of the roughened surfaces, but no dulness on percussion. This is "*pleurisy pure*," and gets well fast enough when treated as such. Then, again, there are very severe inflammations where the dulness is unfortunately dependent on pus. This is "pleurisy *with empyema*," and requires the empyema to be treated as well as the pleurisy, if it is to be cured. Then there is a third class where all the general symptoms, such as pain on inspiration, fever, and so on, are accompanied by stethoscopic signs of a moderate collection of fluid, but whose rapid absorption shows it to be serum. This is "*pleurisy with serous effusion*." But the serum is not a matter of importance; it causes no increase of dyspnœa beyond what is due to the pleurisy, and it disappears without any special treatment when the pleurisy is cured.

The Medical attendant is wise to think much about the pleurisy and little about the serum. But there is a fourth class of which I call your attention to-day to two examples, where this condition is reversed, where the pleurisy is absent, or of small moment, and the serum is great, and where the nomenclature, if it is to be of use, must indicate this. The practical Physician feels that what he has to attend to is primarily the serum, and secondarily only (if at all) the pleurisy, and he requires a word to express this. With Laennec, I would advise adherence to the name IDIOPATHIC HYDROTHORAX, meaning *a collection of serum in the pleural sac injurious to health from its quantity, and arising from an abnormal state of the pleura itself.*

The first of the cases I have narrated, that of Maria G., there is every reason to believe that the abnormal state of the pleura was of an inflammatory character. The pain in the side, the stitch on inspiration, the rigor, the loss of appetite and feverishness, all support the theory that there was inflammation of the serous membrane. And probably enough there was fibrous exudation too, as there usually is in even slight pleurisy. But this attack seemed to have been of a very unimportant character in itself; she was not confined to bed, and the excellent Practitioner whom she consulted in the first instance "gave her some physic and pills, and told her to call again in a week," so little did he think of it after examination of the chest. It was of an unimportant character in itself, but it led to results which might have been very serious, perhaps fatal.

In the second case there is nothing that you can set down as evidence of pleuritis. The patient is of a nervous, sensitive temperament, very susceptible of physical or moral pain and pleasure, so that had there been anything disagreeable to feel she is not likely to have forgotten it; yet she most positively avers that there never has been since she was taken ill any stitch in the side or catching of the breath in inspiration; the only pain in the chest at all being that arising from the forcible dislocation of the heart, and closely connected with its struggling palpitations There was no rigor, no thirst, furred tongue, or loss of appetite, such as accompanies pyrexia. Yet the extent of the hydrothorax is greater and is rather more obstinate against removal than in the former.

We have then got so far on with the pathology of idiopathic hydrothorax as to be able to say that—1st. It does not follow severe pleurisy;—for that produces pus and fibrin in quantity proportioned to its intensity, and not serum; 2nd. It sometimes follows slight pleurisy; 3rd. The pleurisy is sometimes so slight, that it may come under the rule *de non apparentibus*.

Yet that the cause of the hydrothorax is the pleura itself, we can hardly doubt when we find all the other viscera painless, apparently normal and performing their funtions in the usual manner. Moreover, it is *absorption*, a function of the pleura, whose arrest truly constitutes the disease. You must not let the word "effusion" mislead you into viewing dropsical fluids as products of extra exertion on the part of the sacs which contain them. Like all morbid phenomena, they are proofs of sluggishness, of deficient vitality. In full vigour of health the pleura, pericardium, and other similar membranes, probably pour out a much greater quantity of fluid than they do in disease; which fluid, however, in the normal state, is taken up again by absorption as soon as exhaled, so that on opening it we find each serous sac damp, indeed, and dripping, but empty. By disease this last named vital act is destroyed or at least impeded, and the natural transudation still continuing, a collection of its products remains ensacked. Think of dropsy as a *Collection*, not as an *Effusion*, and your pathology will be all right.

Do you ever, while looking in a dead body at these thin apparently unimportant membranes—seemingly only the sacs they are called—do you ever reflect on the business they transact when alive? The experimental observations of physiologists tend to assign to them an activity almost incredible, and pathologists will do well not to neglect the hint. Professor Lehmann (a) opened the pericardium of a healthy criminal, and collected the fluid which ran from it in three minutes and a-half. It amounted to 33·8 grammes (9½ fluid-drachms). If always exhaled at that pace, the quantity in twenty-four hours would be a gallon and a-half from the pericardium alone!—equal to about one-sixth of the whole weight of an average man. This in a state of nature would be immediately re-absorbed; and lest we might hesitate to credit such an enormous power of endosmosis as well as exosmosis to the serous membranes, Dr. Richardson's (b) experiments exhibit this power in action. This gentleman injected into the peritoneum of a dog weighing 23 lbs. water to the extent of 4 lbs., or more than one-sixth of his weight. Twelve hours afterwards the animal gradually sank, and was examined an hour after death. Not a trace of fluid was found in the peritoneum. It had all got into the veins, and caused death by dilution of the blood. Three repetitions of the same experiment produced results essentially the same, the injection of a quantity of water equal, or nearly equal, to one-fifth of the weight proving fatal by artificial anæmia—*not* by retention of the fluid in the serous sac, but by its being taken into the circulation. When a less quantity is injected, the animal recovers in about three days; but even in the fatal cases, the serous membrane does its duty in taking up with an almost incredible activity the water presented to it.

When you reflect upon the activity of these membranes in a normal state, you will have no difficulty in understanding where the great mass of fluid comes from in dropsies of the serous sacs. Nor will you fail to see whither it ought to go. And then you will clearly perceive that the disease to be treated is no excess of life, no exaggerated transudation, but a defect of life, an arrested absorption.

How do the physical agents to which illness is traceable originate the varieties of pleural disease which I have noticed? When by the impression of cold, or by direct mechanical injury, an inflammation of the membrane is produced, with great congestion of the veins at first, and afterwards with a copious formation of fibrin, the absorption indeed is interfered with most forcibly; but yet you do not have the largest collection of fluid in these severe pleurisies. The reason is that the normal exhalation is arrested at the same time. But by a less severe impression, either only a *local* obstruction of the absorbents may take place by a local formation of fibrin or congestion, or a *partial* arrest of it through the whole area by a force unequal to actual inflammation. In each case, the exudation remaining nearly normal, causes a rapid and copious collection of fluid. The reason why hydrothorax is not more common is, I suppose, that as a general rule the arrest of the exudation is contemporaneous with, and proportionate to, that of the absorption.

(a) Lehmann's "Physiol. Chemie." ii. 309.

(b) Dr. Richardson on the "Coagulation of the Blood," Exp. 36, 37, 38, 39.

On this pathology is founded the treatment. The object is to restore the function of absorption, and to that end our remedies are directed. I will remark upon them severally.

Blisters.—I will not insult pupils who have gone through a course of Physiology by supposing that you would do anything but smile at the idea that blisters do good by "drawing" to the outside the fluid from the inside, for it must be obvious to the most superficial watcher of a case that the quantity thus elicited is too small to be of any service. But still you have not, perhaps, clear notions as to their real action, and, therefore, there is danger of your sometimes applying them wrongly. The true benefit to be got out of cantharides blisters is the encouragement of absorption, a power which is exercised over both fluids and solids equally, and, therefore quite independent of the evacuation of serum by the cutis. The apparent steps of this process most reconcilable to physiology are the attraction of blood to the capillaries of the skin in the first place; secondly, its dispersion, and the consequent quickening of the capillary circulation in the adjacent parts. With the quickened capillary circulation follows increased endosmosis, according to the well-known law, that the mixture of fluids through membranes is in the direction of the one set in motion and proportioned to the rapidity of the motion. Hence you may observe that the advantages derivable from the epispastic is by no means confined to the period of its application, but rather begins after it is removed, and continues even after the sore place is healed. You may also learn by this view of its action not to torture your patients unnecessarily by keeping the blister on too long, under the false idea that you cannot have too much of a good thing.

In some cases I do not even permit a blister to raise the scarf skin, so as to get an opportunity of repeating it as soon as possible. But as a general rule I think the detachment of the epidermis desirable, for it appears to me that absorption is particularly active during the growth of the new skin. The capillary circulation runs rapidly for the supply of and by reason of the normal formative process, and, perhaps, too, the industry of increased life may communicate itself to the neighbouring absorbents. Whatever the explanation may be, the fact is that during the healing of a blistered surface its chief benefits are discernible.

Next in power to blisters come poultices. Their action is in a great measure physical, the continued moist warmth acting on osmotic processes according to another law of their augmentation by heat. But it is also partly vital; for the skin is reddened, tumified, and rendered more delicately sensitive by their application. They are useful in pleurisies and moderate collections of fluid, when their size needs to be moderate only; but it is awkward to keep the whole side covered up with a poultice, and if they are not constantly applied, the surface is apt to be chilled during the exposure.

Mercury distances all the contents of our Pharmacopœia in the power of hastening destructive metamorphosis. Under its influence all the excretions are increased at the expense of the tissues. Now it is quite true that by such a process nothing is directly gained in cases like those before us; there is no poison to evacuate, and the debility which follows is so much ground lost. Harm, therefore, certainly is done by it, but with the harm there is joined a good which I think is worth the loss. No drug so consistently and steadily promotes absorption as mercury, and in no cases can you trace its effects so easily as in hydrothorax. In the history of both these cases you may observe that no immediate improvement follows the ingestion of the remedy; but that immediately on its pathogenetic effects being produced, immediately on the gums becoming tender, the dispersion of the fluid can be tested by a relief to the breathing and a commencing resonance on percussion. And from this point a steadily advancing progress is made to recovery.

I should wish you to remark that the relief to the dyspnœa precedes by a short period the return of resonance, especially in the woman whose hydrothorax is on the left side. The reason is that when a certain quanity of fluid is removed, the vacated space is filled up in both instances by the re-expanding lung, and in the left side case by the return also of the dislocated heart. It is necessary to note this in order to trace correctly the period when the remedy begins to work.

When absorbtion is once set a-going, it is not necessary to continue the full doses of mercury; indeed, if any evil accrues from it, you may leave it off altogether; for its beneficial effects, like those of blisters, may be calculated upon as likely to continue after its intermission.

And you may also avoid the injury liable to accrue from the destructive drug by largely supplying the materials to take the place of the loss. Be very careful that your patient has food in the most frequent doses possible, in the largest doses that will not produce nausea, and in the forms most easily digested. You have seen this aimed at in the dietaries of the cases before your notice, on principles which I need not again recapitulate.

Digitalis, Squill and Nitre were ordered for their diuretic qualities only. That they each, separately, and all combined, increase the quantity of the urine, is established by observation; and that such action is beneficial in dropsies, is a traditional belief. For my part I see no reason to doubt it, for I remember as a student to have seen patients recover in whose treatment the diuresis was the only therapeutic agent that I could at all reconcile with rational physiology. They do not, however, promote absorption in the same manner as mercury, by the hastening of destructive metamorphosis; for the experiments collected by Dr. Parkes (c) show that though the water of the urine is increased, yet that the daily excretion of urea is either diminished or unaffected, thus proving that the nitrogenous constituents of the body at least are not destroyed,—an important consideration, for it allows us freely to administer these reagents without fearing that we shall thereby add to the unavoidable evils of mercury.

Scoparium.—The most memorable example to my own mind of the good effects of broom-tops, is that of a case in which I differed in opinion with a patient, and in which he was right and I was wrong. A poor fellow with slowly growing malignant disease of liver and peritoneum, was taking under my care this remedy for the ascites caused by the abdominal tumours. It still increased, and pressed upwards the diaphragm so much that I wished the peritoneum to be tapped. He flatly refused, and so of course ceased to be patient of mine. About six months afterwards I saw him again for an extension of cancer to the costal periosteum (of which he shortly died), and to my surprise I saw his ascites was all gone. "Who has cured your dropsy?"—"Oh, I have taken the broom-tea ever since, and my belly went down in a couple of months, and has kept so." Now a course of treatment under which ascites, dependent upon increasing malignant disease, can get well, must have something in it.

Besides acting as a diuretic, broom has the additional advantage of increasing the appetite by the bitter which it contains.

Boston Fee Table.—The Boston Medical Association, U.S., has framed a fee table by which the Practitioners of that city are usually guided in their charges. It has been arranged with great care and deliberation, and revised from time to time so as to meet the changing circumstances of the community. It is not intended to prohibit a higher charge being made where the time devoted or the importance of the case render this desirable, nor to forbid a deduction being made for persons in limited circumstances. The following are some of the items:—A visit, 1 to 2 dollars; a visit and first consultation, 5 dollars; each subsequent visit and consultation in continuous attendance, 3 dollars; for every mile from the centre of Boston, 1 to 2 dollars; for visit in the night after 10, 5 to 10 dollars; for a letter of advice, 6 to 10 dollars; for advice at the Physician's house, 1 to 10 dollars; for an opinion involving a question of law, in which a Physician may be subpœnaed, 10 to 50 dollars; for a post mortem in a case of legal investigation, 20 to 50 dollars; for a post mortem made at the request of family, 5 to 25 dollars; for a case of midwifery in the day time, 10 to 20 dollars; for the same, any part of the attendance being in the night, 15 to 25 dollars; for capital operations, 50 to 200 dollars; for vaccination, 2 to 5 dollars. It is recommended that in all cases of gonorrhœa or syphilis a retaining fee of 5 to 10 dollars be required in addition to ordinary charges.

(c) Parkes On Urine, pp. 158, 170, 173.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART II.—CASES AND CONSULTATIONS.

No. II.—*Juvenile Insanity.*

By JOHN CONOLLY, M.D.

The occasional existence of a disordered state of the mental faculties in children, not depending on any temporary condition of an inflammatory kind, or on recognised chronic disease, and not on the result of accident, and more resembling mania than imbecility, does not seem generally to have been noticed even by Medical Practitioners until somewhat recently, and certainly has not attracted particular attention. Cases of the kind are rarely met with in Asylums, nor are they, indeed, very common in private practice; but they are not now overlooked or disregarded as they appear to have been. In all probability they were formerly looked upon as instances of perverseness or wickedness, and the unfortunate children were merely chastised, with little advantage. Not being without capacity for receiving some amount of instruction, and yet incapable of sustained and effective application, their attention exercised with difficulty and their memory unfaithful, they were punished for idleness, and grew up with many faults aggravated by severity. Children of the wealthier classes were sent out into the world, and left to follow a wayward course, with various consequences, committing mischievous errors, incurring ruin; or, surviving these perils, living to be the plague of families or of neighbourhoods. Those of the poorer classes were most probably abandoned or vagrant, and finally absorbed into prisons. In innumerable respects society and manners and modes of thinking have undergone great changes since the beginning of this century, but in no respect more strikingly than in the greater attention paid to the minds of children of every class; as if it had only now been found out that the mind was an attribute of value in every human being. The least hopeful cases of mental infirmity, congenital idiocy, imbecility connate or supervening on accidents or infantile disease, epilepsy in children associated with these states, or with maniacal paroxysms, have all attracted special attention, and the charitable and other provision made for such imperfect or afflicted beings has shown them to be numerous in every rank of life; whilst the remarkable improvement found to be attainable in a great proportion of them, although a perfect cure is not to be expected, seems to have had a sensible effect in inducing parents of all ranks more willingly to seek advice for their children when subject to other and to slighter forms of mental peculiarity.

A few examples of mania in children, which although occurring in paroxysms were not associated with epilepsy, and others of a mixed character and to some extent apparently combined with hysteric exaggeration, have been noticed and recently recorded in some of the Medical Journals. Dr. West has described cases of this kind occurring in his own practice at the Children's Hospital (*Medical Times and Gazette*, February 11, 1860). The hysteric phenomena, or peculiar symptoms connected with paroxysms of violence in juvenile subjects of the female sex, are sometimes certainly co-existent with other signs of precocious ovarian development. Here and there in Medical works cases of early insanity are spoken of, but still few in number, and even of children who have committed suicide and other crimes, although such early extravagance of mental impression has been of very rare occurrence in our own country. Among the numerous facts cited by Dr. Prichard in the "Cyclopædia of Practical Medicine" (Art. *Insanity*), and by Dr. Copland in his comprehensive essay on Insanity in his Dictionary, few have relation to insanity in young children; although the subject is not overlooked. A few cases are related by Esquirol. Statistical tables rarely comprehend juvenile cases, or cases below the age of fifteen, such cases not being often sent to asylums.

The uneasiness of parents seldom leads them to seek advice on the subject of their children, however eccentric, until their gradually increasing strength and independence make their eccentricities inconvenient, and inevitably suggest the idea of some serious peculiarity existing in them. Even then, the solicitude for the character and progress of unmanageable children is yet chiefly confined to families of the educated portion of the community. Parents of the higher classes, and especially those who most appreciate the value of mental and moral qualities, although they may for a time be unobservant of or indulgent to the caprices, or restlessness, or passionate manifestations of their little boys and girls, usually become anxious about them when the children have attained the age of four or five years, and seek advice concerning them.

It will be convenient to apply my brief observations on these juvenile cases to each sex in succession.

Male Children.—In most of the cases in which the Practitioner is consulted, he will find that there is a modification of the aspect and movements of the children, resulting from an irregular development of the general frame; that the stature is greater or less than what is usual at the child's age, that the head is not carried erectly, that the trunk is drooping, or the limbs are ill-proportioned; the eyes are ill-opened, or oddly directed; there is continual movement of the hands, and the attention is vaguely transferred from one object to another. The voice is either shrill, with defective articulation, or gruff and unnatural; exercised with jerks or effort, or with impatience or sullenness. There is a disposition to be always moving from place to place, sometimes with a mischievous object, and sometimes with none that can be understood. There is generally something peculiar in the shape of the head, and most frequently the temporal and frontal regions are contracted, the forehead is rather bulging, and the occiput prolonged. If there have been convulsions in infancy, there are generally unmistakeable appearances of an imbecility scarcely promising relief; but it is always to be remembered that the development of the brain may in particular cases be only retarded, so that, unless there is clear evidence of organic fault or change, hope of amendment should not be abandoned. No juvenile peculiarity, or waywardness or violence, should induce despair. Both history and the experience of any observant man will furnish examples of very unmanageable boys becoming valuable and even distinguished men.

Irregular muscular movements, twitchings, startings, and a variety of what are usually termed nervous actions, are observed in children where certain mental deficiencies are suspected or actually exist; and in some cases there are slight forms of convulsive agitation. In such children the powers of acquiring knowledge or of benefiting by instruction are limited; some faculties seem wanting, and others unduly developed. An absence of affection is observable; they are indifferent to their parents, or to their brothers and sisters, and alike unmoved by praise or blame. They are even fond of inflicting pain on younger children. Sometimes there are indications of premature sexual feelings. These peculiarities are frequently evinced as part of an hereditary malady. With every added year boys of this kind may become, for a time, more the objects of anxiety, and yet eventually improve. When they are six or seven years old the power of exercising and directing the attention, a faculty now becoming so important, may not be found to be increased; it is on this account difficult or scarcely possible to teach them to read or to count. Perpetual restlessness opposes itself to all improvement, and attempts to control it induce paroxysms of violence like the paroxysms of mania. By this time the imperfections of form earlier observed may have become rectified, and early spasmodic or convulsive affections passed away, and the general appearance of the child when free from agitation be sometimes deceptious: the head may be well formed, the expression of the countenance even pleasing, although some unsteadiness or peculiarity may be noticed in the direction or movement of the eyes. The child may be pleased by the sight of animals or of flowers, but yet generally unobservant. Its articulation is usually found to be still imperfect; food is very hastily taken, and all the actions are hurried. There may be signs of an affectionate disposition, soon, however, giving place, when the child is urged to do the slightest thing at variance with its humour, to a frantic expression, and a paroxysmal violence, in which it throws itself down, screams, kicks, and loses all sense of any danger to which its furious actions expose it.

At the age of eleven or twelve the morbid accidents of childhood are found in some degree to have changed their form. Mere impulses and excitement have given place to peculiarities partaking more of some morbid moral obliquity, still not associated with a distinct will to do harm. The boy will be untruthful, or will take fruit or even money which does not belong to him, although after a time he will tell a kind mother that he has done so, urged by some consciousness that it was wrong; and the propensity usually, I believe, disappears under kind management. When this or any other moral peculiarity exists with a continued disposition to restlessness and mischief, and with a stubborn inclination to idleness, although the boy can do any moderate tasks, it is always important that the case should be viewed medically. If, combined with an insensibility to ordinary incitements to exertion, and an apparent absence of any feeling of shame, there is also observed an uneasy restlessness, which approaches in some cases to a form of chorea, great prudence is required as regards attempts to stimulate the mental faculties to action. Many unhappy boys of this constitution are subjected to great cruelty, and to both bodily and mental torture. They are sent from school to school, removed from masters considered too indulgent, and transferred to others praised for more strictness; by whom, if their power of attention is feeble, it is seldom encouraged by exercise upon natural objects likely to attract it by the pleasure derived by its exercise; if the memory is weak, it is simply overloaded by forced application to subjects beyond early comprehension, or by the infliction of bodily pain; of all which the results are seldom other than detrimental both to the understanding and the heart.

If the whole character of a boy of eleven or twelve, and whose mental or moral imperfections are becoming inconvenient to his parents, and supposed likely to be removed by ordinary school education, could have the advantage, first, of judicious Medical examination, and then of careful training by instructors capable of discerning the good which generally lies mingled with what is faulty in such cases, it would be found that many were perfectly amenable to treatment. But this seldom happens. The Physician has a boy presented to his notice, eleven or twelve years of age, tall, pale, delicate-looking; the forehead rather narrow, the occiput rather large, the countenance placid, the speech perfect, and whose replies are quite rational: the manner of the boy, however, has a careless and indifferent character more easy to observe than to describe; and the parents, who are persons of a certain rank, almost apologetically enter into explanations that do not appear obviously necessary. Their son's education is in some respects going on satisfactorily, but he does not read quite so well as other boys of his age. He is, however, fond of reading anything in rhyme, little poems, and songs, and hymns. For prose he has small inclination. He is fond of music, and is learning already to play on some instrument. He has no distaste for some kinds of application, even for application to arithmetic. He takes some pleasure in regarding the operations of workmen, and has especial satisfaction in watching the execution of various kinds of carpenter's work. But notwithstanding this, his most particular inclination is to do nothing. By some accident he has associated with persons of a lower station; the stables have had particular attractions for him, and his habits and manners have thence undergone some objectionable modifications; and he has sometimes expressed it to be his early formed conviction that the pleasures of refined life were constraining and irksome, and, in his estimation, not to be compared with the quiet enjoyment of idleness, and of malt liquor, and of smoking. He shows no absolutely vicious tendencies; and is inoffensive if not thwarted, but if thwarted he is passionate and abusive. He has some malicious pleasure in tormenting children younger than himself. I am of opinion that cases resembling this, however varied in details, are to be met with in many country-houses in every county in England. They present a combination of good and bad inclinations, and of partial intellectual power and weakness deserving of the most careful consideration, and requiring, as respects their treatment, a most judicious application of practical measures, based on some knowledge of the laws to which both mind and body are subject. In some happy instances the necessity of a special education is perceived, and is successfully pursued; but the usual course is to trust all to conventional forms of instruction, which rarely prove beneficial.

After the age of twelve or thirteen, if boys continue to manifest much peculiarity, or if after this age and at the period of puberty, eccentricity becomes more marked, or the feelings are observed to be ill-balanced, or delusions to spring up and influence the conduct, although greater anxiety may be felt as to the results, such disturbances are sometimes found to be dependent, even in boys, on incipient changes taking place at that period, and pass away. The supervention of occasional short attacks of excitement, or of irregular muscular movements, or of epilepsy, or of catalepsy, or of sleep-walking, or of unusual habits of devotional observances, or other extremes of behaviour, or of moroseness, and seclusion, should never be disregarded. The intractability of epilepsy is too generally known and acknowledged, and also its occasional disappearance, at least, for many years, in adults. In earlier life its character may be said to be more hopeful, and its subsidence more to be relied upon. If after occurring at four or five years of age, disappearing for a time, and reappearing at the age of twelve or thirteen, there is too much reason to fear that the result will be imbecility. In such cases there is usually at first great sensibility, and considerable talent, and an amiable disposition. Slight and brief attacks of catalepsy occur, in which the eyes are fixed, the head is moved up and down, consciousness is obscured, although the patient will continue standing up and shrink from an object menacing danger. Epilepsy usually succeeds after a time, preceded or followed by mental excitement, and gradually the mental faculties are weakened to the extremest degree, and every valuable characteristic perishes in succession.

All of these accidents of the age of puberty appear to be of worse import in boys than in girls; their very frequent connection with an hereditary tendency to nervous disturbance is perhaps equally seen in both sexes.

The moral weaknesses of a child's character usually attract attention before suspicions of its intellectual disorder arise, except in cases in which the intellectual deficiency is either very great or of a peculiar description. Even as childhood advances towards youth, the same remark is applicable, and often at later periods. It is generally only in the years in which the forms of senile mental decline begin to appear, that moral distractions are less generally co-existent with impaired understanding. In the earliest stage of the hopeless form of mental disease in which the accompanying or supervening paralysis causes it to be most known as paralysis of the insane, the relatives of the patients are sometimes at a loss to account for acts of unaccustomed profligacy, soon, however, explained by great and evident impairment of all the faculties of the mind.

No very satisfactory or continued observation can be generally made of the course of juvenile insanity. Advice is rather reluctantly sought, and is seldom carefully followed; and the proceedings afterwards are seldom accurately reported, or the true history known, even in the case of boys. When girls are the subjects of the malady still greater care is generally taken to conceal it, sometimes with little regard for the consequences to those who may become their husbands. If what a physician would recommend were attended to, many cases which are now neglected would prove capable of receiving benefit; as may be gathered from a consideration of what is effected by Dr. Down in cases of almost hopeless imbecility and absolute idiotcy in the Earlswood Asylum.

In the cases more properly belonging to juvenile insanity, where the faculties of the mind are not wanting, but only deranged, the efficacy of early treatment may be still more confidently hoped for. Some curious examples are now and then met with in which singular physical complications with a peculiar mental character in children, wholly disappear under Medical treatment alone; for sometimes there appears to be no actual cerebral disease, and the brain is only disturbed by disorder of other parts of the system, and especially of the stomach and the bowels. But the subject of the medical treatment of insanity in early life will be more appropriately spoken of after the peculiar forms in which it appears in girls have been briefly described.

The general treatment, both in boys and girls, comprises the whole range of physical education and moral training; and although many boys, more or less deranged, or more peculiar than those alluded to in this paper, may, as has been remarked, with the advantage of proper care, grow up into useful and good men, many more are ruined for want of it. Foolishly indulged and capriciously punished in childhood, subjected to indiscriminate treatment at school, and afterward left much to their own devices at home or at college, or if it can be afforded, travelling with tutors scarcely better prepared for travelling with advantage than themselves, and soon surrounded by unprincipled men and women always attracted by such prey, they too often end a career of mischievous idleness disgracefully.

To the special education of such minds there is at present scarcely any attention given; the separate mental faculties receive no equal and considerate care: and upon the whole, all the knowledge founded upon actual study of the mind as well as of the body, and connected with the successful formation of a well-informed and well-governed creature out of the unpromising materials of an ill-constructed mind and body seems, even in this enlightened state of the world, scarcely to have spread, for any practical purposes, beyond the Schools of Medicine.

THREE CASES OF ACUTE TRAUMATIC TETANUS.

By W. S. PLAYFAIR, M.D., F.R.C.S. Edin.
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The three cases of traumatic tetanus, which I have here reported, may prove interesting in illustrating the course of this terrible disease as met with in India, where it is of such frequent occurrence. I have selected these from notes of a considerable number in my possession, as they were all under treatment at the same time, and as illustrating the beneficial effects of the somewhat stimulant treatment, which I have always found the safest and most trustworthy. The experience of most Practitioners in the tropics has, I believe, led them to discard remedies having a tendency to depress the vital powers of the patient, which are certain to be greatly taxed during the protracted course which this malady invariably runs. While, however, it is necessary to husband the strength by nourishing diet, moderate stimulation, and the use of quinine and other tonics, we must also endeavour to diminish the severity of the spasms, and relieve the sufferings of the patient. This indication is best fulfilled by the moderate use of sedatives; not, however, in the large and frequently repeated doses too often used, which have a tendency to depress the action of the heart, by inducing a state of complete narcotism; thus increasing the risk of a fatal termination by syncope. I have found the extract of Indian hemp, in doses of from one to three grains, at intervals of from one to four hours, best answer this purpose. Along with the hemp I have usually prescribed aloes, to counteract the constipated state of the bowels, always a marked feature in the disease.

I have found no remedy which has so remarkable an effect in diminishing the intensity of the spasms, as the application of ice to the spine, at intervals of four to five hours. In Cases 1 and 3 the beneficial effects of these refrigerant applications are well marked. This is a remedy, however, which has to be used with caution; and had, perhaps, better be avoided in patients of a weakly constitution. In all cases its action has to be closely watched, and anything like a depressing effect obviated by a freer administration of stimulants. In the three cases here reported the inhalation of chloroform was not employed. This remedy does not appear to have answered the expectations of those who have employed it. It has a marked power of relaxing the spasm: but this effect is very transient, and seems to be followed by a depression of the heart's action, which seriously interferes with the chances of recovery. If used it ought only to be at long intervals, and when the paroxysms are more than usually severe.

The most rigid seclusion and quiet are, of course, indications of paramount importance.

Case 1.—*Acute Traumatic Tetanus occurring Twenty-five Days after Injury—Recovery.*—Abdool M., aged 21, admitted on November 2, 1861, a strong and muscular man, who has always enjoyed good health, with the exception of an attack of idiopathic tetanus when he was seventeen years of age, for which he was under treatment for a period of six weeks. The exciting cause of the present attack is a contused wound below the left knee, from a heavy iron chain having swung against his leg. This happened twenty-five days before his admission into Hospital. On the twenty-second day after the injury he felt pain and stiffness about the jaw, which gradually increased till all the voluntary muscles were affected.

Present Condition.—He has frequent violent tetanic spasms, recurring at intervals of a few minutes; the slightest touch induces them with increased severity. Pulse frequent and feeble; tongue furred; no heat of skin. Marked muscular rigidity between the paroxysms. Bowels constipated. The ulcer on the leg has an inflamed and unhealthy appearance. ℞ Extract. Cannabis Indicæ, ext. aloes aquos, āā, gr. ij. M. ft. pil. One such every second hour. Ice in bladders along the whole length of the spine every fourth hour. Morphia to be sprinkled on the wound of the leg, and poultice. Seclusion in a separate apartment. Beef-tea, sago and milk, with ℥iij. of rum daily.

November 3.—No improvement, beyond a few minutes' sleep last night, which he has not enjoyed for several days. The ice has not yet been procured.

4th and 6th.—Paroxysms diminished in intensity, though not in frequency. Pulse less rapid. Bowels freely opened. The patient is extremely restless, and controlled with difficulty; he makes frequent attempts to rise, and each attempt is followed by violent paroxysms. The ulcer on the leg is looking better. Omit poultice, and apply water dressing.

9th.—Still generally better. Omit the applications of ice, and apply a belladonna plaster down the whole length of the spine.

12th.—The paroxysms are now far less frequent, about one every hour. Pulse down to 80. Bowels regular. The spastic rigidity of the muscles is much diminished between the paroxysms. The extract of aloes to be omitted from the pills, and replaced by two grains of quinine. Continue belladonna plaster.

15th.—Paroxysms still at intervals of an hour. No muscular rigidity in the intervals. Bears handling freely without inducing spasm.

18th.—Omit the extract of hemp. ℞ Pulv. quinæ gr. ij., ext. gentian gr. iij., ft. pil. One such thrice daily.

20th.—For the last two days he has had paroxysms at night only, and is perfectly well during the day. Ten grains of quinine to be taken at bed-time.

21st.—No return of paroxysms, but has slept badly.

23rd.—Omit quinine.

December 1.—Continues well, and is discharged cured.

Remarks.—The above case is peculiar from the length of time which elapsed from the receipt of injury to the accession of the tetanic symptoms, which seldom, especially in such severe cases, exceeds fourteen days. The paroxysms in this case were peculiarly intense and prolonged, and were induced by the most trivial external impressions, such as the mere approach of the attendants to the bedside. The improvement after the application of ice to the spine was immediate and well marked. It is worthy of notice that he was two days under treatment before this remedy was applied without any alteration in the severity of the symptoms. The paroxysms latterly assumed a well-marked intermittent form, and were immediately checked on the administration of quinine in moderately large doses.

Case 2.—*Acute Traumatic Tetanus occurring nine Days after Injury—Death on the Third Day.*—A Hindoo labourer, aged 11 years, was admitted on November 20, with a severe lacerated and contused wound of the scalp, caused by falling under the wheel of a carriage. The wound is about seven inches in length, and extends over the vertex and left side of the head. The scalp is separated from the skull for a breadth of about three inches. The bone is uninjured, but stripped of periosteum. The wound did badly. Matter burrowed under the scalp, and extensive counter-openings had to be made. On the evening of November 29, that is nine days after the accident, his face was observed to be twisted towards the right side. He complained of pain and stiffness about the jaw. The sterno-mastoids were tense and rigid. Deglutition difficult. Bowels exceedingly costive. ℞ Ext. Cannabis Indicæ, gr. ss.; ext. aloes aquos, gr. ij.; ft. pil.; one such every second hour. A teaspoonful of rum in beef-tea every half hour.

30th.—Bowels moved once. General and very violent tetanic convulsions at intervals of about five minutes. The wound in the scalp has a glazed appearance, and the profuse discharge has entirely ceased. The dose of extract of hemp to be increased to one grain, with addition of a grain of quinine to each pill. Belladonna plaster down the spine.

December 1.—There is some improvement. The paroxysms, though still very frequent, are less intense, and of shorter duration. Pulse 120. No stools. Has slept at intervals during the night.

2nd.—Still improving. At 4 p.m. he died suddenly in the midst of a paroxysm.

Remarks.—In this case the tetanic symptoms came on nine days after the injury. The patient was originally of a very weakly constitution, and was much reduced by the effects of the severe accident he had received. The convulsions were very severe; yet, on considering his debilitated condition, I did not consider it advisable to use the refrigerant applications. There was marked improvement under treatment; and, from the extreme suddenness of the fatal result, in the midst of a violent paroxysm, I apprehend that death may have resulted from asphyxia caused by spasmodic closure of the glottis. The prognosis in this case was unfavourable from the first, and the extreme rapidity of the pulse was a sign of the worst import.

Case 3.—Acute Tetanus of doubtfully Traumatic Origin, occurring on the Seventh Day after Injury—Recovery.—A Hindoo, aged 25, admitted on November 24. The patient is a healthy man, and has never had any severe illness. Seven days before his admission he bored a hole in the cartilage of his left ear with an instrument resembling an awl, under the belief (not uncommon among the natives of Lower Bengal) that the operation would cure him of a hydrocele from which he was suffering. On the following night he was much exposed to rain and cold. On admission he is found suffering from symptoms of tetanus of a very acute form. The whole of the voluntary muscles are affected, especially those of the head, neck, and abdomen. Pulse rapid and weak; skin warm; tongue foul, and bowels very costive. Great pain in the præcordial region. The paroxysms occur at intervals of a few minutes, and are induced by the slightest external impressions. The wound in the ear is trifling, and not inflamed. ℞ Ext. cannabis, gr. ij.; ext. aloes, gr. iij. Ft. pil. One such every second hour. Beef-tea, and three measures of port wine daily. Ice in bladders, along the whole length of the spine at intervals of four hours.

25th.—Has only had four fits during the night. Tongue still foul. Has had four stools.

Vespere.—Paroxysms more frequent. Medicines to be taken every hour.

26th.—One stool last night. Tongue very foul, and covered with a thick white fur. Ordered a castor-oil and turpentine enema.

27th.—Paroxysms considerably diminished in intensity, although not in frequency. Has enjoyed some sleep at intervals during the night.

30th.—Patient still improving. Paroxysms diminished in frequency, as well as severity. Bowels act regularly. Omit aloes from the pills.

December 1.—Last night the paroxysms have been more numerous than they have been for several days; probably on account of the patient having made some exertion, or risen out of bed without permission.

2nd.—Better last night. Omit iced applications.

5th.—Improving steadily. He can now open his mouth to some degree, and the rigidity between the paroxysms is greatly diminished. Belladonna plaster along the length of the spine. ℞ Pulv. quinæ, ext. cannabis, āā, gr. ij. Ft. pil. One such every third hour.

13th.—During the last two days has only had four paroxysms, and these not severe. Bowels regular. Appetite good. Omit pills. ℞ Pulv. quinæ, gr. iv. Three times a-day.

19th.—Is now quite well. For the last two days he has had no paroxysms. The patient is anxious to return to his home, and is discharged at his own request.

Remarks.—It may be doubted whether this case was truly traumatic in its origin, as the man was exposed to cold and wet shortly before the accession of the disease; and this at a season of the year when idiopathic tetanus from these causes were far from uncommon. From the severity of the symptoms, however, I am inclined to consider it as of traumatic origin. I am aware that some writers on tetanus, as it occurs among the natives of India, consider that idiopathic cases are as severe, or even more so, than traumatic. This does not accord with my experience; I have invariably found the symptoms in idiopathic cases far less severe, and more amenable to treatment. The beneficial effects of ice to the spine were well marked in this case. The most marked improvement, however, occurred after the administration of quinine. The symptoms had varied greatly in intensity from day to day; but on commencing the use of quinine he improved steadily, and was discharged perfectly cured.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Assistant-Physician to the Metropolitan Free Hospital.

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KING'S COLLEGE HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE ON TWO CASES OF DISEASE OF THE HEART (AORTIC AND MITRAL).

Delivered by GEORGE JOHNSON, M.D., Physician to the Hospital.

Two good examples of disease of the heart, one of the aortic and the other of the mitral valves, occurring lately in the Hospital, afforded an opportunity of discussing their respective peculiarities.

The second case, the one of mitral disease, was especially interesting, as death from an accidental complication gave the opportunity of ascertaining the exact condition of the heart to those who had heard the abnormal sounds during life. And it was further valuable as showing one way in which disease of the heart might prove fatal.

Case 1.—Two Attacks of Acute Rheumatism—The Last, Two Years ago—Disease of the Aortic Valves, with Regurgitation—Relief under the Influence of Rest, Good Diet, and Tonics.

In the case of aortic disease, the patient was a young man, aged 22, an engine-boiler maker, of temperate habits. His mother had had rheumatic fever; from her he probably inherited a tendency to the same disease, and had suffered from it twice. The first time was when very young. As far as could be gathered from his history, he appears to have escaped on that occasion without any cardiac disease, and he continued in good health until two years ago, the date of the second attack of rheumatic fever. He was then ill two months, and in the progress of the disease he suffered from palpitation and shortness of breath. He was treated, amongst other things, by a blister over the region of the heart. After recovery from the acute attack, for some little time he had shortness of breath. This at length disappeared and he thought himself well. It is probable from the history here obtained, that the cardiac disease is to be dated from an attack of endocarditis occurring in this second attack of rheumatic fever; and the fact that when his health was re-established he was, as he believed, well, does not contradict the view, as it is well ascertained that disease of the heart may last for years without any marked symptoms.

Two months before his admission he began to suffer from palpitation, dyspnœa, stabbing pains over the region of the heart and shoulders, and he lost flesh. He was admitted on December 18 last. He was then suffering from the above symptoms, and occasional cough and debility. On examination it was easy to diagnose organic disease. The heart's impulse and the dulness on percussion were increased in extent, and the beat was stronger than natural—signs indicative of enlargement and hypertrophy. On auscultation a loud rasping sound was heard all over the chest, both front and back, but most distinctly over the base of the heart. The morbid sound was diastolic, and replaced the normal second sound. The first sound was natural. Regurgitation, either through the pulmonary or aortic orifice, was therefore indicated. As to the disease of the pulmonary valves, it was so rare an occurrence that practically it was of very small importance. In this case, however, the pulse at the wrist confirmed the diagnosis of aortic valvular disease. The pulse had a transient, momentary fulness, but rapidly collapsing under the finger. This was so well marked that it would alone be enough to render the diagnosis certain. Inspection of the arteries by the eye was equally significant. The pulse was what is called a "locomotive" one—to be seen moving under the skin, especially in places where the course of the artery was curved. The explanation of these peculiarities in the arterial pulse was, that in cases of insufficiency of the aortic valves, attended by regurgitation, as shown by the diastolic beat, the reflux of blood from the aorta gave rise to over-distension and dilatation of the cavity of the ventricle, with more or less hypertrophy of its walls, and at each systole of the ventricle an unusual quantity of blood was forcibly thrown into the aorta, distending the whole arterial system, and producing a momentary fulness of the pulse The collapse of the pulse was obviously due to the backward flow of blood into the ventricles as soon as the diastole commenced. In this case the sound was so loud that it could be well heard when the ear was one inch away from the chest wall; and again, its exact nature might easily be diagnosed by the hand placed over the region of the heart, the impulse and the thrill which accompanied the sound being alternate.

In this case the history of rheumatism was decisive as to the origin of the disease. But in all cases of disease of the heart it is important to examine the urine, as it is well known that Bright's disease is a frequent cause of disease of the heart. And another reason for testing the urine in cases of disease of the heart is, that the kidneys may be secondarily affected from congestion, consequent on retarded circulation. Then there would be albumen in the urine, not from primary disease in the kidney, causing the disease of the heart, but as a secondary result of cardiac disease. In the case now under consideration the urine was healthy.

The treatment of such a case as this was obvious. The patient was losing flesh and his heart was getting too feeble for extra work. The indication then was simply to improve the general health, increase the strength of the heart by good food, rest, and in the way of medicine by tonics, as steel. For the relief of the pain a belladonna plaster was applied over the region of the heart. In a short time all the urgent symptoms for which he was admitted disappeared,—the bruît and the organic condition of the valve of course remaining. His health generally was better, and for some time probably his heart would be strong enough to do its work, in spite of the diseased valve. His continuance in health, with such a serious defect, of course depended on his circumstances being suitable—if he had quiet, was not overworked, and escaped other attacks of rheumatic fever, he might do well for many years—apparently almost as well as if his aortic valves were sound. Dr. Johnson then alluded to the case of a man employed as a porter, nearly 60 years of age, who, to his knowledge, had had for four years insufficiency of the aortic valves, and yet he was still doing heavy work, and that too apparently without suffering any inconvenience.

Case 2.—Disease of the Mitral Valve—Considerable Improvement by Rest, etc.—Supervention of "Coma"—Death—Autopsy—Effusion of Blood on the Surface of the Brain—Disease of the Mitral Valve.

The next case, the case of mitral disease, presented, in several particulars, a marked contrast to that of the last patient. The patient was a man aged 61, who had been kitchen-man in a tavern. He had been intemperate; but, except for the illness for which he was admitted, he said he had had good health. He was admitted January 1, 1862. Five weeks before admission he began now to suffer from pain in the bowels, purging, and sickness. These symptoms continued for about fourteen days. The diarrhœa then ceased, but he was much weakened, and began to suffer from cough with expectoration, and a week before admission his legs and feet swelled. On admission he complained of pain over the region of the heart. He had cough and expectoration, and there was wheezing in the lower lobes of both lungs. From lateral curvature of the spine, there was want of symmetry on the two sides of the chest; and on percussion it was found that the more prominent side was the less resonant, and yet there was no evidence of more congestion on this side than on the other. This fact,—that the more prominent side of a chest distorted by curvature of the spine was duller at the back than the other—Dr. Johnson has repeatedly observed. In reference to the heart in this case, it was found that the percussion was natural as to the extent of cardiac dulness. The impulse was not very strong, and the action was rapid and irregular, so much so that at first it was impossible to tell whether there was any abnormal sound. There was a small thready pulse, and this made the diagnosis of mitral insufficiency more probable. The condition of the pulse was a marked contrast to that in the case of aortic disease. The reason of its peculiarity might also be equally well explained. The mitral orifice was, perhaps, contracted, so that during the diastole of the ventricle less than the normal amount of blood flowed into it, and again during the contraction of the ventricle tending to impel its contents into the aorta, a portion of the blood regurgitated through the mitral orifice into the auricle. The aorta and its branches were, therefore, imperfectly filled, and the pulse was small and thready. Another symptom which pointed to obstruction on the left side of the heart with dilatation of the right cavities was great fulness of the jugular veins and a distinct pulse-wave in these vessels immediately following the systole of the ventricles. One object of treatment in the case was to quiet the tumultuous action of the heart. He was placed on good diet, had entire rest in bed, and took the tincture of the sesquichloride of iron with tincture of digitalis, āā, ♏xv. After a few days the heart's action was slower and quieter, and there was no difficulty in ascertaining the condition of the heart's sounds. There was a distinct systolic sound heard at the apex, indicative of regurgitation through the mitral orifice. In a few more days the œdema of the feet and legs also subsided. On January 16 he began to suffer from a different set of symptoms connected with a hernia which he had had some years. It had come down and he could not return it; it was, however, soon replaced except a small piece of omentum. He had now no further trouble; all the symptoms he was admitted for had disappeared and he was about to go out on the 28th. On that day, however, he became drowsy and heavy; next day he was seized with trembling of the legs and fell down unconscious. He soon became profoundly comatose, and could not be roused; the pupils at first were contracted, but in the afternoon they were dilated, the right the more. He had also some twitching of the right arm and of the left leg. Twelve hours after becoming unconscious, he died.

At the *Autopsy* there was found disease of both curtains of the mitral valve. They were thickened and studded with patches of atheroma. This was, Dr. Johnson said, probably a result of changes from advance in years. The orifice was narrowed so that it would admit only one finger to the first joint. The auricles were of large size, and the right cavities were dilated. The heart was small. There was also some slight opacity on the aortic valves, but not enough disease to render them incompetent. The lungs were emphysematous, and at the bases gorged with blood. The kidneys were healthy. On removing the calvaria there was seen through the dura mater, a deep blue stain over the posterior lobes of the brain, and on removing the dura mater, this was found to be due to effusion of a thin layer of blood, as thick as treacle, about two or three drachms. It was expected at first that this was part of some effusion which had begun at the base of the brain, or had found its way out of one of the lateral ventricles, but it was found to be quite limited to the surface of the brain. There was no further evidence of disease found in the head. The substance of the brain was rather firm, and the vessels were not atheromatous.

As to the cause of the hæmorrhage in this and in similar cases. In mitral disease there is retardation of the blood, coming from the right side of the heart into the left ventricle, and consequently the whole venous system behind it is unnaturally full of blood. Hence a tendency to the hæmorrhage from venous congestion.

Sanguineous apoplexy, which occurs in some cases of simple hypertrophy of the ventricle from chronic Bright's disease, admits of a different explanation. In such cases the impure blood is retarded in its passage through the systemic capillaries, and the left ventricle in doing increased work, becomes hypertrophied. The coats of the blood-vessels also become more or less brittle in consequence of degeneration of their tissues. So that in these cases the blood is driven with increased force through resisting vessels having brittle walls—hence the frequent occurrence of hæmorrhage into the brain as a complication of chronic Bright's disease.

BIRMINGHAM GENERAL HOSPITAL.

EPILEPSY IN CONSTITUTIONAL SYPHILIS.

(Under the care of Dr. RUSSELL.)

J. L., aged 21, gun-maker, applied as an out-patient at the Birmingham General Hospital, under Dr. Russell, on October 28, 1861. He stated that he had had venereal disease several times, first in 1858. Twice he has had a "lump" in his groin, which had not suppurated. He never had sores, but has passed blood in his urine. He had never suffered from sore-throat, but has had pains in his joints and in his shin bones, and during the last three weeks he had been losing his hair. On October 10 he fell into a fit: he was talking to his master, when he felt himself "becoming paralysed," and would have fallen had he not been supported; he then became perfectly insensible. In the course of the following night he had a second fit, and a third the next day, and the fourth happened in the afternoon. Since he has had no return of the fits, though he has suffered from pain in the right side of the head, which, however, he cannot localise very precisely. He slept heavily after each fit. He thinks that his memory has been impaired by the fits.

When he applied at the Hospital he was complaining of the pain in his head already mentioned, and of a feeling as though a fit were about to occur. He presented a very copious copper-coloured papular eruption, thickly set over his whole body and limbs, more thinly over his face. His right pupil was observed to be larger than the left when he stood away from the light, but was of equal size when facing the light, and acted freely. There was nothing abnormal in the state of the pericranium, nor of the bones of the skull. At present no cicatrices were visible on his penis or tonsils; his tibiæ were normal. There was an indolent enlarged gland in his left groin. He has never taken mercury. He had passed tape-worm about two months previously. His mother stated that he had no fits during dentition; that he had fever at twelve, and was insensible for a week; and that soon afterwards he was stunned by an accident, but did not manifest any injurious consequences. His family history does not indicate any tendency to fits.

He was placed upon iodide of potassium and Plummer's pill; and subsequently was directed to rub in mercurial ointment. His attendance was very irregular; but up to December 16 he had not suffered any return of the fits, though the eruption had not been removed.

GUY'S HOSPITAL.

POST-MORTEM EXAMINATION—ABNORMAL POSITION OF THE CÆCUM—SYPHILITIC DEPOSIT IN THE BRAIN.

Dr. Wilks directed attention, on opening the abdomen, to the position of the cæcum. It was not bound down into the right side, as usual, but was loose, and lying over nearly in the opposite fossa. This was of some importance, although in the present case it had no bearing on the man's illness. It would happen, Dr. Wilks said, that the cæcum, being loose, might get twisted, and fatal obstruction occur. He mentioned three cases in which this had happened. Again, if the cæcum were distended, or the seat of a tumour, the swelling might be on the left side, and hence not lead to the suspicion of disease of the cæcum, unless the fact of occasional misplacement was kept in mind. But the chief point in the case was the disease in the head. On removing the skull-cap, it was found that in a great part of the surface on the right side the bone was roughened, and this roughening corresponded to a point where the membranes were adherent to one another and to the tissue of the brain, so firmly as not to allow of their being detached without tearing the brain. The brain here seemed to bulge; and at this point, just below, were several masses, about three in number, of greyish-white firm deposit, partly imbedded in the substance of the brain, or rather between the convolutions. At all events, it was believed to be connected with the membrane, and not to have originated in the substance of the brain. Indeed, Dr. Wilks said that he had not yet seen a case in which a deposit of this kind had been found imbedded in the brain distinct from the membranes. In cases where a simple fibre tissue had existed in the brain, it was softer, and was generally styled a *tumour*, fibrous or fibro-plastic; in none of these was there any evidence of syphilis, nor from the character of the tumour would it be inferred. In all the cases of syphilitic disease of the nervous system we have recently recorded, as we then pointed out, there were probably none in which there was genuine disease of the brain mass. The brain suffered secondarily from disease of the bone or of the membrane, or from some tumour situated in them. Dr. McDowel, in a recent number of the *Dublin Quarterly Review*, recorded a case in which a syphilitic deposit was found in the substance of the cord. In Dr. Wilks' case, the diagnosis of syphilitic disease was made from the appearance of the deposit, and from its great similarity to deposits in other cases in which the history was unmistakeable. In this case there were no deposits found in other organs.

HOSPITAL NOTES.

SPASM OF THE FACE.

James B., aged 49, was admitted under the care of Mr. Dixon, on October 14, 1860, for spasm of the muscles supplied by the portio dura. He complained only of twitching about the eye; and this led him to seek relief at a special Hospital. When first seen, he had no twitching of the face; but it afterwards began, and affected the whole of the left side of the face. It would come on every hour, and last for a short time; but sometimes it would last for several hours. His sight was good, and except that he was slightly, very slightly, deaf on the affected side, he was apparently in very good health. There was no tenderness behind the angle of the jaw, and no pain in the ear, head, or face. There was no history of rheumatism. He only attended once after this date. He was then no better.

The above affection is not an uncommon one, and except for the deformity is not of serious consequence. We give it here chiefly to place it in contrast with another variety of spasm of the face. A woman, aged 43, applied as an out-patient at the Hospital for the Epileptic and Paralysed, for severe pain in the right side of the face,—the parts supplied by the infra-orbital division of the fifth. Her face was slightly drawn in curved wrinkles on that side. It was tender to the touch, but what *à priori* appears singular, the power of distinguishing the number of points of the æsthesiometer was very much impaired. This showed, Dr. Brown-Séquard said, that the conduction of painful impressions and of tactile sensibility was performed by different nerve fibres. The patient's suffering appeared very great. The pain came on in paroxysms lasting about a minute, and during its continuance many of the muscles of the face on this side were drawn with continuous spasm. Unlike Mr. Dixon's case, the orbicularis muscle was not affected, and also the spasm was not clonic, but tonic. The pain was, Dr. Brown-Séquard says, a true neuralgia, and the contraction of the muscle, was reflex from the irritated state of the sensitive nerve. The actual cautery was applied. Of course all kinds of treatment had been previously tried. In reply to a question from one gentleman, Dr. Brown-Séquard said that he did not think that section of the infra-orbital nerve (at the infra-orbital foramen, at all events), would be of any value. The operation practised by Carnochan, he said, might perhaps be of service, viz. to divide the nerve far back by passing an instrument along the floor of the orbit, and then again at the infra-orbital foramen, so as to take away a great part of the trunk of the nerve.

POLYPUS OF THE RECTUM.

Although Surgical writers have always regarded this disease as a rare one, modern Surgeons are now beginning to discover that such is not the case, and that examples are not infrequent among the out-patients of a Metropolitan Hospital.

Mr. Bryant informs us, as the result of his experience, that the disease is by far the most common in children, and in those under two years of age; and the chief symptom by which the presence of the growth may be recognised is bleeding from the bowel. In adults, this Surgeon affirms that the affection is comparatively of rare occurrence, the experience of Guy's Hospital certainly well supporting this assertion.

We give the following case as one amongst the most recent which have taken place in Mr. Bryant's practice:—

Francis D., a boy aged 10 years, was brought by his mother to Mr. Bryant on January 10, for hæmorrhage from the bowels. The bleeding had appeared at times for one year, but for the last three months it had been very constant and profuse; it came on, however, only when at stool. Upon making an examination with the finger, a polypus, the size of a large nut, was detached and hooked down, a ligature was applied to its pedicle, and on the third day the growth came off. No bleeding followed, and convalescence was speedily established.

FEMORAL HERNIA IN FEMALE CHILDREN.

The fact that inguinal hernia is found frequently in female children is now, Mr. Bryant says, sufficiently well recognised by most Surgeons, but the rarity of femoral hernia in early life makes the record of any such instances a subject of much interest. On referring to the Report of the City of London Truss Society for 1860, we find that there is no case recorded of femoral hernia in a female under 15 years of age; and but three examples are given in which the rupture was stated to have commenced so early in life. Two instances have within the last two years come under the care of Mr. Bryant, of Guy's Hospital, the short notes of which we now publish:—

Case 1 was in the person of Maria S., aged 9 years; the hernia had existed on the right side for two years, having come down after violent jumping. It was the size of a walnut, and reducible.

Case 2 was in a female aged 12, also on the right side. It had existed but two weeks, and came down when lifting a weight. Relief was given in both by means of a truss.

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Medical Times and Gazette.

SATURDAY, FEBRUARY 8.

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THE MEDICAL EVIDENCE IN THE WINDHAM CASE.

The evidence in the Windham Case has now become public property. Heartily agreeing as we do, and as every unprejudiced person in the kingdom must, with the verdict of the jury, it has become our duty as Medical journalists to examine that part of the evidence which was offered by members of our own Profession. We have to inquire how far this was useful in enabling the jury to arrive at a just conclusion, or how far some portion of it rather served as an *ignis fatuus* to lure them away from the true issues they were called on to try. It falls to our lot to endeavour to estimate its scientific value, and to consider in what measure it reflects credit or discredit on the Profession whose reputation and status we are bound to uphold. Our readers are too well acquainted with the general facts of this disgraceful case to make it necessary for us to sully our pages with its details; we shall therefore confine our remarks to some portion of the skilled evidence advanced on either side.

It must be observed, before we proceed, that the issue raised in this case was not whether Mr. Windham was endowed with less intellect than a certain preconceived measure, and not whether he was incapable of managing his affairs, but whether he was incapable of managing his affairs *by reason* of unsoundness of mind. It does not follow that because a man is of a low order of intellect that he is to be made the subject of a lunacy Commission, neither is every spendthrift prodigal to be locked up as mad. We have no Bastile under the name of an Asylum in which, by a Medical *lettre de cachet*, a great family may immure a *mauvais sujet* who disgraces his name and wastes his estate. If a man by reason of mental incapacity cannot manage his own affairs, then the law steps in and finds others who will manage them for him. But the law does not require proof of a higher intellect in the case of the inheritor of a thousand acres than in the case of the possessor of a hundred pounds. The standard of intellect is undefined and by words undefinable, but it is a practical one, and recognised by the common sense of society.

The main scientific evidence in support of the petitioners' case was that of Dr. Forbes Winslow and Dr. Mayo. These gentlemen are well known, both to the Profession and the public; and it is needless to say that the jury were bound to receive whatever fell from their lips with deference. The opinion Dr. Winslow advanced for their guidance was, that Mr. Windham's condition was one of *amentia*, a degree of unsoundness of mind which he described as not incompatible with a display of powers such as are ordinarily held to prove tolerable soundness. He allowed that there were no delusions in the case, that the subject of the inquiry was capable of writing letters, of practising the ordinary rules of arithmetic, of acquiring a certain amount of classical knowledge, of keeping accounts, and of making bargains within certain limits. He held, however, that the facts of having contracted a disgraceful marriage, of continuing an intimacy with a former paramour of his wife, of indulging in the frolic of acting as a railway guard, and a love for the excitement of driving a railway train; of a reckless expenditure of his means, a purchase of jewellery for his wife to the amount of £14,000, and of having concluded a bad bargain for his timber,—were sufficient reasons for depriving him of the management both of himself and his property. Dr. Winslow had come to the conclusion after two interviews with Mr. Windham—which together occupied three hours,—and his opinion was confirmed by what he had heard in Court. He allowed that at the interviews the alleged imbecile had conducted himself with perfect propriety,—"there was nothing in his behaviour or remarks which a gentleman might not have made under the circumstances of the interviews." Now, it does appear to us that this evidence, stripped of all technicality, threw but very little light on the real question the jury were required to settle, and that even allowing its pertinency, the premises were entirely insufficient to support Dr. Winslow's inference. What proof was there in any one of the circumstances or acts mentioned, that the lad was unable to manage his affairs by reason of unsoundness of mind? Take the reasons Dr. Winslow gave for depriving Mr. Windham of his right of self-government, and what do they amount to? That he had animal courage, skill, and dexterity enough to drive a railway engine, and, as was proved by indisputable testimony, to drive it well. That he had at the age of twenty-one contracted a marriage and continued an acquaintance which, however repugnant to right moral feeling, found plenty of parallels in the dissipated society in which he was unfortunately plunged. That he had invested a large sum of money in what Mr. Dickens calls "portable property," and had given it to his wife to induce her to overlook a serious ground of quarrel. That he had, like thousands of other extravagant young men, "dipped" his estate pretty freely, and made a questionable bargain about his timber. Here there is, doubtless, great proof of extravagance, thoughtlessness, and of a want of moral sense; but, could Dr. Winslow's deduction be maintained, how large a proportion of wealthy young men would be consigned to the tender mercies of the keeper and the mad-doctor! To raise money at a loss, and to make a foolish bargain is no proof of *amentia*, else nine hundred bankrupts out of the thousand in each year's *Gazette* might be placed under restraint. Moses Primrose sells his horse for a gross of green spectacles with shagreen cases and copper rims, but a writ *de lunatico inquirendo* is not the necessary result. To barter your birthright for a mess of pottage is, no doubt, a lamentable proof of want of sense; but many a sane man has done so under much less pressure than Windham was the subject of when he signed the contract which cut down the paternal beeches. The inference is contrary to common sense and to every-day experience. Society is not affected by such transfers of property, and will not interfere to prevent them. It leaves the spendthrift to his inevitable husks and swine, and turns to pay court to the gainer by the transaction. Much was said in this gentleman's evidence with regard to the £14,000 worth of jewellery; but we cannot see that in itself the purchase afforded any proof of unsoundness of mind. The money was not thrown away; it was only converted into articles of a certain market value. It is true that jewellery does not bear interest, but neither do pictures and plate; and we never heard that the sanity of a merchant or country gentleman who chose to invest largely in the latter commodities was, therefore, to be called in question. Sidney Smith, when he received his wife's fortune, which consisted principally of jewels, lost no time in selling them, "lest mankind should recover from their illusion, and cease to value such glittering baubles." He evidently attributed to the entire species a degree of the same mental deficiency which the evidence attempted to fasten on Mr. Windham. There is one clause in Dr. Winslow's statement which is remarkable for its *naiveté*. Mr. Windham was being examined by Dr. Mayo and Dr. Winslow. "Sometimes one put a question, and sometimes the other, and it was with difficulty they could get him to concentrate his thoughts on one subject." We should think so. Put a man between two Doctors, both engaged to prove him insane, and let them, first the one and then the other, open fire on him, and when he is bewildered between them, assert that he has no power of concentration! A Medical witness must indeed be in want of facts to support his opinion when he advances such evidence for the guidance of a jury.

If we rightly estimate the gist of the testimony advanced by the respected President of the College of Physicians, it was that the reasons already urged by Dr. Winslow had led him to regard Mr. Windham's intellect as very weak, and that he attached great importance to the impurity of his mind as a proof of unsoundness. The evidence of Dr. Mayo does not appear to us quite compatible with much that he has elsewhere most ably advanced. That the unfortunate subject of the Commission had evinced great impurity of character every one will agree; but as long as the impurity did not render him amenable to the law of the land, it only proved him to be a bad young man who had sufficient sense to keep clear of the police magistrate. Dr. Mayo, in one of his published works, has said most truly, in reference to moral insanity, "This condition of the human mind, distinguished by the absence of intellectual aberration, is not distinguishable by any test which the psychological laboratory can supply, from vice." With this conclusion we heartily coincide. The good sense of mankind will never allow that a gaol is another word for a lunatic asylum, or that the inmates of the latter should be recruited from the former. Insanity is a natural consequence of a course of vice and debauchery. The great painter-moralist of the last century terminated his rake's progress in a madhouse; and the hero of "Ten Thousand a Year" subsides into a harmless imbecile who revives the memory of former excesses in smoking straws and sipping toast and water. But the consequence is not the concomitant; the cause is not the effect. As Dr. Tuke, in substance, warned the wretched lad, a few years more of vicious indulgence, and the *sobriquet* of "Mad Windham" would be inalienably his own.

The five other Medical witnesses for the petitioners advanced little but such ordinary facts and inferences as might have been deposed to by any non-Medical person. Dr. Nicholls narrated his recollections of interviews which he had seventeen years before with the alleged lunatic, then a child of between three and four years of age. It is evident that his reminiscences were not vivid, and he had preserved no notes of the circumstances. One of the reasons he had for believing the child would grow up an idiot, was a cranioscopical hypothesis founded on the back part of the head being large in proportion to the forehead. The rest of the evidence proved nothing. That a child of between three and four with a badly-formed palate and upper lip should not articulate distinctly, and should slobber, that it should not be attracted by playthings, and should evince but little inclination to investigate the mysteries of the Doctor's watch, might be interesting nursery legends, but they were no evidence of the sanity or insanity of the man. The rest of the testimony offered by these gentlemen demonstrated that Mr. Windham was vicious, rude, boisterous, and ill-bred; but there was not a tittle which could substantiate a charge of unsoundness of mind sufficient to make the man an irresponsible being incapable of taking care of himself. One Medical witness thought it necessary to inform the jury that Mr. Windham being very hot with his exertions at a ball, threw himself into a chair and mopped and fanned himself with a handkerchief. That in dancing he tore his partner's dress, and treading on a gentleman's toes, instead of apologising, exploded in an oath. Another evidently regarded an unceremonious dismissal in favour of another Medical man as a striking proof of unsoundness of intellect. Such was the character of some of the "skilled" evidence which was intended to deprive a man of self-control or liberty, according to the one or other theory of treatment proffered for the adoption of the Court.

We have left ourselves but little room for the more pleasurable task of reviewing the evidence advanced on the other side of the question. Mr. Hancock, by his accurate examination and description of the alleged lunatic's mouth and palate, completely disposed of the slobbering, the uncouth sounds and noisy eating, which had been alleged as proofs of partial idiocy. The testimony of Drs. Tuke, Seymour, Hood, Sutherland, and Conolly, completely bore out the impression which the letters of Mr. Windham conveyed. Dr. Conolly in the course of his admirably clear statement said, that Mr. Windham appeared to him to be of somewhat hasty and impulsive character—not an intellectual man, but that really and truly there was not one symptom of disordered mind. His mind was not of superior order, and from childhood he had been surrounded by those most calculated to make such a child a bad man. He was of opinion that Mr. Windham had capacity to manage his affairs if he had the will to do so. And he charitably expressed his belief that under the guidance of one kind, virtuous friend, who had influence over him, he might yet go through life well.

Such is a sketch of some portion of the professional testimony advanced in this celebrated cause. If it prove anything, it proves a necessity, which has been often urged in these columns,—it is that to our higher Courts of Law should be attached two or more Medical officers of acknowledged acquirements and vigorous intellect, men with no pet theories to support, and no personal interests to be affected, to whom reference should be made in all cases of scientific doubt. An examination by such a Board, assisted by an experienced counsel, would have saved Mr. Windham from the verge of pecuniary ruin, would have spared the country a wearisome spectacle of revolting vice, and would have drawn a veil over the latest exhibition of the fallacies of Medical psychology.

THE WEEK.

THE WORKHOUSE VISITING SOCIETY.

THERE are three new Charitable Institutions which we take shame to ourselves for not having noticed of late, but to each of which we humbly give our heartiest commendations. The Village Hospital Scheme is one; the Workhouse Visiting Society another; and the Industrial Kitchens, at which the sick poor are not only cheaply supplied with well-cooked food but are taught to prepare it themselves, a third. The Workhouse Visiting Society has its head-quarters at No. 3, Waterloo-place, Pall-Mall, S.W. The Right. Hon. W. Cowper is President, Mr. G. W. Hastings one of the Finance Committee, and Miss L. Twining Hon. Sec. To this Society belongs the credit of bringing before the public the state of the poor inmates of our Workhouses, and of showing to what degree that state requires amelioration, and how it should be effected. Ladies' Visiting Committees are organised in various parts of the United Kingdom, in order that they may shed something of the light and tenderness of Christian sympathy over the hard and unfeeling arrangements of the legal provision for the destitute. They espouse the cause of the poor workhouse girl, and show that if she does not "turn out well" it is the fault of mis-training. "The poor child grows up into womanhood without one gleam of affection, and with all her nature crushed down and carelessly trampled on. She has no domestic duties, no care of a little brother or an old grandparent to soften her,—no freedom of any kind to form her moral nature. Even her hideous dress and cropped hair are not her own! Yet she is expected to go out inspired with respect for the property of her employer, able to check the childish covetousness of the unknown luxury of varied food, and clever enough to guess at a moment how to light a fire, cook a dinner, dress a baby, and clean a house!" What marvel is it that such poor creatures disgust their employers and then are tempted to the streets? But it is the sick in Workhouses of whom we desire to speak, and whose position is emphatically depicted by Miss Cobbe. Consider their number. One death in every ten in London is in a bed provided by public or private charity. In the parish of St. George, Hanover-square, one-ninth of the parishioners die in the Workhouse or in St. George's Hospital. The victims of phthisis, cancer, dropsy, scrofula, and paralysis, must die in the Workhouses. It is impossible to erect Hospitals to hold them all. Inmates of Workhouses are neither martyrs, nor delinquents universally; but have been brought to their present state by vice, natural incapacity, unavoidable calamity, the peculiar position of women, or by disease.

"It must be added," says Miss Cobbe, "that the *virtues* of the poor are also a prolific source of disease among them. The number of men in Workhouses are past counting who have persisted in working at unhealthy trades for their families, till they break down with painters' disease, rheumatism, and paralysis. Of the latter awful affliction, indeed, it is little imagined what an amount of wretchedness is hidden in our Workhouses, whither the miserable half-dead creatures are nearly always driven to spend long years of dismal restlessness, excluded from every other Hospital by the hopelessness of their calamity. Nay, among women the excess of labour, with often insufficient food, is a cause of paralysis even in early youth. I once found a young girl of eighteen in Bristol Workhouse, smitten with paralysis, half her body dead and powerless. 'My poor child,' I said, 'how did it happen to you to be struck so young?' 'Oh, ma'am,' she answered with a burst of agony, 'I was servant in a house where there were twelve lodging together, and I did all the work. One day last week I had this fit, and my mistress sent me here at once, and I shall never get well,—never. Oh, I did work while I could! I was always willing to work if God would let me.'"

The *incurables* in Workhouses are marked out as special objects for commiseration. But it is not proposed to furnish them with luxuries at the expense of the ratepayers. "Out of the rates should be supplied the *necessaries* of the sick pauper; from voluntary charity should come his *comforts*." If Miss Cobbe's scheme of treating the sick in Workhouses be carried out, as it must be so soon as it has been sufficiently promulgated and canvassed, the poor creatures will not be the only parties benefited. They will not only have their easy chairs and flowers, and books and pictures, and cooling drinks and fruit, but the improved condition of the patient will give force to the Medical attendant. The Workhouse Doctor will be in repute what he is in fact,—a Hospital Surgeon: his practice will be carried on under the higher responsibility of publicity, and parish appointments will be worthy the ambition of the best men in the Profession.

THE "NEW PREPARATION" NUISANCE.

Let us speak with all gratitude of the new and elegant medicines which have been added of late to the Materia Medica,—but a real novelty, the fruit of original research, is one thing, and a mere variety engendered by the love of notoriety, or for the sake of advertising, is another. It is a nuisance to the prescriber not to be sure of the exact composition or dose of the medicine he orders, and a vexation to the patient to be told that the particular preparation can only be had at one place in the United Kingdom. A clever writer in the *Pharmaceutical Journal* complains that compounds—

"For which no published formulæ exist, occasion the greatest perplexity and annoyance. Inventive chemists are numerous, and the admirers of novelty are numerous also;—the consequence is that scarcely a week passes without some new 'liquor' or new syrup, or new phosphate, or per-, bi-, or super-, or hypo-phosphite, or combination of iron and quinine, being, as the phrase goes, 'offered to the notice of the Profession.' Of most of these preparations the reputation is quite ephemeral; the inventing chemist sends specimens round to the Physicians in his neighbourhood, some of whom generally give trial to the new medicine by prescribing it, until it is forgotten or set aside by a fresh novelty. Many of these new medicines have titles which are sufficiently amusing: here is one which is called a *Detergent Solution of Carbon*, a name about as expressive as would be that of *Narcotic Solution of Carbon* for a solution of morphia, or *Febrifuge Solution of Carbon* for one of quinine. Then we have '*Liquor ferri oxycitratis*,' '*Liquor ferri magneto-phosphatis*,' and one which rejoices in the remarkable label of '*Syrupus quinæ ferrique superphosphatis cum strychniæ phosphate*,' with the addition that it is to be well shaken before taken,—a most proper direction, seeing that it contains an ominous amount of solid matter."

The writer adds:—

"Under the class of chalybeate syrups alone we have the following:—Syrupus ferri hypo-phosphitis, Syr. ferri et manganesii hypo-phosphit., Syr. ferri et calcis hypo-phosphit., Syr. ferri iodidi c. manganesio, Syr. ferri iodidi c. quinâ, Syr. ferri et potassii iodidi, Syr. ferri carbonatis, Syr. ferri pyro-phosphatis, Syr. ferri proto-chloridi, Syr. ferri perchloridi, Syr. ferri bromidi, Syr. ferri lactatis, Syr. ferri superphosphatis, Syr. ferri et calcis superphosphatis, Syr. ferri et manganesii superphosphatis, Syr. ferri, calcis, sodæ et potassæ phosphat., etc., etc."

A SENTENCE REVOKED.

"Staff Surgeon Joseph Caldwell, late Surgeon of the *Cæsar*, dismissed the service by sentence of court-martial, has been restored to the Navy List, but with the loss of ten years' rank." So says the *London Gazette*. We are heartily glad of it. The offence consisted in hasty words, which, though absolutely wrong, had been fully acknowledged and apologised for. The sentence was harsh beyond measure, and justice demanded that it should be revoked.

THE SURGEONS AT THE HARTLEY COLLIERY.

It is our honest boast, that wherever there is danger and suffering, whether it be in the desolate fort on Port Royal, or amongst the prisoners of South Carolina, there members of our Profession are found at their post, sparing not themselves if they can alleviate the wretchedness of others. The Hartley Colliery disaster is no exception:—

"The services of the Medical men," says the *Times'* correspondent, "ought not to be forgotten. Dr. Davidson, the Colliery Surgeon, scarcely left the pit's mouth night or day for the first four days, and he was nobly aided by Mr. Ward, of Blyth, and other volunteers from among his professional brethren in the neighbourhood. Four of them—Dr. H. Ward, Mr. Ambrose, of the Arctic yacht *Discovery*, Mr. Nichol, and Mr. Lambert—when the first opening was made in the ruins, volunteered to go down and force their way through the stifling gas, on the chance of finding some of the men alive."

AMERICAN SURGEONS AND THE WAR.

The American Medical Journals contain from time to time some thrilling indications of the insane strife by which that unhappy country is distracted. No fewer than fourteen hundred Surgeons are said to be employed in the Northern or Federal Army, many of them elderly men who have given up long-established and lucrative practices for the hardships and dangers of the camp. Dr. Stephen Griswold, in times of peace a Practitioner in New York, then Surgeon to a regiment of New York Volunteers, was taken prisoner at Bull Run, and died of typhoid fever in the gaol of Charleston, in his 34th year. There is something particularly tragical in the account of the death of Dr. Buist. A Federalist writer in an American paper says:—

> "After the capture of Port Royal some men in digging out anew a bomb-proof passage in the works, discovered a body, buried in the sand. A case of instruments, found in the hand, with bandages, etc., showed that it was that of a Surgeon. On his handkerchief was the name of Buist; the same name is found on some Medical books in the Hospital. He is believed to have been a Surgeon, formerly of the U. S. Army, who resigned to enter the service of the rebels. He was a man of high standing in his Profession. It is evident that he was sitting on his camp-stool, in the bomb-proof passage, waiting to be in readiness when he was needed. A shell penetrated the bomb-proof passage to the timbers, and exploded directly above him, killing him and burying him in the same instant. A gold watch was found on him, and his dress indicated affluence. One of his professional brethren gathered up his effects, and severed a lock of his hair, designing to send them across the lines to his family. We carried the body to a quiet spot in the woods, and there, by the twilight, a grave was dug at the foot of a large tree, in a spot easily identified, a musket-box served as a coffin, and we gave him a Christian burial. Those men he deemed his enemies mourned over him, and prayed for his bereaved home, remembering Christ's precept, to pray for them that hate us."

Meanwhile, the people of New York show that they do not despair of their country, nor allow the expenses of war to dry up the stream of benevolence. St. Luke's Hospital, intended to be a model institution in the completeness of its arrangements for the sanitary and moral well-being of its inmates, is now in complete order, free from debt, and beginning to accumulate an endowment fund. The internal economy is under the care of a resident chaplain, aided by a sisterhood of ladies, whose affectionate care of the sick and wounded exceeds all that could be procured for mere money's sake. There is one feature in this Hospital which is well worthy of imitation here; viz. the temporary or permanent endowment of "charity beds." For instance, a benevolent person, instead of the stereotyped annual subscription of one or more guineas, either gives a sum for the permanent endowment of a bed, or guarantees its expenses during a certain time. Some wealthy subscribers in this country receive, through the patients whom they send into an Hospital, many times the value of their subscription. A rich man should take care that a charitable institution is not impoverished by his aid, as it is sure to be if he avails himself fully of the privilege of giving letters of admission.

DEATH IN OUR RANKS.

Death has been busy of late in the ranks of our Obstetric brethren. Dr. Henry Davies died on January 9, at his house in Duchess-street, Portland place. When we say that he had been an Army Surgeon from 1803 to 1818, it will be evident that his life had been a long one. We may add that it was useful and honoured to the last. He was a man of kindly disposition, and great shrewdness and tact at the bedside.—Dr. Metcalfe Babington died at his house in Hertford-street, May-fair, on January 25, of disease of the heart, from which he had suffered nearly twenty years, and which was followed by hepatic disease and dropsy. He was in his forty-seventh year, and had long enjoyed a highly select Obstetric practice amongst the aristocracy. He was Vice-President of the Obstetrical Society, and Physician to Queen Charlotte's Lying-in Hospital.—Dr. Charles Waller died on January 30, in Finsbury-square, in his sixty-third year. His death was caused by a severe injury which he received when exhibiting fireworks to some children. He was for many years Obstetric Physician and Lecturer on Midwifery at St. Thomas's Hospital, and distinguished for his researches in Transfusion of Blood. Next week we shall present our readers with a fuller account of his life and works.

ARSENICAL BALL WREATHS.

The Secretaries of the Ladies' Sanitary Association have lately appealed to the good feeling and sense of the wealthier portion of the sex to discountenance a manufacture which is acting most deleteriously on the health of large numbers of their poorer sisters. Those of us who attend the out-patient departments of some of our London Hospitals are perfectly conversant with the symptoms of chronic arsenical poisoning in the persons of girls working as artificial florists. The brilliant ball-room wreaths—green with an unearthly verdure—which contrast so bewitchingly with the complexions of the fair wearers, never fail to remind us of the reddened conjunctivæ, the eczematous eruptions, the burning fauces, and short, hacking coughs we have met with in our morning *clientèle*. Professor Hofmann asserts that twelve leaves taken from an ordinary ball wreath of Schweinfurt green yields ten grains of white arsenic. An entire wreath of fifty leaves would contain forty grains—a sufficient amount to prove fatal to twenty persons. The mediæval fiction of the poisoned bouquet has been realised by modern art. The girls who make them up take all the precautions they can against inhaling the dust by wrapping their faces round with towels, but it is impossible entirely to avoid it. Green tarlatane dresses, too, of Continental manufacture, yield, according to Professor Erdmann's analysis, half their weight of arsenite of copper. The colouring matter is loosely laid on with starch, and as the wearer is whirled along in the waltz she throws off a cloud of poisoned dust, which tells its tale in the parched throat and swollen eyelids of the next morning. In 1845 the Bavarian Government interposed to prevent the employment of Schweinfurt green in the manufacture of paper-hangings, but the prohibition, for commercial reasons, was afterwards repealed. We suppose that a similar enactment directed against the use of arsenical colour in articles of dress would be resented amongst ourselves as an interference with manufacturing enterprise; but we do trust that the good sense of the public will not be appealed to in vain on this subject. The Medical Profession may do much to put down the evil. Cut off the demand, and the supply will necessarily cease.

VILLAGE HOSPITALS.

Hamlets remote from country towns, out-of-the-way villages, such as one catches a glimpse of when whirled along to the scene of the autumnal holiday—a grey steeple, a parsonage, and a few straggling cottages, half buried in foliage, looking just as they did in the reigns of the Henries—are charming places to visit, and according to common belief they ought to be healthy. But they have their drawbacks. Let a man and his family be very poor and very ill, and we can hardly conceive of any situation where he might be worse off. Private benevolence or the parish are his only chances. The one may be wanting, the other to many may be more bitter than either poverty or disease. Far away lies the County Hospital, and many a mile of rugged country lane must be jolted over before the smashed limb can be amputated, or the fever case housed. Those old cottages, too, which look so picturesque are very laboratories for reproducing the poison which the manure heap in the corner or the ditch at the bottom of the garden has generated. The Registrar-General's Reports tell us that zymotic diseases are proportionately as fatal if they get domiciled in a country village as in a town alley. The lattice window, one pane of which only will open, and the thatch and honeysuckle screening it are very pretty, but somewhat inconvenient when three children lie sick with scarlatina in the low room inside. We acknowledge such observations are very trite, but they bear strongly on the importance of the subject of Village Hospitals, to which our attention has been lately called by receiving the yearly reports of those at Cranley, in Surrey, and Burton-on-the-Wold, in Gloucestershire. The Cranley Hospital was established two years ago; in the last year it admitted twenty-three patients, some of them cases requiring capital operations, and its cost was something under £200, of which a considerable portion was paid by the patients. Now, such an Institution is a true boon to the poor of a country district. It is a charity real, cheap, and effective. In times of epidemic visitation it serves the purpose of the old pest-house of our ancestors, supplying at once the best means of arresting the mischief by isolating the sick, and of restoring them to health by a removal from the morbific influences of their own homes. We see that the rules of the Burton-on-the-Wold Hospital forbid the admission of infectious or contagious cases. This is certainly a great error; for one of the chief advantages of such an institution is that to which we have referred. A better rule is one which provides that "the admission of pauper patients, the subjects of accident or disease, the attendance on which entitle the Union District Medical Officer to extra payment, shall not interfere with the claim of the said Medical Officer to the accustomed fees." The Village Hospital need interfere with no professional rights. It should be conducted on just and liberal principles, and should serve no private ends. All the respectable qualified Practitioners in the district ought to be enrolled as its Medical Officers, and should succeed each other in attendance in regular rotation. The spread of Institutions of this sort throughout the country would afford inestimable benefits to the labouring classes, furnish excellent channels for private charity, and react most beneficially on the social relations and professional skill of the Brotherhood of Medicine.

REVIEWS.

Medical Climatology; or, a Tonographical and Meteorological Description of the Localities resorted to in Winter and Summer by Invalids of various Classes, both at Home and Abroad. By R. E. Scoresby-Jackson, M.D., F.R.S.E.; Lecturer on Materia Medica and Therapeutics at Surgeons' Hall, Edinburgh, etc. Pp. 509. London: Churchill.

Dr. Scoresby-Jackson's book is mainly a compilation, but is none the worse, perhaps all the better, for being so: it is unpretentious, and decidedly useful. It furnishes the sort of information which is likely to be sought for by the British Practitioner. It dwells less upon scientific minutiæ, and more upon matters of general and practical interest. The Author tells us that his earliest object in making the compilation was to gather together facts for his own guidance; and having done so, it appears that their publication was an after-thought. Anyhow the work will be acceptable to the Profession, not only on account of its conciseness, and because they will find in it the pith and marrow of a host of extended treatises and climatological monographs, but also on account of the real good sense which characterises his more original remarks. Like most matters of the kind, his good sense peeps out and declares itself rather by common-place hints than by startling disclosures. For instance, the necessity of the invalid who resorts to a southern and reputed mild climate providing himself with a sufficiency of winter clothing, is repeatedly dwelt upon and enforced throughout the volume by constantly recurring illustrations. He dwells, too, with a frequency which the importance of the suggestion fully warrants upon the sort of lodging which the invalid should seek, especially in foreign countries, suggesting that rooms in the upper part of a house which are well lighted, airy, and cheerful, often cost less than others in the lower part which look out into a cold, dreary, and dismal court-yard. Nor where a patient has to leave his own country in search of health, does he neglect to afford all necessary information as to the time of year most suitable for the visit or for the return, and as to the facilities and cost of transit.

The first chapter of the book is devoted to some general remarks upon Medical Climatology, written in a popular style. He discusses briefly the causes of physical climate, such as distance from the Equator, elevation, the relative position of the sea and land, the oceanic currents, of which the "Gulf-stream" is perhaps to us the most familiar example; and, lastly, those "Local Accidents," as he terms them, which go so far to make a climate fit or unfit for the residence of an invalid. The chapter, though containing nothing very novel, may be read with advantage by the student who desires an introduction to the study of Medical Climatology.

Next follows what perhaps is more than any other to be regarded as the chapter for the invalid. It is headed, "Hygienics." It is a subject we are happy in perceiving to grow daily in popular estimation. The Author warns the invalid that where a change of climate is recommended by the Physician, it is not because it is in itself curative, but because it is calculated to place the patient under circumstances where the ordinary precautions which he should observe at home are most likely to be followed by favourable results. That such a warning is necessary every Practitioner must know full well. He sends an invalid to a bracing locality, and forthwith, from some early imbibed notion that it is the proper thing, the weakly-to-do man takes to rising at six o'clock and walking for an hour before breakfast. He sends him to the sea-side with permission or directions to bathe, and not content with a moderate immersion, he remains three or four times as long in the water as he ought to do, or than his power of reaction will bear. Under the tonic influences of fresh air, change of scene, and freedom from the anxieties of business, he finds a faded appetite return, and he forthwith indulges to an extent and in a manner which soon results in abdominal disturbance, and so on. It is to meet these follies that the chapter on Hygienics appears to have been written. We hope it will be well read, well marked, and inwardly digested by all whom it concerns, and their name is legion. There is one piece of advice which we must specially notice. It is given where the writer touches upon the use of mineral waters, but to our mind it has a more extended application. We may as well give it in the Author's own words:—

"Book learning in this as in everything else is far inferior to the knowledge to be obtained by a comparatively brief practical experience of the qualifications of such waters. And, therefore, I strongly recommend both Physicians and invalids who are unacquainted with the practical application of these agents, to make no more use of written treatises on the subject than is sufficient to enable them to make a judicious selection according to the nature of the case to be treated. Having done this, let the patient next be consigned to the care of one or other of the intelligent Medical men who reside in the neighbourhood of the particular bath which has been chosen. He will then conduct the case to a favourable termination, if it be in the power of the waters to effect it, or he will conscientiously recommend such changes as may be most advantageous to the patient. I can conceive of nothing more dangerous, in ordinary Medical treatment, than for an invalid to take a course of mineral waters without proper instructions; nor is it advisable that he should pursue undeviatingly any course prescribed by his Medical adviser at home, because many circumstances may interpose to render the strict following of such a plan highly inexpedient, and these are circumstances which a Practitioner, experienced in the use of the water, can alone understand and controvert."—P. 64.

The fourth chapter embraces a sketch of the diseases in which change of climate is commendable as a remedial agent.

These diseases are considered in alphabetical order; the convenience of the arrangement is self-evident. Under each disease the Author discusses the necessities of the diseased condition, the sort of climate most advantageous, and mentions some of the localities in which the appropriate climate prevails. And in addition to this he furnishes some well-considered hints as to the general hygienic arrangements which the peculiarity of the disease demands. Speaking of consumption, he says—

"The symptoms of consumption, as observable in the pulmonary system, it should be remembered, cannot be treated by direct local application; no simple atmospheric condition will relieve them of itself, or it would be unnecessary to leave home at all, since an artificial climate concocted in his own dwelling, would, if such were the case, answer all his wants. But it is to the general constitutional deficiencies and to the complications of the disorder that the invalid's attention should be particularly addressed. Exercise in the open air, cheerful scenery, a well regulated diet, and other regimenal circumstances, are of the utmost importance; and in selecting a situation for a consumptive patient they must be duly weighed. The complications of the disorder must be first understood before a judicious choice can be made. If, for instance, there be derangement of the digestive organs of an inflammatory kind, a stimulating climate would not be indicated, as might have been the case if the concomitant dyspepsia had been of the atonic variety. The temperament of the patient, too, will influence the choice materially, for it would never be thought advisable to recommend an individual of a nervous inflammatory type to a condition of climate available to one of a leuco-phlegmatic diathesis."—P. 82.

And then in the fifth and succeeding chapters, Dr. Scoresby-Jackson proceeds to the discussion, again in alphabetical order, of the special climate of the customary resorts of invalids both abroad and in our own country. It is quite unnecessary to follow him through these chapters. We are pleased to see that among British health-resorts he has a good word to say for the Isle of Bute, and as we must not quit our Author without giving a specimen of his style in this part of the volume, we will conclude with his summary with respect to this corner of the British Isles:—

"As regards the mean temperature of winter and spring, it is below that of most other places, as was naturally to be supposed, but it is not by any means so far below them as is generally believed; while in summer and autumn the heat is a great deal less. Then, as to its extreme range of temperature, Bute will be found to bear a very favourable comparison with most of the winter resorts. In respect to the number of its rainy days (including those on which only passing showers fall) it takes a very fair average with others; as also in point of the quantity of rain that falls annually, belonging, however, in the latter respect to the humid class of climates. But the atmosphere of Bute is not usually damp in the absence of rain, and, moreover, it enjoys the great advantage of freedom from fogs. The climate of Bute is mild and equable, and somewhat moist; it is protected from the evil effects of the east winds, which are so hurtful to invalids in spring; and the general condition of the atmosphere, together with the natural arrangement of the surface of the Island, afford abundant opportunities to invalids for taking out-door exercise. In a therapeutic point of view it is sedative, without being absolutely relaxing in the cold seasons; whilst in the hot months it is decidedly cool and refreshing to those who leave inland towns to enjoy the excellent bathing which it affords. As a matter of course patients requiring a bracing climate with a dry atmosphere should not be sent into Buteshire."—P. 324.

The Transactions of the Pathological Society of London. Vol. xii. London. Pp. 256.

The *Transactions* of a working Society like the Pathological are always welcome. The present volume maintains the character gained by its predecessor. Amid a host of shorter but not less valuable contributions, many of them from gentlemen in the laborious exercise of general practice, there are two more lengthy treatises which deserve especial mention—one by Dr. Peacock on "The Weight and Specific Gravity of the Brain," and the other by Mr. W. H. Flower on "The Pathological Changes Produced in the Shoulder Joint by Traumatic Dislocation, as Derived from an Examination of all the Specimens Illustrating this Injury in the Museums of London." We should be glad to see this latter idea more extensively pursued. The morbid specimens preserved in Museums though valuable, and mostly used for illustrations in the class-room, have an additional value which can only be brought out by collation and analysis. Mr. Flower has, therefore, done a service to the Profession by pointing out a path, by following which to its termination many young Practitioners might benefit themselves and others. No Medical library of reference, private or public, can be in any way regarded as complete without the annual volume issued by this excellent Society.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE PULVERIZATION OF MINERAL WATERS.

Under this somewhat singular title, M. Sales-Girons has for some years past been endeavouring to draw attention to a mode of administering mineral waters, by which he asserts that they may, in the form of finely-divided spray, be brought into immediate contact with the broncho-laryngeal mucous membrane. He has had chambers constructed to facilitate the spraying on a large scale, as also portable apparatus suitable for individual application. His statements respecting the working of his apparatus, and the results obtained, have been strongly contested; and many communications *pro* and *con.* having been addressed to the Académie de Médecine on the subject, it desired its Committee on Mineral Waters to make a special report This M. Poggiale has recently done, reviewing all the publications which had taken place on the matter, and pointing out the very contradictory character of the statements which have been made. In face of these contradictions, the Committee has felt itself called upon to undertake an experimental re-investigation, and now reports the results.

1. *Can Pulverised or Sprayed Liquids Penetrate into the Respiratory Passages?* Experiments upon animals, and upon man, seem to leave the fact of the penetration indubitable, although to effect it is a matter of such difficulty as to render it not surprising that some experimenters have failed in producing it.

2. *Do the Pulverized Liquids undergo a Diminution of Temperature on Issuing from the Apparatuses?* They do so; and to avoid this it is necessary to keep the chambers in which the spraying takes place saturated with the vapour of water, and of a somewhat higher temperature than that of the sprayed fluids.

3. *Are Sulphureous Waters Altered in their Chemical Composition by the process of Pulverisation?* It is the direct application of sulphureous waters in affections of the respiratory organs that forms one main object of this method; and everyone is aware how easily their chemical composition undergoes change, a few minutes' contact with the air sometimes sufficing. From his own experiments and the analyses of various chemists, the reporter concludes that a very considerable desulphuration of these waters takes place under pulverization.

4. *In the present state of our knowledge, are the Therapeutic Effects of the Inhalation of Pulverized Liquids determined with any precision?* The Committee was enabled to come to satisfactory conclusions as regarded the penetration, cooling, and desulphuration of pulverized liquids; but it finds itself quite unable to pronounce upon their therapeutical properties; for, while by some observers they are regarded as a most powerful agent in the treatment of diseases of the chest, by others they are declared to be positively injurious. The reporter can, therefore, only recommend that further careful observations should be made by competent persons.—*Gazette Médicale*, No. 2.

EXCERPTA MINORA.

Narcotic Treatment of Delirium Tremens.—Professor Roser, of Marburg, is of opinion that patients are lost by the timidity of Practitioners in prescribing opium in large doses, under fear of poisoning. The patient may have taken three, four, or six grains, and is still getting worse and worse. The vital indication is to quiet the delirium; and this is to be done by energetic doses only. We should give at once two grains of morphia, and repeat one grain hourly until the pupils are strongly contracted, and the respirations descend to ten, eight, or even six in a minute. The appearance of a patient so treated is alarming, but in such deep narcotising lies his safety. He obtains a deep sleep, and awakes conscious; and if there is a relapse this is easily vanquished. —*Archiv der Heilkunde*, 1861, p. 191.

Colouring the Bones by Madder.—Last year M. Flourens demonstrated that the bones of the fœtus may be rendered red by means of madder administered to the mother in her aliments, the blood here serving as the vehicle for the colouring matters, and a continuation of his experiments proves that the same effect may be produced during lactation. Former experiments made on young pigs were defective, inasmuch as these animals, eating from the very first, may have partaken of some fragments of food left by the mother. But by experimenting on young rats and rabbits, which are born blind in a nest which they do not leave for some time, and are thus fed exclusively by the mother's milk, more certain conclusions may be arrived at. Such experiments have succeeded completely, so that M. Flourens presented at the Academy the skeleton of a young rat coloured red by the madder given to its mother during lactation.—*Union Médicale*, No. 7.

Infantile Erysipelas.—M. Trousseau referring to a case in which erysipelas, originally induced by the too early vaccination of an infant (on the eighth day after birth), had become generalized, observed that he had never known a child attacked with erysipelas during the first twenty-five days of its life recovering, excepting in those cases in which abscesses have become intercurrently developed.—*Gazette des Hôp.*, No. 7.

Combination of Iodine with Cod Liver Oil.—When it is desired to effect the rapid solution of iodine in cod liver oil, the iodine should be triturated with one half of its own weight of iodide of potassium. The oil should be then gradually added, the mixture being well shaken the while. After some hours, the iodide of potassium, perfectly white, becomes deposited at the bottom of the phial, having in fact only served to divide the iodine and facilitate its solution in the fatty body. The oil thus prepared is very transparent and sufficiently coloured, while it has only a slight taste of the iodine.—*Omodei Annali*, vol. clxxvii. p. 206.

Extension of the Practice of Thermometry.—Professor Wunderlich states that it gives him great pleasure to announce that since the appearance of his articles (*Medical Times and Gazette*, 1861, vol. ii., p. 326) upon the subject, the practice of thermometry has taken on a great extension. Many hundreds of thermometers have been despatched from Leipzic to all parts of Germany and elsewhere; and many Practitioners have in their letters informed him of the rapidity with which they have learned to make observations in disease with the thermometer, and of the importance they now attach to its use. The public, too, have soon become accustomed to its employment, and offer no obstacles. Dr. Walser, Superintending Physician at Leudkirch, has reports sent to him from the subordinate Practitioners of country districts concerning the temperature observed, and determines by these on the necessity of a personal visit.

Intestinal Pemphigus (?)—M. Chalvet exhibited at the Paris Anatomical Society portions of the intestinal canal of an individual who during life had suffered from cutaneous pemphigus for which bismuth had been administered. At different points of the mucous membrane of the small intestine rounded surfaces were perceived, at the level of which were found agglomerations of bismuth. M. Chalvet suggested that at these points the true *bullæ* of pemphigus had existed, which had retained the bismuth, just as the *bullæ* of the cutaneous surface retain the pulverulent bodies with which they have been powdered. Without denying the possibility of the fact, several members of the Society observed that the preparation simply exhibited the detection of the bismuth at certain points of the intestinal mucous membrane, and that the cause assigned for such agglomerations cannot be regarded as demonstrated.—*Bull. de la Soc. Anat.*, vol. vi., p. 205.

Leaves of the Castor-Oil Plant as a Galactagogue.—Dr. Gilfillan relates the case of a lady whose breasts had been found, in a first labour, quite incompetent for lacteal secretion, notwithstanding the assiduous use of frictions, pumps, etc., for ten days. On the occasion of her second labour the like absence of secretion remained until the fifth day, the breasts, in fact, being as in the virgin state. At that time poultices, made of dried castor-oil leaves, coarsely bruised, and boiling water, were applied to them, and some of the fluid alcoholic extract of the leaves was administered internally. The secretion rapidly became satisfactory and complete, but was unattended with the ordinary febrile accompaniments.—*American Medical Times*, No. 4.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

GERMANY.

MUNICH, January 5.

PUERPERAL FEVER.

THE building of a new Lying-in Hospital in this city was commenced in 1855, and patients were first admitted into it in 1859. Unfortunately, puerperal fever soon became endemic in the Hospital, and no year has as yet gone by without our having been visited by this terrible scourge. The most intense epidemic was that of last year, and I will to-day communicate to you some of the more important observations which were made at that time by Dr. Hecker, who is Professor of Clinical Midwifery, and Dr. Buhl, the Professor of Pathological Anatomy.

During summer and autumn of 1859, the sanitary condition of the women in the Lying-in Institution was, on the whole, satisfactory. Certain premonitory symptoms of an epidemic of puerperal fever having been observed towards the close of the year, the first bad cases of that disease occurred in the middle of January 1860. The epidemic lasted from that time till July. There were 663 births in the six months, and 80 women were affected with the fever, that is twelve per cent. Of these 80 there died 33, that is 41 per cent of those affected, and 5 per cent of the whole number. Simultaneously with the puerperal fever a very dangerous affection of newly born infants was observed, which was quite analogous to the disease from which the mothers suffered. Amongst the 33 children of the 33 women who died, 20 also died within the first week, and evidently under the influence of the epidemic. Of 49 children borne by 49 women who recovered, 12 died from the same cause. The disease of infants showed the following forms:—

1. Acute dissolution of the blood; of which 13 cases were observed. The children collapsed soon after birth in an extraordinary manner; the skin assumed a dirty yellow colour; food was refused, the respiration became accelerated, and screams were heard as in acute hydrocephalus. Death generally ensued within 24 hours, and the post-mortem examinations which were made in every case with the utmost care, did not show any local disease; only the blood appeared smeary, and there was a striking putrefaction of all organs, which are prone to this process, and which had evidently commenced during life; this was observed even if the cavities of the body were opened soon after death. Cadaveric spots were spread over the whole surface of the skin. This septic condition generally began immediately after birth; but in one case Professor Hecker satisfied himself that it had already commenced in utero. This was the case of a woman in her second pregnancy, and who fell ill during parturition with violent vomiting of green matter; she then gave birth to a dead child, and died herself on the third day after delivery. This child was a well developed girl, of 6¾ pounds, and had died during parturition without any visible cause, as the umbilical cord had not been constricted, and the second period of parturition only lasted an hour and a-half; from which it was fairly concluded, that the illness of the mother, which had come on during parturition, had caused the sudden destruction of the life of the infant. If in such cases of dissolution of the blood, a local disease occurs, this affects the respiratory organs; the autopsy showing signs of lobular pneumonia having commenced. In two cases there was extensive hepatisation of both lungs, and putrid exudation.

The second class of cases consisted of septic inflammation of the umbilical vessels, with its sequelæ. Three cases of arteritis umbilicalis were observed, one of phlebitis, and four of more or less diffuse peritonitis, with discoloured exudation matter. In these cases there were also morbid appearances in the skin, viz., erythema, which in one case extended over the whole surface of the body with a rapidly fatal result; and erysipelas migrans with strong induration of the affected parts, and which appeared several times in the face.

A third class of cases was characterised by atrophy. This form of the disease was observed in four cases; the subjects being originally strong children, and no cause being apparent but the miasma.

Regarding etiology it appeared that the stay of the pregnant women in the Lying-in Hospital, disposed them to puerperal fever. The majority of patients fell ill within the first week of their stay in the Institution. Of those who entered it during parturition, 13·8 per cent. fell ill, while of those who had been in it from 1 to 4 days before delivery, 29 per cent. became affected. If, however, the pregnant women remained longer in the Hospital, they appeared to become callous to the contagion. In the wards for poor patients the disease was much more frequent than in those for private cases. It would seem possible that the clinical instruction of the students in the examination of pregnant and parturient women might be the cause of the affection, and M. Semmelweiss even now holds the opinion that the origin of the disease is entirely due to infection with cadaveric poison. But several objections seem to be fatal to this supposition. During the epidemic I am speaking of, there was no occasion for such an infection of the pregnant women taking place. The autopsies were never made in the Lying-in Institution itself, but in the anatomical theatre; and neither the students nor those who had the women under their care, ever touched the dead bodies. Besides, the hands were always well washed before an examination was made. Moreover, it happened that infants fell ill and died of puerperal sepsis, whose mothers made a good recovery. This fact is not consonant with the assumption of an infection by cadaveric poison. It would be sophistry to say that, although the mother seemed to be well, she was nevertheless infected; for where there is no morbid symptom, we are not justified in assuming the existence of a complaint. Another objection against the theory of M. Semmelweiss would be, that the women fell ill in sets, and that sometimes not a single case of fever occurred during a fortnight. It has often been stated that there was much more disposition to contract the fever in women, who had had a protracted labour; and that primiparæ were, therefore, more exposed to danger than such as had already borne children before. The observations made here on this point during the last epidemic prove that many fell ill whose labour had been very quick, and that the duration of the labour had no relation to subsequent illness. I will also mention that of 80 cases in which fever occurred, birth was accomplished by Nature in 75 cases, while only in five instances operations were necessary.

The researches of Professor Buhl concerning the pathological anatomy of this disease are of importance. Proceeding from the fact that the inner surface of the uterus is always affected, he looks upon this as the starting point of all other morbid changes. The disease spreads from the place mentioned along three different roads, viz., the mucous membrane of the tubes, the blood-vessels, and the lymphatic vessels. In conformity with this circumstance there are three principal forms of puerperal fever. The first is puerperal peritonitis without pyæmia; the irritant matter produced in the uterus spreads through the canal of one or both tubes, and through their orifice into the peritoneal cavity; their tissue becomes swollen, loosened, and injected, and the canal is filled with thick pus. There is either unilateral inflammation of the serous covering of the ovary and the womb, or general peritonitis. This form is most frequent if there be no epidemic; but during such an one it is very rare, and only occurs in connexion with one of the other forms. Not a single case of this kind occurred during the epidemic I have described. This form is not nearly so dangerous as the two others, recovery being not uncommon; and if death results, this is generally the consequence of general peritonitis.

In the second form, which is puerperal pyæmia without peritonitis, the inner surface of the womb constitutes, as it were, one large wound, and the affection is traumatic. There are symptoms of absorption of putrid matter by the veins, and we find not only normal coagula, but also thrombi containing pus, and prone to putrefaction, especially in the veins at the insertion of the placenta; also in the veins of the plexus pampiniformis, the spermatic veins, the vena cava inferior, the renal or crural vein and the cavities of the heart. There is often embolic inflammation, followed by suppuration and gangrene of the lungs, the spleen (which is always enlarged), the kidneys, the eyes, the brain, and other organs. The characteristic feature of this form is that, unless a complication should be present, which is rarely the case, there is no peritonitis. It is more dangerous than simple peritonitis, and may occur sporadically; but it is more frequently epidemic, although neither so common nor so intense as the third form. It is not unfrequently an indication that the violence of the epidemic is on the decrease. For while pyæmia without peritonitis scarcely ever ends in death before the ninth day, but is generally protracted over two, three, and more weeks, the third form generally proves fatal within the first week after parturition, and in some cases even the very day after delivery, or a few hours after it. This second form was, in the epidemic I have described above, only observed four times.

The third form is entirely different from the second and the first. There is always peritonitis, but no thrombosis of the veins, which are merely filled with thin, discoloured blood. The disease spreads by absorption through the lymphatic vessels and the connective tissue which envelopes them and the blood-vessels, and where yellow coagula, pus and putrid matter, are accumulated. Besides this local creeping of the disease, there is also general infection by absorption of poisonous matter in the blood, either immediately from the womb or from the infected lymph. This form may, therefore, be called puerperal pyæmia with peritonitis, or pyæmia with lymphangitis. It is the most malignant form regarding intensity, rapidity of course, and fatality, and it is also the most frequent in epidemics of puerperal fever. Of thirty-nine fatal cases in the last epidemic, thirty-five belonged to this form. If death ensued very rapidly, there were only general septic appearances in the body; and local changes only became apparent if the disease was of a somewhat longer duration.

IRELAND.

DUBLIN, January 29.

THE first meeting of the University of Dublin Zoological and Botanical Association for the present year was held on the evening of Friday the 24th instant, in the Dining Hall of Trinity College, when the chair was taken, and the Opening Address delivered, by Dr. Stokes, F.R.S., Vice-President of the Association. Having alluded to the great number of subjects included in the study of Natural History, the learned Lecturer suggested that it would be highly advantageous, both to the many scientific Societies now in existence, and to the body to which they might become affiliated, if instead of pursuing their objects separately, they would unite to form one great association for the advancement of science generally. He felt the advantage of having such societies as that he was addressing within the walls of *Alma Mater*, and he announced that it was the intention of the Council to form an undergraduate branch of the Association. He gave a very interesting sketch of the progress of the study of Natural History in the University, commencing with the brothers Molyneaux, who flourished towards the end of the seventeenth century, one of whom represented the University in the Irish Parliament. Dr. Molyneaux was associated with his brother in the formation of the first scientific Society established in Ireland and connected with the College. Dr. Stokes noticed also the labours of his father, Dr. Whitley Stokes, elected Senior Fellow in 1805, and subsequently Professor of Natural History and Regius Professor of Medicine, with whom the foundation of the excellent botanic garden belonging to the College had originated. He also spoke at length of Dr. James Townsend Mackay, Dr. Thomas Coulter, and Dr. Robert Ball. These distinguished men had all largely contributed to place the University in its present state of efficiency, provided, as it is, with four great museums, viz., that of Human and Comparative Anatomy, that of Zoology and Mineralogy, that of Geology, etc., and that of Botany, the latter being the collection of Dr. Coulter. Dr. Stokes concluded his very interesting and eloquent lecture with some remarks upon the Darwinian theory of the Origin of Species.

The Right Hon. Joseph Napier, ex-Lord-Chancellor of Ireland, moved, and Sir Edward Grogan, Bart., M.P., seconded, the first resolution,—"That the Address just read be printed in the *Transactions* of the Association." The Hon. James Whiteside, M.P., moved a vote of thanks to the Vice-President for his Address, alluding, in an eloquent speech, to the late Drs. Comyn, Coulter, Todd, and Pereira, who, he stated, commenced in London almost under his own observation. "I was aware then," he added, "what true disciples of knowledge Medical men are, and I do believe that they are most important to society by their science and learning. I had the good fortune to hear Sir Henry Halford, Sir Astley Cooper, and others, and they practised the principles expressed by Dr. Stokes, because they were admirable scholars out of their Profession. I recollect a good story of Sir Henry. He read a paper on insanity, and he quoted Shakspeare in a manner that was useful to me in a Professional way. He was asked to witness a will with another Physician, and he agreed to do so. He asked the gentleman, 'To whom will you leave your estate?' and he said, 'To his friend the solicitor.' Halford did not sign the will at the time, but he walked out with his friend, and said, 'Would it not be well to return to the patient, and, to use the language of Shakspeare, ask him to "re-word the matter?"' They went back to the bedside of the patient, and asked him, 'To whom do you mean to leave your fortune?' and he said, 'To my heir, to be sure.' (Laughter.) The Physician can show that we may learn much from Professional life; and whenever again Dr. Stokes delivers an address I will not, if in town, fail to be present." (Applause.)

Sir Robert Kane, President of Queen's College, Cork, seconded the motion in an admirable speech, in which, after having alluded to the time when it was his privilege, in the wards of the Meath Hospital, to follow the clinical teaching of Dr. Stokes, by whom every branch of learning was made to contribute to the elucidation of disease, he alluded to the great improvements recently effected in the system of education both in the University of Dublin and in the Queen's University, by the introduction into the undergraduate courses of experimental and natural science; and as a proof of the good results thence flowing, mentioned that the College over which he presided had been glad to have its Chair of Natural Philosophy filled by an undergraduate of Trinity College.

The motion was adopted by acclamation, after which the meeting adjourned.

GENERAL CORRESPONDENCE.

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TRACHEOTOMY IN CHOKING.

LETTER FROM DR. GRIFFITH.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reply to a letter from Dr. Huxley that appeared in your last number, commenting on the recent fatal case of suffocation at Monmouth County Gaol, I would beg to remark that the operation of tracheotomy, which that gentleman considers may be entirely superseded by his proposed "ready method" in such emergencies, is really in some instances the only procedure by which life can be saved, as I think the following case will show:—On Sunday, January 19, while paying a casual visit to Camberwell Workhouse (in my capacity of guardian), I was requested by the Master to see a paralytic inmate who was said to be choking. I found the poor fellow—a man nearly 70 years of age—propped up in bed, perfectly livid, and making fruitless efforts to inspire. The jaws were rigidly closed, so as to render the introduction of my finger extremely difficult. Indeed, I could but just reach the epiglottis and ascertain the fact that some foreign substance was lying beyond; but to extricate it or guide an œsophagus forceps (the only surgical implement at hand) for its seizure and extraction appeared impossible. Life was ebbing fast, and no time to be lost. I therefore determined to open the windpipe through the crico-thyroid membrane, but from the profuse bleeding which followed the division of some transverse veins in that situation, I selected the upper part of the trachea wherein to make the necessary opening,—a common goose-quill serving as a canula. Almost immediately after free inspiration had been effected, the spasm in the rima relaxed, and a piece of meat came forwards into the mouth. It was of large size, having one end pointed in shape, which portion had evidently got wedged between the vocal chords, leaving but a very small aperture through which air could enter. The ossified state of the tracheal rings, and the excessive venous hæmorrhage, rendered the operation more than usually difficult; but the old man recovered without a bad symptom, in spite of his advanced age, and his previous affection (paralysis agitans).

The case deserves observation, both on account of the persistent spasm, which kept the jaw closed until life was almost extinct, and also as illustrating the possibility of very large substances becoming firmly impacted in the rima glottidis.

The accident itself appears somewhat analogous to the one which happened at Monmouth, and would clearly have been equally fatal had not tracheotomy been promptly performed.

I am, &c.

JOHN T. GRIFFITH, M.D., F.R.C.S. (Exam.)

Peckham, S.E., February 3.

ON URANOPLASTICS.

LETTER FROM MR. POLLOCK.

[To the Editor of the Medical Times and Gazette.]

SIR,—On January 11 there appeared in the *Medical Times and Gazette* a letter from Professor Langenbeck, in which he comments on the treatment of congenital clefts of the hard palate. My friends Mr. Field and Mr. Hulke have noticed certain observations in that letter, but I trust I may be permitted to draw attention again to it, in order to clear up, if I can, certain errors into which the Professor appears to have inadvertently fallen. "It is true," he writes, "that partial clefts and acquired perforation of the hard palate have now and then been cured (closed?), but total congenital clefts have not, for the only two cases of this kind which are said to have been cured by Krimer and Dieffenbach are doubtful."

In the year 1848 the late Mr. Avery, then Surgeon to Charing Cross Hospital, first succeeded in closing clefts of the hard palate by operation Professor Langenbeck may satisfy himself on this point by a visit to the museum of St. George's Hospital. He may there see models of a mouth taken previous and subsequent to an operation on a patient affected with total congenital cleft. I assisted Mr. Avery at the operation, and was an eye-witness of the extent of the cleft, as also of the result of the treatment.

Since the date referred to it has fallen to my lot to have had the treatment of more than one case of complete congenital cleft of the hard palate, and complete closure has been the result in each. Several of the cases have been operated on in the Hospital, so that their results are known to others as well as to myself. The experience gained in the treatment of such cases enables me to assert that the most favourable cases for operation are those in whom the cleft is complete or nearly so. Attention has already been drawn to this fact, and the explanation is simple. The more complete the cleft, the nearer the perpendicular are the sides of the palate, and, consequently, when the soft tissues are detached from the bones, the flaps formed fall inwards, and very readily meet in the median line. Indeed, in some instances so abundant has been the flap on each side that their margins have had to be somewhat freely pared to prevent the edges overlapping, for by their so doing the efforts to secure union would be frustrated.

The really troublesome cases in treatment are those in which, firstly, the cleft is confined to the posterior part of the hard palate, and in which, secondly, the opening in the palate is the result of exfoliation of bone.

The difficulties in the treatment of such cases arise from the circumstance of the arch of the palate being of the natural curve, or nearly so; the consequence is, that when a gap or opening exists in any portion of such an arch, and the soft tissues are separated by operation around either aperture, the edges of the flaps will rarely meet in the median line by the mere falling down of detached soft structures; lateral incisions then become necessary; and thus an additional interference with nutrition of the flaps is set up.

The difficulty of bringing the edges together, in certain cases of the character last referred to, is so great and so evident, that it would be unwise to attempt a closure by operation.

The complete congenital cleft offers the best prospect of success of closure by operation; and there is little credit due to the Surgeon who overcomes a deformity so apparently difficult to deal with, but which really is by no means so troublesome to close as a slight posterior cleft. It must be understood that we do not allude to clefts confined to the soft palate; such clefts are not under consideration.

The second error into which Professor Langenbeck has fallen, relates to the causes of failure in operations for cleft palate. He considers that his method of operating possesses an advantage not obtained by other Surgeons, and this advantage he supposes to depend on the circumstance of his peeling off the periosteum, together with the soft structures which cover the sides of the hard palate. He states that it is much easier to separate the mucous membrane alone; but "if this membrane is separated to a great extent, gangrene ensues; and it is the reason that a complete cure of a total cleft of the hard palate has never been accomplished by that operation." He further entirely ignores the possibility of the success of anyone but himself; for he continues,—"but that this (the separation of the periosteum) has, in fact, never been done, is evident not only from the express statement of those Surgeons [named], but also from the fact of the partial or entire failure of their operations."

We need not stop to inquire by what means the Professor has established the correctness of his new theory; but it is desirable to test the truth of his statement, that it is easy to separate the mucous membrane from the periosteum, and that his own success is due to the periosteum being always separated with the mucous membrane in his operations.

It is impossible in the living subject to prove that, during an operation for closure of a cleft palate, the mucous membrane is readily separated from the periosteum, or that the latter is not detached from the bone; but in the dead subject it will be found equally impossible to separate from the bone the mucous membrane without the periosteum. In most cases which come under the Surgeon for operation, the patients are not far advanced in life. Up to the middle periods of life the under surface of the hard palate is rough, and often ridged with thin prominences of bone. In attempting to peel off the mucous membrane the periosteum is detached with it to a great extent without any care or trouble, but many little patches remain adherent to the depressions and furrows in which the vessels run and send to the bone its minuter nutrient branches. If any one curious on this question will endeavour to remove the mucous membrane from the palate in the dead subject, it will be found by no means an easy process, without, at the same time, removing the periosteum with it.

It will be quite evident from the results of such an examination that Professor Langenbeck has not effected in his operations more than has been achieved by other Surgeons experienced in the treatment of clefts of the hard palate.

The true causes of failure in operations for closure of clefts running into the bone have been entirely overlooked by the Professor. In detaching the soft tissues the parts are often bruised, and then invariably some interruption to union will result. But the chief cause of failure is the difficulty of getting the edges of the soft flaps to meet without any traction by sutures. This difficulty never presents itself in complete congenital clefts; in such cases the flaps meet readily from their falling inwards and downwards when sufficiently detached. But such a difficulty is always more or less met with in clefts confined to the posterior portion of the bone, and in acquired openings in the palate; and when such a difficulty presents itself it can only be overcome by lateral incisions, parallel with the margins of the cleft or openings. I am, &c,

George Pollock.

27, Grosvenor-street, W., February 3.

MIDWIFERY CASE.

Letter from Dr. James C. L. Carson.

[To the Editor of the Medical Times and Gazette.]

Sir,—On the 6th of last July I was called to attend Mrs. M. in her fourth confinement. In consequence of the distance between the promontory of the sacrum and the symphisis pubis being rather less than natural, the head was slow in passing the brim in all her previous cases; but after the head got fairly into the pelvis, there was no difficulty, and the birth was speedily accomplished.

When I first saw the lady on the present occasion the head could be touched with the finger, above the brim, the os uteri was dilating, and the pains were strong. I waited in the house for some time; but when when I returned to the patient I found the head in its original position, although the os was dilated. I then made a more careful examination, and found the head pitched forward on the pubis, and the *face anteriorly*. After waiting some hours in the hope that the position of the head might be so far altered by Nature that it could be expelled, and finding my expectations disappointed, I requested a consultation with Dr. Macaldin. We put her under chloroform, and then passed the hand into the vagina, so as to be able to make quite certain the head was placed as I had supposed. We trusted to Nature for some time longer, but as the head did not progress, and as the pains were so violent that we dreaded injury to the womb, we determined on delivery by the long forceps. We were more anxious for delivery because of one of her sisters having died in Dublin and another in the South of Ireland during confinement, from some mal-position of the infant's head. When Dr. Macaldin had brought her well under the chloroform (which, notwithstanding Dr. Lee's opinion to the contrary, I am confident adds immensely to the ease and safety of midwifery operations), I applied the forceps. Owing to the position of the head, there was plenty of room in the sides of the pelvis, and I got the blades very nicely applied to the sides of the head. I had full recollection of the very rational and simple rules laid down for the management of such cases by Professor Simpson in his incomparable writings, and I determined to put them in practice. Before extracting, I gave the least possible turn to the head. The turn was very trifling, as I was afraid of injuring the soft structures with the forceps; but it was sufficient to enable me to bring the head through the brim without the use of dangerous force. This being accomplished, I rested on my oars, and left the remainder of the operation chiefly to Nature, and I had the satisfaction of finding the forceps making a gradual turn, and the head passed under the arch of the pubis *in the natural position*, thus adding another example in corroboration of Professor Simpson's views. The child was not an atom the worse; and the lady was up on the ninth day without having experienced an unfavourable symptom of any kind.

I am, &c.

James C. L. Carson, M.D.

Coleraine, Ireland.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 28.

Dr. Babington, President, in the Chair.

A Paper, by Ernest Hart, M.R.C.S., was read

ON THE TREATMENT OF ANEURISM OF THE EXTREMITIES BY FLEXION OF THE LIMB.

In a paper read before this Society in April, 1859, and printed in the forty-second volume of the *Transactions*, the Author had brought to the notice of the Society a case of popliteal aneurism which he had successfully treated by flexion of the leg in 1858. Mr. A. Shaw kindly communicated at the same time a second case, which he had subsequently successfully treated by that method. Mr. Hart wished to ask the attention of the Society to some further cases treated with success on this plan since the above were made public through the medium of the *Transactions*. They were all cases of aneurism of the extremities—for the most part popliteal. Indeed, by the nature of this method of treatment, its application was confined to the extremities; for here the general law of position of the great arteries to some extent favoured it. The Author remarked that the effect of forcible flexion of the healthy arm or leg might be observed in the considerable retardation of the blood flowing through the main artery, and the almost entire extinction of its pulse. The application of this principle to the extreme flexion of the arterial trunks was obvious. Their structure favoured the effect described. Probably, also, the projecting bellies of the contracted muscles might cause some pressure on an artery which lay in contact with them; and in the case of an aneurismal swelling some direct pressure might be made upon the tumour; but of the occurrence of this circumstance, or of its desirability, the author was doubtful. It was now pretty clearly established and generally accepted, that the object in treating aneurism was not to cut off the supply of blood, or altogether at once to arrest circulation in it, but to cause such a retardation of the current as would lead to the gradual deposit of fibrinous laminæ in the interior, and so effect its gradual consolidation. The former method was uncertain and dangerous; the latter safe and permanent in its results. In the case in which the Author first applied the method of flexion to the treatment of popliteal aneurism, and in that in which Mr. Shaw subsequently tested it, they were completely successful in obtaining the latter result. Mr. Hart had met with similar success in the following case:—

Case 3.—In September, 1860, a healthy and robust-looking man, aged 35, was sent to him by Mr. Bridge for treatment of a popliteal aneurism of the left leg. It was of the size and shape of a large lemon, projecting on the inner side of the ham. It had a loud bruit and very perceptible thrill, but was not entirely reducible. The skin was somewhat discoloured over the tumour, as though from a recent bruise. The patient had noticed the existence of this pulsating tumour for nearly two years. It had increased somewhat in size during the first nine months that he had observed it, and he had several times thought of seeking advice, but as he had felt little pain from the disease, he had neglected its cure. About three weeks before the Author saw him, he had received a blow in the region of the tumour, and since then he had suffered pain in it, and the swelling had increased. The arteries of the leg pulsated distinctly, and there was no very marked dilatation of the veins below the knee. There was no history of gout or syphilis. A week was allowed to elapse before commencing any treatment. The discoloration of the skin was then no longer visible, and the aneurism was pulsating distinctly as before. Mr. Hart desired in this case to separate the effect of treatment by flexion as clearly as he could from any collateral or adjuvant agencies. He did not, therefore, employ any form of Medical treatment whatever, nor did he invalid the patient by enjoining the horizontal position and confinement to bed. He rolled the leg in a flannel bandage from the foot upwards, stopping below the tumour so as not to compress this in any way. He then bent the leg on the thigh, and retained it in the flexed position by means of three pieces of bandage attached to the ankle and along the leg. The patient was allowed to rise and go about the room by the help of a crutch. The forced flexion of the leg entirely arrested the pulsation of the tumour. Complete flexion caused, however, an inconvenient degree of pain, and after eight hours he relaxed the bandages so as to leave the leg in a semi-flexed position. At night he ordered one grain of solid opium. The patient slept well. Next morning the tumour still pulsated distinctly. He again completely flexed the limb, and during the next two days it was retained in that position, being unmoved during the night. The patient moved about freely the whole time by the help of a crutch and stick, and occasionally of a wooden pin leg roughly adjusted below the bent knee. He occupied himself in reading, writing, and smoking. He complained of pains in the knee-cap, but after the first night he slept moderately well without opium. On the fourth day Mr. Hart somewhat relaxed the bandages and examined the tumour. He had the satisfaction to find that it was as nearly as possible solidified; a faint thrill, however, could be detected by placing the hand on the tumour. He again replaced the leg in the position of forcible flexion, and retained it so until the end of the sixth day. He could not then find on examination any trace of pulsation or thrill. The articular arteries beat perceptibly, and he concluded that the collateral circulation was satisfactorily established, and the aneurism consolidated by the deposition of laminated clots. As a desirable measure of precaution, he retained the leg in the semi-flexed position for another week—a proceeding to which the patient, who fully understood the nature and object of the treatment, offered no objection. The subsequent progress of the case was in every way satisfactory; it offered no peculiarity worthy of note. It was three weeks from the conclusion of the treatment before the patient ceased to limp from the stiffness of the knee caused by its confinement. It seemed to the Author that this case sufficiently established the simplicity and efficiency of the treatment of popliteal aneurism by flexion in certain cases. Here he was enabled to effect a cure practically in six days without the use of any apparatus, without the intervention of any watchers or assistants, without risk or danger. This patient had been cured of popliteal aneurism—a disease formerly so formidable—without being confined for a day to bed. In order to afford the grounds of a judgment on the relative merits of the flexion treatment, it might be proper to add a brief *résumé* of the cases which had been successfully treated by other Surgeons in this country who had employed the method since the Author had the honour to introduce it to the notice of the Society. Some of these cases had been treated by flexion solely; in others that method had been conjoined to the treatment by compression.

Case 4.—*Popliteal Aneurism—Recurrence after Ligature of Superficial Aneurism—Treatment by Compression Unsuccessful—Cure by Flexion of the Leg.* By James Spence, F.R.C.S.E.—T. H., a coal-carter, was admitted into the Royal Infirmary, Edinburgh, under the care of Mr. Spence, in August, 1858, with a pulsating aneurismal tumour, of the size of an orange. The superficial femoral had already previously been tied in May, 1857, with the effect of producing solidification of the tumour. But the pulsation recurred a few days before this second admission, and the tumour was then as large and pulsating as violently as before the artery was tied. Compression was carefully employed over a period of upwards of five months, but the tumour was at the end of that time increasing instead of diminishing. The patient left the house for some weeks, but returned, desiring to submit to any operation that might be thought necessary. The following is the sequel of this very interesting case in the words of the Surgeon:—"On examining the aneurism at this time, its condition was as follows:—It was the size of a pretty large orange, and pulsating strongly; the femoral artery could be felt to pulsate for about four inches below Poupart's ligament, ceasing to beat for about an inch or less above the point where the superficial femoral had been tied. Pressure on the common femoral completely and readily arrested pulsation in the sac. Compression of the superficial femoral above the point tied also did so, but required very firm pressure to be made directly backwards. Compression along the course of the superficial femoral below the point tied produced no effect until it was made over the lowest part of Hunter's canal, when the pulsation of the aneurism became thoroughly commanded by it. Under these circumstances, after weighing the comparative chances of success between ligature of the external iliac, or the lower part of the superficial femoral, the latter plan was decided on, and the patient willingly gave his consent. But as the case did not seem a very hopeful one, it was thought as well to try the plan of flexion of the leg upon the thigh recently proposed. On bending the limb fully, all pulsation was at once and completely arrested, and the limb was bandaged in that position. But the patient could not bear such flexion to be kept up. Accordingly, a slipper, with a slip of bandage sewed to the heel, was fastened to the foot, and the slip of bandage was then fastened to a loop connected with a broad bandage round his pelvis, and this gradually tightened, so as to increase daily the flexion of the leg on the thigh. This treatment was commenced on May 20, 1859. On the 23rd, the pulsations were weaker, but returned when flexion of the limb was discontinued. On the 27th, the pulsation diminished; tumour smaller and firmer. There was still a tendency to increase of pulsation when the limb was allowed to remain straight for any length of time. On June 6, the pulsation was scarcely to be felt in the aneurism, even when flexion was discontinued. The tumour felt solid and smaller, and enlarged anastomosing vessels could be felt over it and around the knee. The patient was now allowed to walk about with crutches, the affected limb being suspended in a flexed position. When in bed or sitting in the ward, he was desired to extend the leg occasionally, and not to keep it constantly bent. On June 20, there was not the slightest pulsation to be felt in the aneurism, which was firm and considerably diminished in bulk. Several very large anastomosing vessels could be felt over the tumour, the limb was of good heat, and there was no stiffness of the knee-joint. I kept the patient for about three weeks longer in the Hospital under observation, and he was dismissed cured. Since then he has returned to his usual occupation of coal-carter, which requires him to walk considerable distances, but when I last saw him there was no tendency to return of the disease."

Case 5.—*Aneurism of the Popliteal Artery Successfully Treated by Flexion Combined with Pressure.* By Oliver Pemberton, Surgeon to the General Hospital, Birmingham.

Case 6.—*Traumatic Aneurism of the Radial Artery Successfully Treated by Flexion and Compression.*—By R. M. Craven, Hull.

Case 7.—*Aneurism of the left Popliteal Artery, cured in Sixty-eight Hours by the Combination of Flexion and Compression.*—By Leith Adams, M.B., Surgeon to the 22nd Regiment.

Case 8.—*Popliteal Aneurism—Compression—Great increase of Tumour—Flexion of Limb—Cure.*—By William Colles, F.R.C.S., Surgeon to Steevens' Hospital, Dublin.

Case 9.—*Popliteal Aneurism Cured by Forcible Flexion.* By Augustin Prichard, Surgeon, Bristol.

The Author was not unaware that the flexion treatment had not always been successful. In cases under the care of Mr. Paget, Mr. C. H. Moore, and Mr. Birkett respectively it had been employed, and disused as ineffective. The first two were, however, cases in which the contents of the aneurismal sac had escaped by rupture or ulceration. These are severe forms of the disease in which extreme treatment is always likely to be required. In all three compression also failed, and ligature was resorted to. In the hands of other Surgeons the method had been found painful, and apparently abandoned on that account. On this head he would only remark that other methods of treating aneurism are commonly both more painful and tedious, as well as attended with greater risk. The first results of any method of treatment are likely to be, as they always have been, less perfect and less uniformly successful than those which follow upon a larger experience and a more assured application. It is probable that attention to certain points of detail may tend to prevent pain and inconvenience. By carefully bandaging the limb, support is given to the superficial veins and rest to the contracted muscles. Friction of the limb upwards may serve the same purpose. Inunction of the knee-cap with oil and chloroform diminishes the sensation of stiffness, and relieves pain. By allowing the patient to rise from his bed and dress himself, much of the tedium is obviated and coagulation of the fibrin aided. Sleep follows much earlier at night. Any favourite habit, such as smoking, may be usefully permitted, with the same object. It is desirable to bespeak the assistance of the patient himself, by explaining the nature of the malady and treatment. Flexion should be employed with care, and graduated. The Author's reason for referring to these minutiæ might be found in the past history of this method and of the cognate treatment by compression, in which attention to minute details had been shown to produce a remarkable increase in the success obtained. For success a watchful and intelligent interest was necessary. In reviewing the cases already successfully treated by flexion, it seemed to the Author that there were many elements for a favourable judgment. Compared with compression, it had the advantage of not requiring the constant and watchful attention essential to the success of that method. No instruments were employed, and no assistants were needed. There was no risk of ulceration of the skin, of erysipelas, or of that other rare effect described by Mr. Oliver Pemberton—the production of aneurismal varix at the site of pressure. If not ultimately successful, it would still have had the effect of beneficially developing the collateral circulation. Of course, where practicable, it would always be preferred to the use of the knife. The interesting case of recurring popliteal aneurism under the care of Mr. Spence, affords an instance in which flexion effected a cure where the superficial femoral artery had already been tied, and compression during five months had failed; the undesirable alternatives being the ligature of the femoral close to the sac or the external iliac, under unfavourable circumstances. Mr. Spence states: "From what I saw of the plan of flexion of the limb in this case, I would have great hopes of its success as a curative measure, far simpler and more efficacious than any form of compression I have seen employed, devoid of all its risks, and not interfering with, but rather beneficial as a preparation for, ligature of the artery, should it fail in itself accomplishing the cure."

The cases related show that flexion may be satisfactorily employed as aiding compression where this is desired. Finally, Mr. Hart said that he did not now seek to define the position of the flexion treatment in relation to aneurism, or to establish arbitrarily its superiority to other methods. He desired to leave this matter to the judgment and further experience or the Surgical Profession. His object in this communication had been to submit to this Society the further facts which had come to his knowledge since he had the honour first to bring the treatment to their notice, and which furnish the grounds for a more complete judgment of its merits and deficiencies.

Mr. Solly said the Profession was indebted to the Author for again calling attention to this subject and for the number of cases he had brought forward to establish that the proceeding is a valuable one and worthy of attention. Compression often fails, especially amongst the lowest class, who will not submit to so irksome a measure. There were, no doubt other cases in which this treatment was not applicable. Mr. Solly then related a case in which there was a swelling under the biceps. There were two red spots on the skin like superficial nævus, but the patient, an intelligent man, said that the swelling had come on lately. He had had paralysis of that arm, and Mr. Simon thought there was paralysis of the sympathetic fibres supplying the coats of the blood-vessels—thus allowing of dilatation of the vessels, and consequent swelling. He (Mr. Solly) believed it was due to a congenital nævus under the biceps. At present pressure is being applied, but it is doubtful whether or not the ligature of the artery will have to be had recourse to. Mr. Solly then spoke of the treatment of aneurism by starvation, reducing the food to a minimum, and giving also aconite and gallic acid. Mr. Solly mentioned a case which began very insidiously,—at first appearing as pain in the chest as of a rheumatic character, but at length presenting itself as a large aneurism, pressing forwards the sternum. In this case the food was reduced to a little bread-and-butter for breakfast and tea, and two potatoes for dinner. The patient, who had been very stout, became very thin, but still looked healthy. By this means the circulation was controlled and the system relieved. Of course the aneurism was not cured, but it certainly had not increased during the four months it had been under treatment. Mr. Solly also spoke of a case he had once related before the Society in which an aneurism of the abdominal aorta had been almost consolidated,—to such an extent that the patient had been told by two Surgeons that there was no aneurism. It turned out, however, after death that there had been an aneurism just above the bifurcation.

Dr. Hare then gave particulars of a case in which there was aneurism of the arch of the aorta in a patient who had phthisis. In this case the interesting point was that as the phthisis advanced the aneurism gradually became smaller. The patient died of the phthisis and not of aneurism. After death the aneurism was found filled with well-marked laminated coagula.

Mr. William Adams said that the Society was indebted to the Author for giving them the benefit of his experience, since he first introduced this method, of treating aneurism. The additional cases were numerous, and this fact alone was important, and showed that this treatment was worthy of greater adoption in the larger Hospitals. He had hoped to have heard of cases treated on this plan, by those who had had great opportunities for trying it. It was, Mr. Adams said, clearly calculated in many cases to supersede the ordinary compression method of treatment. He considered that this method had not attracted so much attention as it ought to have done—probably now it would be more extensively tried.

Mr. Ernest Hart, in reply, said he was gratified that his Paper had met with so favourable a reception. Hospital Surgeons naturally acted with caution in adopting new methods of treatment in so formidable a disease, but he felt glad that so many Surgeons had already tried this plan. But he thought that the nine cases which he had collected might probably attract more general attention, and lead to a careful trial of the method. Failures had mostly occurred through employing the flexion too forcibly at first, and not allowing the patient enough liberty of general action. He thought that in the facts recorded it might be seen that in the cases to which it was applicable flexion offered a resource unsurpassed for its simplicity, and safety. It removed many aneurisms which at the beginning of this century were always fatal, into the sphere of the most easily curable of diseases. He trusted to see its application become general, and should feel personally grateful to any Surgeon who would submit to his care Hospital patients suffering with this disease, in order to permit him to test the method further; or who would acquaint him from time to time with the result of their experience, and allow him to witness the application of the method.

ALLEGED ILLEGAL PRACTISING.

Last Friday night, Mr. Brent conducted an investigation at the Albion Tavern, Kensington, concerning the death of a young woman, twenty-eight years of age, named Maria Turner, who met with her death during child-birth, under the following circumstances:—

Austin Thomas Turner deposed that he was a coachman, and resided at 12, Camden House-mews. Deceased was his wife, and she died on Tuesday night last. She was in labour with her fourth child, and on the Saturday previous she became seriously ill, when he fetched the nurse, and afterwards Dr. Protheroe of Earl-street, who was engaged to attend her during her confinement. Dr. Protheroe visited her a little after one, and also came again the next morning. About two o'clock the same day, he visited her a third time, when he found it necessary to call in further Medical aid. Witness accordingly went for Mr. Joyce, who refused to attend in consort with Dr. Protheroe. Witness informed Dr. Protheroe of this, who at once agreed to give the case up. Mr. Joyce then came, and was subsequently assisted by Dr. Fergusson, who jointly ordered stimulants to be given, but notwithstanding deceased never rallied, and expired about eleven o'clock. The child was born dead.

Hannah Poynter, of 8, Farm-street, Notting-hill, stated that she was employed as nurse, and gave corroborative evidence.

Thomas Joyce, M.R.C.S. Eng., 1, Berkeley-gardens, deposed that he knew nothing of the case till 3 o'clock on Tuesday, when he was sent for by the husband to assist Dr. Protheroe. He replied that, to the best of his belief, Dr. Protheroe was not a qualified Practitioner, and on that account he could not think of meeting him. The husband then represented that his wife was very ill, and required the aid of two doctors. Witness replied that if it was necessary he could soon get a second, but should certainly decline to enter the house while Dr. Protheroe was there. Dr. Protheroe having left, witness went to the case immediately, when he found the deceased in a state of collapse, and almost pulseless. There were no pains, the head was presenting, and he also discovered a laceration of the os uteri, some five or six inches in length. He first administered brandy and then despatched a messenger for Dr. Martin to assist him. That gentleman being from home, he next sent for Dr. Fergusson, who arrived shortly afterwards, when the delivery was proceeded with as soon as possible. Deceased had no pains, nor was there any difficulty with the after-birth. The child was then dead, which must have been very recent. Gave deceased stimulants, but, notwithstanding, she gradually sank and expired. Had made a post-mortem examination and believed death to have been caused by a rupture of the womb during labour, caused possibly by natural causes, but in the absence of internal pain such would be highly improbable. Witness was of opinion that deceased ought to have been delivered before. He had also been informed there had been some interference with the birth before he saw her.

The Nurse was here recalled, who stated that the hand of the child was first presented, and was put back again by Dr. Protheroe.

The Coroner said as there appeared to be some difficulty in the case, he thought under these circumstances he was empowered to have a second Medical opinion; but as regards Mr. Protheroe being qualified or otherwise, that was a question he could not entertain. It was for the jury to decide, therefore, whether they would hear Dr. Fergusson.

Dr. Fergusson was then sworn, who bore similar testimony to Dr. Joyce, as also did Dr. Martin, who was present during the post-mortem examination.

Dr. Protheroe contended that he possessed the diploma of M.D. of Giessen, which he had obtained by examination, and that he was fully qualified to practise, though not registered under the clauses of the Medical Act. He had been in practice twenty years, and had been specially engaged to attend the deceased, which he should have carried out but for the conduct of Mr. Joyce, as stated above.

The jury, after half an hour's consultation, returned a verdict that death was occasioned by a rupture of the womb during labour, caused accidentally and by misfortune.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, January 30, 1862:—

Bletchly, William E., Minchinghampton Gloucestershire
Connon, William, Willenhall, Staffordshire.

The following gentleman also on the same day passed his First Examination:—

Mahon, George Annesley Duville, St. Mary's Hospital.

APPOINTMENTS.

Brewer.—William Henry Brewer, M.R.C.S. Eng., Hon. Surgeon to the Dispensary and Infirmary, Newport, Monmouthshire, has been appointed one of the Consulting Surgeons.

Christie.—James Christic, M.D. Univ. Edin., L.R.C.S. Edin., and L.M., one of the Hon. Surgeons to the Dispensary and Infirmary, Newport, Monmouthshire, has been appointed one of the Consulting Surgeons.

Haines.—Charles Haines, L.R.C.P. Edin., L.R.C.S. Edin., has been appointed Medical Officer to the Kilcatherine Dispensary District in the Castletown Union, County Cork, in the room of Matthew Bagnell Lefubure, M.R.C.S., resigned.

Lang.—John Lang, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the General Hospital and Dispensary for Sick Children, Manchester.

Marsh.—Henry Thomas Marsh, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the parishes of Berrow, Birtsmorton, Bushley, Castlemorton, and Longdon, in the Upton-upon-Severn Union, Worcestershire.

Mayou.—George Mayou, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed House-Surgeon (under the new Regulations) to the Dispensary and Infirmary, Newport, Monmouthshire.

Morgan.—Dr. John Edward Morgan, M.B., M.A. Oxon., M.R.C.P., Manchester, has been elected Physician to the Salford and Pendleton Royal Hospital and Dispensary.

Pickford.—James H. Pickford, M.D. Univ. Aberd., L.K. & Q.C.P. Irel. (exam.), M.R.C.S. Eng., has been appointed Physician to the Sussex and Brighton Infirmary for Diseases of the Eye, *vice* Henry Moon, M.D. St. And., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., L.S.A. Lond., resigned.

Reneham.—Lawrence Alfred Reneham, L.R.C.S. Irel., and L.M. has succeeded the late Joseph Barrett, M.R.C.S. Eng., F.R.C.S. Irel., L.M. Dub Lying-in Hospital, as Surgeon to the Finglas and Glasnevin Dispensary Districts in the North Dublin Union.

Stone.—William Henry Stone, M.A. Oxon, M.R.C.P. Lond., F.R.C.S. Eng., has been appointed Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, *vice* James Edward Pollock, M.R.C.P. Lond. (exam.), M.D. King's Coll. Aberd., L.R.C.S. Irel., who has been elected one of the Physicians.

Young.—Dr. Edward Young, F.R.C.S. Edin., has been elected Medical Officer of the Alderbury District and Workhouse, in the Alderbury Union, Wiltshire, vacant by the resignation of John Alfred Lush, M.R.C.S. Eng., L.S.A. Lond.

Young.—William Young, M.D. Univ. Aberd., L.S.A. Lond., has been appointed Medical Officer to the Corbridge District, in the Hexham Union, Northumberland.

DEATHS.

Barrett.—January 11, at Victoria-terrace, Dublin, Joseph Barrott, late of Finglas, County Dublin, M.R.C.S. Eng., F.R.C.S. Irel., L.M. Dub. Lying-in Hospital.

Battcock.—February 4, George Battcock, of St. James's-street, Brighton, M.R.C.S. Eng., aged 78.

Hocking.—Recently, Joseph Hocking, House-Surgeon to the Dorset County Hospital, Dorchester, M.R.C.S. Eng., L.S.A. Lond.

Hyde.—February 1, Charles James Hyde, of 6, Clifton Villas, Warwick-road, Maida-hill West, M.R.C.S. Eng., L.S.A. Lond., aged 57.

Lamb.—February 3, George Lamb, late Physician-General to the Army in Bengal, aged 75.

Seutin.—Baron Seutin, Member of the Belgian Senate, Officer of the Legion of Honour, and formerly Director-General of the Belgian Army, has just died at Brussols, from disease of the heart, aged 69 He was the Author of numerous memoirs on Surgical subjects, among which one on the Starch-bandage is known far and wide.

Smerdon.—January 30, at Chelsea, T. W. Smerdon, formerly of Exeter, M.R.C.S. Eng., aged 79.

Smith.—Recently, Edward Knapp Würtele Smith, M.D., L.R.C.S. Edin., late Assistant-Surgeon to the 56th Regiment of Foot, on half pay.

Stone.—Recently, Edward William Stone, M.D., M.B. Trin. Coll. Dub. M.R.C.S. Eng., Staff Surgeon in the Army on half-pay.

Waller.—January 30, Charles Waller, of No. 9, Finsbury-square, M.R.C.P. Lond., M.D. Erlangen, aged 63.

British Lying in Hospital.—There are two vacancies in the Medical Staff of this Hospital. Dr. Graily Hewitt, who has held the office of Physician, with charge of out-patients, now becomes Senior Physician, with charge of in-patients. Benjamin Brookes, Esq., has been appointed Consulting Surgeon. Two new officers will be appointed by the Board of Governors, one for the in-door and one for the out-door department.

It is expected that there will be a Competitive Examination for Assistant - Surgeoncies at the Army Medical Department about the middle of March.

Moral Insanity at its Highest Development.—A wretch named Dumollard has been sentenced to death at Bourg for an unheard-of accumulation of atrocities. He was in the habit of luring servant girls into the woods under pretext of taking them to good situations, and then robbing, violating, and murdering them. Six cases of murder, and nine of attempted murder, were brought home to him. The defence set up was a plea against the prisoner's claim to manhood at all; and an effort to rank him with the gorilla and other brutes, to which class it was said his skull and features showed him to belong.

Dr. J. Marion Sims at Home Again.—This eminent Surgeon and philanthropist, to whose discoveries and unwearied labours during the past eight years in this city, the New York State Women's Hospital owes its origin, returned last week in the steamer *Kangaroo* from a six months' tour among the Hospitals and Surgeons of Great Britain, France, and Belgium. This tour, which has been in contemplation for more than three years, was undertaken at the urgent request of the Board of Managers of the Women's Hospital, who granted him a vacation for this purpose, in order that he might become familiar with the arrangements, management, and hygiene of the celebrated European Hospitals, preparatory to deciding upon the plans to be adopted in the erection of the Women's Hospital edifice on the magnificent site donated by the Common Council for this object, and also to give him an opportunity to prepare for the publication of his forthcoming works on subjects connected with his special department in Surgery, embodying the results of his investigation and practice. His observations have shown that the plans which had been proposed, had they been carried out, would have proved totally inadequate to the successful development and working of the institution. Dr. Sims has been received with the most gratifying marks of consideration by the renowned Practitioners with whom he has come in contact, and has established a reputation for skill and scientific investigation of which Americans may be justly proud. He has resumed his labours in the Hospital on Madison-avenue, and will press forward the erection of the new Hospital building with the utmost dispatch. Dr. Sims received urgent invitations to visit Madrid, Berlin, Vienna, and St. Petersburg, but was obliged to decline, for want of time. He will visit Europe in May next, for a brief period, to supervise the illustrations of his works, which are to be undertaken by the eminent French artist, Laveille. The works in question will be published simultaneously in London, Paris, and New York.—*New York Times*, January 14.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 1, 1862.

BIRTHS.

Births of Boys, 1007; Girls, 1013; Total, 2020.
Average of 10 corresponding weeks, 1852–61, 1790·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	763	729	1492
Average of the ten years 1851–60	646·1	639 0	1285·0
Average corrected to increased population..	..	..	1414
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	1	11	2	15	6	1
North ..	618,201	..	2	16	4	13	13	1
Central ..	378,058	..	2	10	1	7	11	2
East	571,129	..	5	11	3	16	25	4
South ..	773,160	..	11	22	5	17	15	6
Total.. ..	2,803,921	..	21	70	15	68	70	14

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

E. H.—Shave.

J. R. S.—Both books are good, but we prefer Erichsen's. Consult Pereira.

A Friend Over the Water.—That bilious paragraph from the *Guardian* which we stigmatised last week, is noticeable as a sign of the intense jealousy with which certain pseudo-aristocratic *littérateurs* look upon every attempt to do honour to our Profession. It matters not whether in England or in Ireland, the man who employs his talents and his life in allaying human suffering, and cultivating the widest and most comprehensive of human pursuits—Medicine—must not presume to take rank with his more fortunate brethren of the Law and Church, or Army and Navy. He is a "very useful person," and adequately rewarded with money; but he does not want honour! he must not aspire to found a family, or sit in the House of Peers, or to receive any permanent and public mark of gratitude as he might if he had stepped from the tutorship of my Lord's son, to a living or bishopric. That such a venomous attack upon a deceased Physician should appear in the columns of a respectable paper is worthy of note, as it shows the jealousy with which the daily-increasing social position and importance of our Profession is regarded by some of the hangers-on of fashionable life.

Parsnip Chervil.—We have received from Messrs. Gibbs the following directions:—It is sown in August in drills in good soil. Water in dry weather, and protect from slugs by a slight dressing of lime. The roots are ripened by July and can be preserved until April if looked to now and then to prevent premature growth. Keep the seed in dry sand till wanted to be sown.

A Correspondent writes to inform us that the case of Spontaneous Combustion, which has lately gone the round of the Medical papers, is an old one taken from a long-forgotten volume of the *Philosophical Transactions*, and that it has been quoted by Gordon Smith and Beck. We confess that we had some doubt as to whether it was not entirely a fabrication. The alleged cases are so like each other that by altering the names one might stand for another.

Prize Essay on Diseases of the Prostate.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I regret to inform you of an error in my paper contained in your last number, the Prize Essay on Diseases of the Prostate, lately published, by Mr. Henry Thompson, having been ascribed to Mr. Henry Smith.

I am, &c. John Mann.

Rupture of Cord in Utero.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On Monday morning, November 11, 1861, I was requested to visit Mrs. S., about eight months advanced in pregnancy. On arriving there she told me that on the previous day she felt as if something had given way with a sudden snap, and that she had some discharge which continued. I ordered the recumbent position and a dose of castor-oil, telling her that if she felt pain to send for me. On Tuesday at 10.30 p.m. I received a message that her pains were strong: I went and delivered her about 12 p.m. On removing the child, which was still-born, I found the cord lying out of the vagina, and ruptured close up to its insertion in the placenta. There was no hæmorrhage from the uterus, so I waited two hours and a-half, expecting Nature would expel it. I was deceived, and had to introduce my hand, when I found the placenta encysted and adherent.

I do not recollect seeing anything mentioned in any work on Midwifery, or any Medical periodical, of such a rupture occurring in utero; the child had been dead but a short time, and she did not feel any motion after the snap, which she says she distinctly felt.

I am, &c.
J. B. Hamilton, L.R.C.P.E. and M.R.C.S.E. (Exam.)
4, Caroline-villas, Leytonstone-road.

Provision in Sickness.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can you inform me if there is any Society in London, where, by the payment of a premium while in health, a Medical Practitioner can insure a certain amount per week in the event of sickness?

Every one must know that when a man is brought down by sickness, it is too often aggravated and prolonged from anxiety as to the provision for his family, and I for one should in such a case be glad to remove so great an obstacle to recovery. I am, &c.

Portsmouth, January 31. "Breakers Ahead."

The Use of the Moustache.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—For several years I have been suffering from relaxed tonsils, uvula, and general inflammatory condition of the throat, and two or three times during the winter months confined to the house with quinsey which so undermined my health that I had serious thoughts of giving up the Profession. I was advised by a friend of mine (who had resided for some time in Lapland) to cultivate a moustache, but having a great detestation for anything approaching foppery, I for some time hesitated, until the beginning of last winter. I then allowed my hair to grow on my upper lip, and from that time to the present I have not had the slightest symptom. I can read aloud, and talk for any length of time without the slightest inconvenience. I have cast my respirators on one side, and can go out in the night with impunity. The object of my remarks is, that should any of my Medical brethren be suffering from the same disorder, or, in fact, any disease of the chest, I should strongly recommend them to adopt this plan. The cultivation of the moustache is now becoming so prevalent with the English that he would not be considered at all conspicuous. I should not advise him to screw and distort his moustache, *à la Sardinia*, but allow it to grow so as to hang over the upper lip, and use it as a natural respirator; and I have no doubt he will find it very beneficial. I am, &c. A Country Surgeon.

The Inquest at Monmouth.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having read in your Journal of the 18th ult., the observations on the case of Powell, a prisoner, who died in the Monmouth County Gaol on December 29 last; and assuming that your opinion was formed from the report in the *Hereford Times*, which did not give the history of the case and the symptoms I found him labouring under, I beg to append them, and probably you will consider they were scarcely those that called for the operation of tracheotomy :—

Powell, a prisoner in our County Gaol, had some years ago a fall from a horse, which injured his head and impaired his memory. About eight days before his fatal seizure he had a well-marked aploplectic fit, while eating his meal of porridge, characterised by insensibility, trembling of the hands, distortion of the mouth, and discoloration of face, from which he recovered in a short time.

On the second or fatal attack, as I am informed by the Governor, he was eating his dinner of beef and potatoes (he was a voracious feeder), when suddenly he put down his "can," threw up his arms, and fell backwards quite insensible, with a slight gurgling noise in the throat: the breathing becoming very laboured and stertorous; no coughing, no struggling or convulsive spasms of any kind.

I saw him in about twenty-five or thirty minutes, when I found him in a state of utter insensibility; extremities cold, pupils contracted, pulse scarcely perceptible at the wrists, action of heart extremely feeble and irregular, mouth firmly closed; irritating hands and feet producing no effect; in fact, in a state of the most profound coma, he died in about an hour. I am, &c.

Monmouth, February 4. Thomas Prosser.

The Camera Obscura.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am sorry to trouble you again with a few lines on a matter which I had hoped would have been sufficiently elucidated by my former note. However, as "F.R.S." very justly remarks, "accuracy, even in apparently trifling matters, is of importance," I find it necessary to remark that he has probably been so unfortunate as to fall in with another printer's blunder, for Brunet, in the last complete edition of his well-known work, "Manuel du Libraire," etc., Paris, 1843, has corrected this very error. He says:—"Celle (l'édition) de Naples, 1558, in fol., est rare; mais elle ne contient que 4 livres, ainsi que celles d'anvers, Plantin, 1560, 1561, in — 8, et 1567, etc., in — 16."—Tom. iii., p. 818. This is corroborated by F. A. Ebert in his "General Bibliographical Dictionary," vol. iii., p. 1468, Oxford, 1837; and by M. Gugl. Libri, who, with the book before him, gives as its title, "Portæ (J. B.) Magiæ Naturalis, sive de Miraculis Rerum Naturalium libri iv., folio, Neapoli apud Matthiam Cancer, 1558," and appends a note, "First edition, described by Anguis, in his Life of the Author, as 'très-rare,' but evidently never seen by him, as he describes it as containing only three books instead of four." *Vide* the Catalogue of the Mathematical, etc., Portion of the Library of M. Guglielmo Libri, Part II., p. 641, No. 5954, London, 1861.

I am, &c.

The Medico-Chirurgical Reviewer.

Medical Almoners.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A rich patient offered me £5 the other day to provide comforts for the sick poor. I accepted the gift, on condition that it was not to be bestowed merely on gratuitous patients,—on the fastidious class of persons who wander from one Hospital or Dispensary to another, and avail themselves of Medical services, whilst their husbands spend their earnings in drink and Monday excursions. I think that the poor tradesman and artisan *who pay* deserve most sympathy. They often suffer great privation under illness, though too proud to own it. I sent a poor tradesman's wife out of my £5 a bottle of Bucellas and a dozen of oysters. The effect was magical. Suffering under disease of the womb, with bad appetite, and no cook, she received greater invigoration from this timely gift than she could have done from any drug. She would never have dreamed of spending her own money in these luxuries. Spend your money, O philanthropists, in helping those who help themselves.

I am, &c.

A Dispensary Physician.

Professional Charges.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you allow me a short space in your distinguished Journal for some remarks on the subject of your Leading Article of the 1st inst. I think no man engaged in general Practice will have read the Leader I refer to without a feeling of disappointment and sorrowful indignation that there are Surgeons to be found who can be influenced to go into Court and record an opinion that Mr. Jackson's charge of "£15 17s. 6d. for 62 visits (a mile from plaintiff's residence), 46 mixtures, 6 boxes of ointment, 8 boxes of pills, glass vaginal syringe, 21 lbs. of lint, 70 powders, 2 special consultations, and 5 consultations, was exorbitant."

Is there not something painful and humiliating in the fact, almost every day corroborated, that it seems an easy matter to procure members of our Profession, even in the higher ranks, who, to use the expression of a solicitor in this district, "can be bought to contradict the evidence of brother Practitioners," or, as in the case at Leicester, actually advance an opinion contrary, I verily believe, to that of the mass of our Profession, and succeed in depriving a brother of the just reward of his labour? I venture to predict, that the time is not distant when this phase of the subject will receive spirited notice from the Editors of our Medical Journals, and from the newspapers generally. But to the case in question. We have to bear in mind the two facts so concisely stated in your last impression:—"The evidence did not show that the patient could not afford the charge, nor yet that the charge was too great for the services rendered." But "the plaintiff's claim was reduced to £12," not through the stupidity of a jury, not through the harshness of a judge, not from the unjust or unusual character of the charge, but from the kindly, courteous, and we will hope, duly appreciated interference of two Surgeons to the Leicester Infirmary. In the absence of any definite scale of charges, every Surgeon is obliged to form a table of fees for himself which, I imagine, is generally regulated by the fashion of his district, the circumstances of the case, the position of the patient, and his own estimate of the services rendered; this much being acknowledged, and the bill in dispute regulated by these considerations, I presume to assert that if any one will be at the trouble to charge the items specified according to these general rules, or in other words, according to the rule of his ledger, not a dozen men can be found who will not have entered a larger amount than that claimed by the plaintiff in this trial. Let us for a moment consider the labour annually bestowed upon those from whom we never expect to receive a shilling, the many bills that are either never settled at all, or not until they are nearly out of date, review also the anxiety, perhaps annoyance, experienced during the attendance. And though such reflections afford no pretext whatever for unfair or unusual charges to those who do regularly pay, they do present a formidable reason why we ought not to be told by older and not necessarily better men; men who know and have experienced, may be, all these difficulties; men who ought, by all that is honorable, to support their brethren, that the plaintiff's charge was exorbitant, still less should such an opinion be recorded to his disadvantage in a court of justice.

It is constantly a matter of surprise to the public, and of regret to the Practitioner, that the Profession cannot agree upon some scale of charges which may be considered the standard of appeal in cases of doubt or dispute. I am well aware that many difficulties must be encountered in attempting to procure such a provision, but are there any which patience and discussion would not overcome? and if our bills must be "taxed" by Infirmary Surgeons, it must be high time that some "tariff" was established, by which Medical men could "support each other against attempts to defraud any of their brethren of their hard-earned fees."

I would merely ask what the Profession in Leicester think of the evidence given by Messrs. Crossman and Lilley against Mr. Jackson?

Apologising for this intrusion upon your valuable space, though trusting the subject merits the attention of your readers,

I am, &c. Robert Nicholas Ingle, M.D., L.R.C.P.

Melbourne, Derbyshire, February 2.

Medical Etiquette.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I should be obliged by your opinion and that of your readers upon the following point of Professional etiquette :—

I am the Medical Officer of a parish about four miles from this place. A man coming to my surgery for medicine, asks me to call on a pauper patient when next in the village, stating that he had been ill for some time. I drove out to see him the next day, and found that, after the messenger had left, he had suddenly been taken worse and had died before the message was delivered to me.

I could not certify as to the cause of death, therefore an inquest was thought necessary. The Curate of the parish wrote to the Coroner stating the facts, and suggesting that if a post-mortem was required, that his father or brother who practise in this place, should be asked to perform it. The Coroner, knowing nothing about the case, does as he is asked, and sends his order to the father, who, in spite of my claim to the case, and protesting against his taking it, retains the case and makes the post-mortem. He rests his claim to it by saying that as I had not seen the case before the man's death, it could not belong to me. I claim it by virtue of my contract with the Board of Guardians, by which I am bound to attend all paupers, and as such claim them as my patients; and further, having been sent for and gone to see the man, his being dead before my arrival, does not, in my opinion, invalidate my right to the case.

I am sorry to say this is not the first case of the kind.

Clare, February 5. I am, &c. Henry Nazer.

COMMUNICATIONS have been received from :—

Mr. Gamgee; Dr. Morgan; "Breakers Ahead;" Dr. Ramsbotham; Dr. Mapleton; Messrs Sampson Low and Co.; Dr. Conolly; Mr. G. Taylor; Mr. Cope; Mr. Mann; Mr. Prosser; Dr. Ingle; Dr. Moriarty; Dr. Kenneth McLeod; Mr. Foster; Dr. Griffith; Dr. Rolleston; E. H.; J R. S.; Curtis and Co.; Dr. Laycock; and Mr. Pollock.

APPOINTMENTS FOR THE WEEK.

February 8. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Royal Institution, 3 p.m. Rev. A. J. D'Orsey, "On the English Language."

10. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures.—Henry Thompson, Esq., F.R.C.S., "Practical Lithotomy and Lithotrity.—Lithotomy: The Several Methods which are Adopted at the present day for the Male Subject."

11. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

Royal Medical and Chirurgical Society, 7½ p.m. Ballot.

12. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 7 p.m. Annual Election.

Society of Arts, 8 p.m. Meeting.

13. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Charing-cross Hospital Medical Society, 8½ p.m. Mr. Canton, F.R.C.S., "Atrophy and Degeneration Considered in their Surgical Bearings."

Royal Institution, 3 p.m. Professor Tyndall, "On Heat."

14. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Hunterian Society, 8 p.m. Annual Dinner.

Royal Institution, 8 p.m. Dr. W. Odling, F.R.S., "On Mr. Graham's Researches in Dialysis."

ORIGINAL LECTURES.

◆

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH.

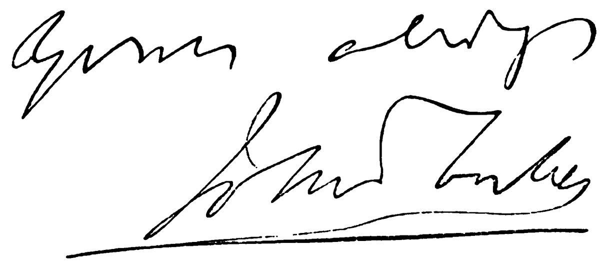
By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine, and Lecturer on Medical Psychology and Menta Diseases in the University of Edinburgh.

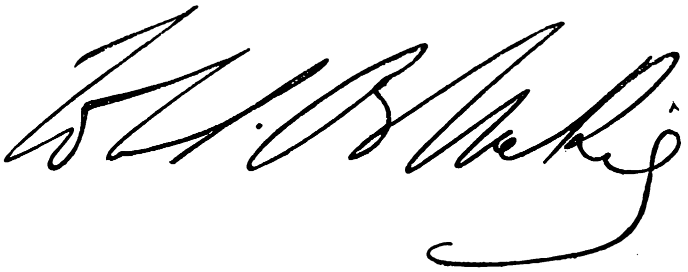
LECTURE IV.—(TEMPERAMENTS AND DIATHESES CONTINUED) —NEURO-VASCULAR DIATHESIS.—*Predominant Activity of Vaso-Motor System — Characteristic Vascularities — Rapid Heat-Production—Tendencies of the Diathesis—Characters and Tendencies of the Neuro-Arthritic Diathesis, and of the Atheromatous Diathesis—Current Theory and General Law of Gouty Degenerations — Modifying Influences — Melancholic Temperament—Varieties of Melancholia; Lymphatic Temperament—Temperaments in Scotland.*

GENTLEMEN,—In my last Lecture I called attention to a class of nervous persons who have predominant activity and development of both the nervous and vascular systems. Now these are intimately connected, as I have already intimated, with a predominant activity of the "vaso motor" portion of the great sympathetic system, both in the brain and elsewhere. The highly florid complexion is especially significant of the vascular activity within the cranium, when it is part of the congenital conformation of the individual. It is to be remembered, however, that this may be the result of local exciting causes, as exposure to the weather, or of causes especially exciting the cerebral circulation, as drunken habits. On the other hand, although strikingly manifested in youth or manhood, it may almost wholly disappear in old age, or during states of health which deeply modify the condition of the blood or blood-vessels, as Bright's disease. In such persons you will find that the only traces of the congenital floridness consist in a few small varicose blood-vessels scattered over the malar bones or on the nose. Various diseases of the brain, as well as emotions and the like, will also induce pallor in florid persons. There is sometimes so complete a cessation of vascular activity, that the capillaries become invisible, as in the woman Clephane, who has tranquil mania with general paralysis. But I pointed out to you another sign of this class, in this and other female patients, namely, a marked vascularity of the upper eyelid; sometimes the lid is full, as if swollen. You will often note also a prominent eye. Another diathetic sign of this kind I have designated *præcordial vascularity*. It consists in a line or lines of small varicose vessels, from one to two inches broad, variously situate on the front of the thorax. In the patient Thompson, Ward 1, with general paralysis, and of this diathesis, it is seen running above and to the right of the left nipple, but it is much more commonly situate below, and takes the line of the lower margin of the thorax. I have often shown this appearance to the clinical class. It not unfrequently coincides with heart disease, but it is most certainly the index of that excitability of temper which characterises the neuro-vascular diathesis (a). It is most distinct in old men, but may be seen as early as twenty-one. I have not yet observed it in women or children. Small vascular nævi or clusters of varicose capillaries from the size of a pin's head to that of a pea are also commonly found in this kind of constitution, more frequently in men than in women, however, and especially on the eyelids, the front of the thorax, or the back.

No. 1


Yours truly
John Forbes

No. 2.



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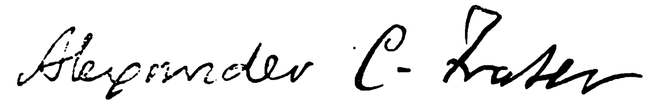
Alexander C. Fraser

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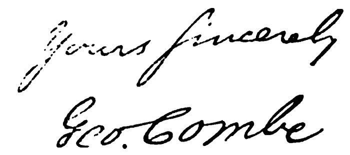

Yours sincerely
Geo. Combe

The mental states and the muscular movements in the neuro-vascular are in harmony. Whilst the flow of ideas is rapid and the expression of them prompt, the muscular movements are remarkable for their energy and rapidity, so that the limbs and body move quickly and impulsively. This characteristic is often strongly marked in the hand-writing, which is apt to be large, sprawling, or irregular as to the size of letters. Such for example was the hand-writing of Sir John Forbes.

Evolution of Heat.—But there is another equally striking characteristic, namely, the copious and rapid evolution of animal heat on the surface, but especially on the face, provided the blood be healthy. This is noticeable in various degrees in all men of the neuro-sanguine, or even sanguine temperament, but in those of the neuro-vascular diathesis it is very remarkable—often, indeed, it leads the person to seek the coolest air even in winter. A gentleman of this diathesis, and with the præcordial vascularity I have described, who consulted me about a cardiac irregularity of nervous origin, told me he found the top of Arthur's Seat to be a refreshingly cool place on a sharp, cold morning. An excessive heat-production in the head takes place after division of the sympathetic in the neck, or ablation of the superior cervical ganglion, and is limited to the side operated on. It is also a very common local symptom in numerous diseases in which the nervous system is involved, as the hot cheeks and palms in hectic, indigestion, etc. It would be easy to build up a theory of this heat evolution in neuro-vascular persons, on the principles I have lately developed (b). I need, however, only observe now that there is reason to think that heat and *vis nervosa* are convertible forces, and that, therefore, the same conditions which predispose to the evolution of the one from the blood will excite the production of the other. In certain forms of mania, both heat and muscular force are produced in enormous quantities, so that the patient is not only exceedingly strong, but can endure cold wonderfully. A moderate production of heat in persons of this constitution is only indicative of a healthy vigorous circulation, but when in excess it is certainly of evil omen, and prognosticates future cerebro-spinal diseases.

There is probably a somewhat similar relation between light and the *vis nervosa*, as there is between heat; for light and heat are convertible forces. The cutaneous excretion of carbon in the coloured races of mankind and in Europeans of a bilious temperament, is undoubtedly within the series of phenomena to be explained by the same principles, and, I think, could be, if this were the place to theorise on the subject (c).

(a) Three cases have occurred in the wards since the lecture was delivered, in addition to the one cited above, all confirmatory of this fact.

(b) See "Correlation of the Physical, Vital, and Mental Forces," in "Mind and Brain," Vol. i. p. 255.

The morbid tendencies in the neuro-vascular diathesis vary much in different individuals. It predisposes to gluttony and wine-drinking in some, and these lead on to gouty diseases. Special causes apart, there is a special tendency to diseases of the blood-vessels of the nervous system, giving rise, in the first instance, to secondary "irritations" and congestions of the nerves and nerve-centres, and to the active and passive sensori-moter disorders thence resulting, as well as to cerebral affections, such as mania and melancholia. Persons so constituted are also predisposed to degenerations of the blood-vessels elsewhere.

Neuro-Arthritic Diathesis.—It is not an uncommon thing to have patients of the sanguine temperament, and especially the neuro-vascular form, who have a tendency to gouty diseases, both regular and irregular. They are usually florid, the hair is early gray, but often thick and not inclined to fall off or become thin, especially in those in whom the teeth are regular, firm, well-enamelled, and sound. Under depressing conditions, modifying the nutrition of the tissues, especially in early youth or advanced years, they are apt to suffer from nervous affections and degenerations of the left heart and arterial system, as angina pectoris, valvular spasms, diathetic hæmorrhage (purpura, hæmorrhagic diathesis), arteritis and embolism, aneurisms and aneurismal dilatations, atheroma, fatty, amyloid, and fibroid degeneration, more particularly of the aortic and mitral valves and the cerebral vessels. Hence arise a number of secondary and tertiary diseases of nutrition having a common primary cause in the special constitutional tendency of the red-blood system to excessive development and activity.

Atheromatous Cachexia.—Can we distinguish when persons of the sanguine temperament, and neuro-vascular, and neuro-arthritic diatheses are the subjects of atheromatous degeneration? An arcus senilis with corded temporal and radial arteries, is thought to be almost pathognomic, but these only indicate that there is a tendency to atheroma or fatty change, and that a cardiac degeneration or lesion of blood-vessels is probably of that character. Neither class, however, necessarily coincides with the other, for the formation of fat or deposit of lime salts at the junction of the lucid cornea with the sclerotic may be due chiefly to local causes coinciding with a diathetic predisposition. You can only depend upon a group of physiognomical characters, as a florid complexion with somewhat thick alæ nasi, thickened oily skin, hair apt to become grey or thin, teeth small, irregularly set, particularly in the lower jaw, and decayed or tending to decay in the upper. Such characters in a person of the sanguine temperament with obesity, arcus senilis, corded arteries, and a known tendency to gouty diseases, constitute a group pathognomonic of atheroma, although fewer may serve. When the characters of the nervous temperament predominate, as a slight figure, small features and limbs, thin elegantly-formed nostrils, thin lips and pointed chin, there is certainly less tendency to atheroma and calcifications unless there be hereditary tendency from bad dietetic habits of parents, as drunkenness, gluttony, and other exciting causes of gout.

The gouty diathesis is so commonly manifested in the constitutions of persons, that we must conclude, I think, that the tendency to imperfect transformations of the elastic and sero-fibrous tissues which constitutes the uric acid diathesis, is but one of a series of morbid changes in which types of nutrition that are normal in lower animals constitute degenerations in man. Thus the calcareous, saccharine, fatty or atheromatous, and amylaceous, and amyloid degenerations, in man, are normal modes of nutrition in plants or lower animals. So it is with uric acid, which is the proper urinary constituent, and, therefore, the result of normal modes of nutrition in reptiles and birds, but the abnormal in man and certain higher mammals in which we have urea as its substitute. Now, all these modes of constitutional degeneration occur in the gouty under varying conditions. Such, for example, is the origin of the polysarcia, excessive fatness, to which gouty persons of the phlegmatic temperament are predisposed. There is also a gouty form of diabetes; we had a woman patient of this class last year. Such being the general law of these diathetic changes in nutrition, I think we must take leave to doubt the soundness of certain current theories of gout. For example, although it must be acknowledged that uric acid forms in the tissues, it by no means follows that that which is deposited on the skin, or eliminated from the kidneys, has its origin exclusively there, since it may be formed in the blood. Nor is it clear that the so-called uric acid deposits in gouty joints are really deposits from the blood. It is, I think, much more probable that they are formed where they are found during the metamorphosis of the nutrient materials presented to the tissues, just as fat, sugar, starch, atheroma, etc. In these respects the current humoral pathology of gout (which I acknowledge I have taught for many years) is, I think, so defective that it must be remodelled from the foundation. In estimating the effect of exciting causes, it is of importance to remember the general constitutional causes, to which these degenerations are due. Defective innervation is, perhaps, the most common cause of uric acid production, whether it results from mental or bodily fatigue, or from sexual excesses, or over-stimulation of the nervous system by wine and other fermented liquors. Without regard to this influence of the nervous system in the causation of gout, no plan for its prevention or cure can be complete. Age and sex have also a most important influence on their development, especially when conjoined with defective sanguification, or an hæmic cachexia. Under such circumstances a wholly different group of degenerations will be developed both in youth and in the decline of life. Thus, for calcareous atheroma is substituted fatty, fibroid or amyloid degeneration; for uric acid production, or true gout, rheumatic gout; for an active circulation a tendency to hæmorrhages anasarcous effusions, and the like. These morbid states are often consecutive to visceral diseases of a diathetic character, especially splenic and renal, in which the arterial tissue or fibrous parenchyma of the viscus is first involved. In a certain class of persons of this group a hæmorrhagic diathesis is established under conditions not clearly determined, but amongst them morbid states of the nervous system, especially of the capillaries, are predominant. This is apt to be transmitted hereditarily, and a line of "bleeders" is thus begun, which are found chiefly amongst the male descendants, although the females transmit the tendency to bleed.

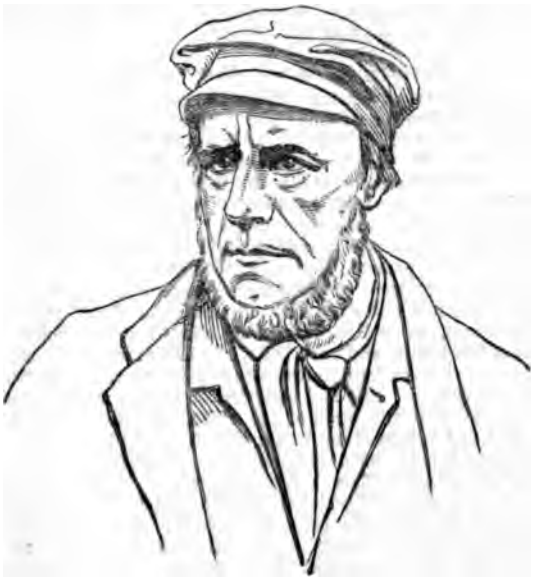
This influence of sex is no less remarkable and important in all of this group of constitutions. All the diseases of the heart and blood-vessels in which calcareous atheroma is the principal lesion, are less prevalent in the female sex, such as angina pectoris, and general paralysis. Aneurism, and indeed all vascular and cardiac diseases, are also markedly less frequent, and true or articular gout is comparatively uncommon—rheumatic and nervous gout, and gouty hysteria taking its place. In short, the diathetic degenerations of the sex are in their general outlines to be classed with those which, in the male sex, depend upon defective sanguification. A clue to this may be found, I think, in the peculiar condition of the blood of women during menstruation and pregnancy, and which must inevitably, in concurrence with other conditions, more highly predispose a given number of women to blood-diseases than the same number of men. The influence of the fundamental difference in the constitution of the nervous system of women is obvious.

Age has an equally remarkable influence in the development of diathetic states of this group; but this is too large a subject for discussion here; you need only to refer to established works on pathology and practice for proofs.

Temperaments with Defective Innervation.—*Melancholic Temperament.*—Widely different from these is the melancholic temperament. It is characterised by modes of action of the nervous system in direct contrast with those we have just described—*i.e.*, by inexcitability, or, at least, inactivity, and by gloomy, disparaging ideas as to self, children, country; which take the place of the confidence and sanguine anticipations of the nervous and sanguine temperaments. It is a degenerate temperament, and depends upon either the defective nutrition and innervation, or defective vascular activity of the nervous centres. As such, it may occur in any temperament. The dusky complexion (from which it derives its name) is not due to biliary colouring matters, but to a pigment deposit, and is not peculiar to any temperament. It is, however, more obvious in the melancholic bilious than in the melancholic sanguine, as in the case of the woman formerly referred to (c). In these persons there is usually pigment-deposit upon the eyelids, whereas in melancholics of the sanguine temperament there is a greater tendency to œdema of the lower eyelid, as in this photograph of a man who has that peculiar and very intractable form of melancholia in which there is a dread of unseen evil agencies, or Demonophobia.

(c) *Vide* "Mind and Brain," Vol. ii. p. 356.

(c) See cut in Lecture I. in Number for January 4, 1862, of the *Medical Times and Gazette.*

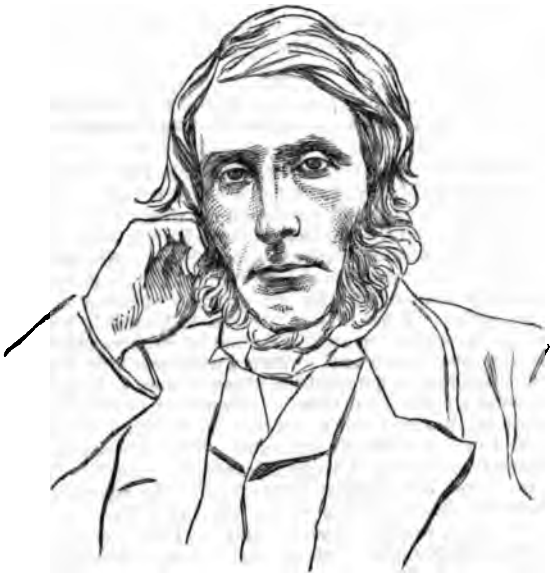


Demonophobic Melancholia in Sanguine Temperament—Œdematous Lower Eyelids—Clinic of Mental Diseases. [Kindly photographed by Mr. Macfarlan.]

The woman in Ward 11 with hypochondriacal melancholy presents the long oval face, long upper lip and chin, and long nose, so characteristic of the temperament. The morbid tendencies vary. When there is much pigmentary change in the complexion you may look for blood-changes, and those visceral affections which give rise to defective sanguification or imperfect excretion of carbon. If the complexion be florid, or but little altered, the heart and vascular system are very commonly at fault. But you will have a variety of cases into which all the etiological elements enter, although in varying proportion, *i.e.*, visceral disease, cardiac and vascular disease, blood-diseases, and a hereditary predisposition. Such are, I believe, incurable.

Lymphatic Temperament.—This, like the preceding, is a degenerate form. As usually seen in this country it is characterized by a large person, flaccid muscles, and more or less pallor of the countenance—in short, a degenerate John Bull. The head, face, and limbs are often unsymmetrical; the movements are slow, the functions generally sluggish. As compared with the sanguine temperament and its modifications there is a defective sanguification and blood distribution, as well as a defective muscular activity. The smart, wiry, lithe man of the pure fibrous temperament is the best contrast with the lymphatic. It is probable that the state of the vital force in this temperament, is due in the first instance at least to climatic conditions. The Arab of the desert contrasts so strongly in physiognomy and character with the dweller on the banks of great rivers (like the Dutch), or on vast moist plains, from which malaria is evolved, that it is difficult to avoid the conclusion that the forces of the blood and the nervous system, and through these of functional activity and nutrition in general, are much modified by the atmospheric and terrestrial influences to which these races are respectively exposed. The lymphatic temperament more easily passes into the strumous diathesis and into degenerate constitutional forms than any other. It must be distinguished, however, from that degenerate form of temperament I term the phlegmatic —in which there is a tendency to abnormal fat formation or polysarcia, and also from those morbid general states with which it is not unfrequently confounded, in which there is blood-degeneration (leukæmia) consecutively to diseases of the spleen, liver, and kidneys. None of these constitute the lymphatic *temperament*, although it doubtless predisposes to them. Nor is it necessarily manifested in large-boned persons only. In short, being a degenerate kind of constitution, any of the leading corporeal characteristics of the two primary temperaments may be manifested by lymphatic persons.

Temperaments in Scotland.—We have in Scotland a great variety of mixed temperaments, due probably to the mixture of Celt, Roman, Saxon, Scandinavian, and Norman. All these races have poured into this northern corner of our island from the south as well as from their proper habitats. Our own Senatus Academicus presents some interesting illustrations, which I do not venture to specify. I may state, however, the late Professor Alison was in every characteristic a type of an educated man of the sanguine temperament and arthritic diathesis; his cousin, the late Professor Gregory, was an equally typical example of the lymphatic temperament and rheumatic diathesis. Professor Alison, like his uncle the late Professor Gregory, had a hereditary predisposition for gout. In the Faculty of Arts there are one or two striking illustrations. My valued friend the Dean of the Faculty and the distinguished Professor of Logic and Metaphysics, affords an example of the bilious or fibrous temperament, not uncommon in Scotland, in whom defective sanguification from over-work has led to a slight deposit of pigment on the lower eyelid (d).



Professor Fraser.

Professor Blackie.

(d) The cut is from an original photograph, and engraved by permission of Professor Fraser.—Ed. *Medical Times and Gazette.*

In striking contrast to him is our energetic Professor of Greek. He presents the leading characters of the neuro-sanguine diathesis in its most nervous form. It is in this class of Scotchmen, as in him, that the *perfervidum ingenium Scotorum* is most strongly manifested. The œdematous lower eyelid and commencing arcus are also characteristic (e). If you look about you, whether in the clinical wards or in the streets, you will observe the like variety of temperaments. I do not know a more interesting subject for original research than the Scottish ethnology. I believe both the Celtic and Saxon population are greatly intermixed.

ORIGINAL COMMUNICATIONS.

◆

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

Physician-Accoucheur to the London Hospital, etc.

(Continued from page 105.)

The subjoined twelve cases of flooding before delivery occurred in my practice during the last ten months of 1843 and the year 1844 :—

Unavoidable Hæmorrhage—Breech at the Pelvic Brim.

Case 35.—On March 16, 1843, a Medical friend sent for me to Mrs. C., Mile-end-road, seven and a-half months advanced with her sixth child. She was of a very weak constitution, and had always flooded much after her delivery. She had been seized with hæmorrhage in the morning, directly she got out of bed; she fainted, though the quantity of blood she lost was not large. When I saw her she had rallied, but the bleeding was still going on. She had taken some ergot and pains had come on slightly. The os uteri was dilated to the size of a shilling; I detected the placenta close to it, and the breech and a foot at the brim. I immediately ruptured the membranes, brought down the foot, and delivered her of a live child in less than five minutes. The uterus began to act strongly as soon as I began to dilate its mouth. There was no blood lost during extraction. The placenta was speedily expelled; and the uterus continued for some time firm and small, without any discharge. I left her in about an hour, as I thought, perfectly safe; but in less than an hour after my departure the uterus began to relax, and filled; she became faint and jactitation supervened. Her attendant was fortunately close at hand, and speedily arrived. By the judicious use of cold astringents and pressure he succeeded in procuring permanent contraction, and she made a very good recovery.

Unavoidable Hæmorrhage.

Case 36.—On April 10, 1843, at 10 a.m., the same gentleman with whom I attended the last case, called me to Mrs. V., Stepney, at the full term of her sixteenth pregnancy; she was of a cachectic habit, and always flooded after her labours. She was awoke at 7·30 by a sudden and profuse hæmorrhage. I found she had fainted two or three times. She was still very faint and pale; was vomiting frequently; and the pulse was very languid. There was a copious draining going on. The os uteri was not larger than a sixpenny piece, very thick and very rigid. I could feel the edge of the placenta close to the back part; the head presenting; there were some pains, but they were very slight. I ruptured the membranes, and ordered ergot. The flooding ceased, and I left in an hour. At 3 p.m. I saw her again; there had been some regular pains, but they were not strong; the os uteri was still rigid, and would only admit two fingers within its disc; there had been considerably more hæmorrhage within the last hour or two; and she was very much depressed. A small portion of the edge of the placenta was hanging through the os uteri. As the discharge continued, and it was impossible for her to bear up against any much greater loss, I determined on delivery, notwithstanding the rigid and undilated state of the uterine mouth. I passed my hand through it fully into the cavity in about ten minutes, turned the child without trouble, and extracted it easily. It was dead. The placenta passed immediately; but the uterus did not contract well. Notwithstanding pressure and cold, a weeping of blood kept on constantly, although it could not be said that the organ relaxed and filled; it was small, but not firm. The introduction of the hand into the vagina and two fingers into the uterus, all that I could pass, did not put a stop to the flooding; at last I sent for an enema syringe, and threw two or three pints of cold water forcibly into the cavity. The flooding instantly ceased, and from that time there was no recurrence. Her recovery was gradual but perfect.

Flooding Before and After Delivery.

Case 37.—On my return from the last case 12.30, April 10, 1843, I found a message just arrived to go to the assistance of a Medical friend in the case of Mrs. P., living in Southwark. She had been attacked with flooding at the end of her eighth pregnancy at 6 a. m.; her attendant was called, and finding labour well established, and the bleeding continuing, he ruptured the membranes. The discharge ceased, pains came on vigorously, and the child was born about 10.30. The placenta passed almost immediately, but as the hæmorrhage returned to an alarming extent he sent for me. I found she had lost a very large quantity of blood, the bed and mattress, as well as everything about her were soaked; she was very pale, and very faint, and had fallen into a state of syncope three or four times since her delivery, and jactitation had come on. She had experienced a great many violent after-pains since the birth of the child, and the uterus was very firm and appeared not larger than it should be: cold and pressure had been used assiduously. Suspecting that the uterus contained a firm coagulum, which prevented its perfect contraction, and which it could not expel, I immediately introduced my hand as far as I could into the cavity, and removed a very firm tenacious coagulum as large as a small orange. From that moment the discharge ceased, as well as the violent pains; she gradually rallied, and recovered rapidly.

N.B.—I have seen a large number of cases in which a dangerous draining has been going on from the uterus for some hours after the termination of the labour, accompanied by faintness and violent uterine contractions, producing intense suffering which is described by the patients as being more unbearable than the strongest labour throes; and I have detailed at length thirteen such cases, remarkably similar to each other, in the two numbers of the *Medical Times and Gazette* for March 26, and April 9, 1853. These cases, unless some part of the placenta has remained behind, depend on a quantity of coagulated blood having collected in the uterine cavity, which gives rise to efforts at expulsion on the part of the uterus. The tenacity of the coagula, however, causes them to adhere strongly to the uterine walls; the contractions, instead of dislodging them, merely squeeze away the serum, rendering the coagula themselves more and more firm, until in time little is left but the fibrine itself. The uterus is as incapable of separating this from its attachment as it would be of getting rid of a portion of adherent placenta; and the introduction of the hand is required for its removal; but as soon as it is taken away, the flooding ceases, the violent pains are put a stop to, and the patient is placed in instant security. I have occasionally observed the coagulum that I have removed to be as white and as firm as the layer of fibrine covering the surface of the clot of "buffy blood."

Placental Presentation.

Case 38.—On June 16, 1843, at 9 a.m., I was sent for by a Medical friend to Mrs. C., Tower-hill, in labour of her third child at full time. She had suffered a slight loss of blood a month before, but there had been no return until that morning at 5 o'clock, when she was seized with a profuse hæmorrhage suddenly; pains soon supervened, and her attendant was summoned. He found the os uteri the size of half-a-crown piece, covered almost entirely by the placenta, but towards the pubes there was a small space unoccupied through which he could feel the head presenting. He immediately ruptured the membranes, and gave the ergot; still the discharge continued and he called for my assistance. When I arrived the os uteri was almost entirely dilated, and its whole disc, except a very small portion anteriorly, was covered by the placenta. The pains were regular, though not strong; she had lost a very large quantity of blood, but had not fainted; there was a copious draining still going on. Immediate delivery was imperatively called for, I therefore turned the child at once; I had some difficulty in extracting the head through the brim, in consequence of want of room; nevertheless there was very little blood lost during the operation. The child was dead. The placenta was soon expelled, the uterus contracted well, and she recovered favourably.

(e) The engraving by permission of Professor Blackie, is from an original photograph.—Ed. *Medical Times and Gazette.*

Placental Presentation.

Case 39.—On August 19, 1843, at 8.30 a.m., a Medical friend called me to Mrs. L., Holloway, at the end of her ninth pregnancy. Two months ago she had suffered an attack of hæmorrhage, though not to any alarming extent, and for the last eight days had had a slight discharge every morning; at 6 o'clock this morning there had been a sudden gush of blood much more considerable than before. I found her faint, though she had never lost her consciousness. The pulse was pretty good; slight pains had been coming on for two hours with a copious hæmorrhage. The os uteri was only sufficiently dilated to admit two fingers as far as the first joint; it was thick and rigid, the placenta entirely covered it, but by a minute examination I could feel a part of the edge towards the left groin, and detected the head presenting. I was told that two days ago a considerable discharge of limpid water had taken place suddenly, which made her believe the membranes had broken, and this indeed proved to be the fact. Notwithstanding the unfavourable condition of the os uteri, I determined on delivery by "turning," I gave the ergot, and with some trouble, I managed to insert my fingers *seriatim* through the os uteri, until I accomplished the introduction of the whole hand. The version of the child's body was easily performed, although the liquor amnii had escaped two days before; very little blood was lost during the operation. The uterus contracted firmly and expelled the placenta. There was no after hæmorrhage, she soon rallied and recovered well. The child was dead and its cuticle was peeling off.

Unavoidable Hæmorrhage—Transverse Presentation.

Case 40.—On October 10, 1843, at 9 p.m., I was requested by one of the midwives to the Royal Maternity Charity to visit Mrs. M., Middlesex-street, Whitechapel, in labour of her seventh child at full time. The midwife had been sent for at 7 p.m. in consequence of an alarming gush of blood having taken place with uterine pain. Feeling the bag of membranes protruded somewhat into the vagina, and the os uteri dilated to the size of half-a-crown, while at the same time a considerable draining was going on, she ruptured the membranes. A hand immediately passed into the vagina. She sent for the nearest District Surgeon, who not being at home, she directed the messenger for me; and thus some time was lost. I found the left arm in the pelvis, the shoulder at the brim, the face looking towards the mother's spine, and felt an edge of the placenta close to the os uteri, which was dilated to the size of a crown-piece. The flooding had ceased on the liquor amnii having been discharged; but the transverse position of the child requiring its version, I introduced my hand, got down the right foot, and turned without difficulty. The child was alive. The uterus contracted firmly, expelled the placenta, the flooding did not return, and she did well.

Unavoidable Hæmorrhage—Perforation.

Case 41.—On January 7, 1844, at 10 a.m., a Medical friend sent for me to Mrs. H., Bartholomew-close, in labour of her eleventh child, near her full time. She was suddenly attacked by hæmorrhage at eight o'clock the previous evening, and fainted; her Medical attendant was called, and found the os uteri quite close, and no uterine action. The flooding continued more or less all night, and early in the morning the uterus began to act. I found the woman faint, and the part of the bed on which she lay literally soaked in blood. The os uteri was dilated to the size of a crown, and soft. None of the disc was covered by placenta, but an edge was to be felt close to it. The uterus was acting very feebly. I immediately ruptured the membranes and gave some ergot. Within two minutes the pains came on very strongly; the os uteri dilated rapidly, and the child's head came into the pelvis. But as the patient continued very faint, I feared bleeding was going on into the uterus; and as the child was dead, and its body putrid, I perforated the skull, and extracted easily. The placenta came into the vagina almost immediately, and with it a firm coagulum considerably larger than a fœtal head at full time. The uterus relaxed, and by pressure another coagulum was expelled about half the size of the former. It then contracted perfectly, and she did well.

Partial Placenta-Presentation.

Case 42.—On February 18, 1844, at 11 a.m., one of the midwives of the Royal Maternity Charity requested me to see Mrs. Q., Bishopsgate-street, in labour of her fifth child, near her full time. At ten o'clock the evening before, while in the street, she was seized with violent flooding suddenly, and the discharge continued to flow more or less copiously till 4 a.m.; nevertheless she did not send for her midwife till pains came on, at nine. When I arrived, at eleven, the os uteri was the size of a shilling, and soft; a portion of its disc towards the back part was covered by the placental edge; a copious draining was going on, but the woman's system had suffered less than might have been expected. I immediately ruptured the membranes and gave ergot; as immediately the flooding ceased, the uterus began to act forcibly, and she was delivered of a live child at 6 p.m., there being no more hæmorrhage. She made a rapid recovery.

Placental Presentation.

Case 43.—On August 22, 1844, at 2.30 p.m., I was sent for by a Professional friend to Mrs. A., Whitechapel-road, the mother of a family, in labour at her full period. She had sustained a large loss of blood, which came on suddenly, and ceased as suddenly, a month before; but had not experienced any return until between nine and ten o'clock this morning, when another copious discharge took place. She must have lost at least two quarts of blood. A chamber vessel was shown to me with a large coagulum at the bottom, the form of the utensil, floating in nearly a quart of serum, indicating the rapidity with which it must have flowed away. I found her recovering from the faint state into which she had fallen, though uterine bleeding was still going on to an alarming extent. The os uteri was dilated to the size of a crown-piece, soft, and entirely covered by the placenta. There were regular pains, but they were feeble. I gave some ergot, and delivered immediately by "turning" with great ease. The child was alive. There was very little blood lost in the operation. The uterus contracted perfectly, and threw off the placenta, but it soon began to relax. The flooding returned; no means that we employed—and every one was resorted to that gave any promise of success—was of the least avail in producing fresh contraction; the organ remained *obstinately* flabby; the blood poured out in an uninterrupted stream; she fainted and rallied, and fainted again; jactitation ensued; the constriction across the chest, which I have before spoken of, supervened, two or three convulsions followed each other rapidly, and she died in an hour and a-half after delivery.

Unavoidable Hæmorrhage.

Case 44.—On October 2, 1844, at 5 p.m., a Medical friend called me to Mrs. J., Wapping-wall, eight months and a-half advanced in her fifth pregnancy. The day before she was suddenly attacked with copious flooding, which ceased in a short time; it returned, however, in the course of the morning of the 2nd, and was still going on in a dangerous degree when I saw her. She did not seem very much depressed, and had not fainted; the os uteri was very high, and dilated to the size of a crown-piece; and the placenta could be felt close to it, though not covering any part, towards the right side and posteriorly. There were regular but trifling pains. I immediately gave some ergot and ruptured the membranes. The uterus soon began to act strongly, the hæmorrhage entirely ceased, and the child was born dead between 7 and 8 p.m. The placenta was soon naturally expelled, and she recovered favourably.

Placental Presentation.

Case 45.—On October 25, 1844, at 3 p.m., I was asked by a Professional friend to visit Mrs. T., Charterhouse-square, at the full period of pregnancy with her ninth child. Five weeks before, she was seized with a profuse hæmorrhage at Boulogne, for which she kept her bed three or four days. She had also suffered two attacks since she came home; but no persuasion could induce her to remain recumbent, or even to keep her room. She rose this morning as usual, and, whilst brushing her hair, a very sudden and violent discharge came on, which induced syncope. It had ceased completely when I arrived; and she had recovered from the faintness. Although the os uteri was only dilated sufficiently to admit the extremity of the finger, I distinctly felt the placenta presenting. It was clear that no means could be taken to hasten delivery at that time; the ordinary anti-hæmorrhagic plan, therefore, was enjoined, and it was agreed that she should be diligently watched. I was called at 3 o'clock p.m. on the next day, and found that pains had come on about two hours, and that a fresh flooding had followed. My friend had plugged the vagina until I could arrive, which considerably mitigated the discharge. On removing the plug, which was soaked with blood, I found the os uteri was dilated to the size of a crown-piece, and soft, completely covered by the placenta. She was not very faint, and the pains were coming on actively. I gave some ergot, and turned the child without the least difficulty. The uterus acted strongly, and the placenta was expelled quickly. There was very little loss of blood during the operation; but bleeding came on immediately the placenta had passed, and persisted, although the uterus, to the hand externally applied, appeared quite as small as it should be, and perfectly hard. Still, nothing arrested the flow. She took more ergot; iced water and astringents were used; I tried to introduce my hand into the cavity, but could only pass two fingers, in consequence of its highly contracted state. Nevertheless, I satisfied myself that it was empty; still the bleeding went on unchecked. I pumped a quantity of iced water into the cavity without avail. I then, seeing that the uterus was so small and firm, contrary to my custom in cases of flooding after delivery, plugged the vagina. This stopped the external flow, certainly, but not the loss from the system; for the uterus relaxed, and its cavity dilated and became filled with blood. On removing the plug the organ again became contracted as before; and she continued flooding without any intermission until she died, within two hours of her delivery. The child was born with animation suspended. It was to some extent restored, but never breathed freely, and soon died also.

N.B.—This was a most disappointing and very inexplicable case. I had no doubt when delivery was effected she would do well; and how it came to pass that she flooded continuously till death, with the uterus firm and perfectly empty, I could not understand. Had there been any difficulty in the delivery I should have thought that I had lacerated some part of its structure; but the facility with which the child was turned and extracted completely negatived such an idea.

Placental Presentation.

Case 46.—On November 14, 1844, at 4.30 p.m., while returning home from another case of labour, I was met by a messenger from one of the District Surgeons to the Royal Maternity Charity, who asked me to go with him to one of the patients, Mrs. L., in Tooley-street, the mother of a large family. Two days before, she was seized with hæmorrhage, which had returned that morning, at the end of the eighth month of pregnancy. My friend had found the os uteri dilated to the size of a crown-piece, entirely covered by the placenta. He had endeavoured to deliver, but had failed; I discovered a large portion of the placenta hanging in the vagina, the membranes broken, and the os uteri almost entirely dilated. Hæmorrhage was going on to an alarming extent; the head presented; the feet were at the fundus uteri; and its parietes were strongly contracted around the child's body. I could not, by any efforts I dared to make, pass my hand as high as the feet. I, therefore, hooked a finger in one of the child's hams, and caused its body to revolve by the purchase I obtained. The child was living, although the woman had lost a great deal of blood. She recovered satisfactorily. The placenta was of a perfect battledore shape.

N.B.—The most fatal cases, by far, which have occurred in my obstetric practice, except where extensive lesions have taken place, are those of flooding before delivery, such as I have detailed above.

I propose to give the cases in which I delivered by the Forceps, from the beginning of 1840 till the end of 1844, as the next series of these reports.

8, Portman-square.

ANEURISM OF THE FEMORAL ARTERY—EMBOLIA—OBSTRUCTION BY SPHACELUS OF THE LEG AND FOOT—AMPUTATION—RECOVERY.

By A. LEITH ADAMS,
Surgeon to the 22nd Regiment.

OBSTRUCTION of the canals of great arterial trunks resulting from injury or disease is not uncommon, and numerous examples, illustrative of different forms of the accident, are to be found in various Medical journals and writings. It would appear, however, that the great majority of cases belong to the first of these two causes; whilst instances of spontaneous embolus by the loosening of an aneurismal clot are comparatively rare. The works of Guthrie, S. Cooper, and other authorities contain numerous examples of the former, while instances of spontaneous obstruction from disease of the coats of the vessel are confined to details of cases spread over the Medical literature of many years. One of the earliest and best Essays on the subject of obstruction of the canals of arteries appeared in 1828, in the *Transactions* of the Medico-Chirurgical Society of Edinburgh, by Professor John W. Turner, who seems to have been among the first to illustrate the pathology of the disease, and give a connected account of its appearances from a considerable number of cases which fell under his observation.

There are few accidents more calculated to excite a lively interest on the part of the Surgeon, than sudden and spontaneous cessation of the circulation in a portion of the body, especially when not shadowed forth by any known or apparent disease of the heart or arteries. Although the subject of this report cannot be considered as an example of that description, he was in such bodily health and vigour, in spite of a small aneurism of the femoral artery, as to be able to perform active military duty up to the moment of the obstruction. So little did the aneurism affect his efficiency, that he never thought it worth while to come to Hospital until the accident took place.

Sergeant H. B., 1st Battalion, 22nd Regiment, aged 36, of spare habit, wiry and muscular, always enjoyed good health, having scarely been a day absent from duty for a period of 18 years. On the 25th of February, 1861, immediately after dismissal from Light Infantry drill, he felt as if something had suddenly given way in the right ham and calf followed by great numbness and a pricking sensation all over the leg and foot. I examined the parts a few minutes afterwards.

From the knee downwards the limb was cold, pale and bloodless, with scarcely any sensation and almost total loss of voluntary motion. He complained of severe cramp-like pains, especially in the calf. No arterial pulsation was observable in the right extremity except at the groin, where the superficial femoral was 60, full and strong. About the opening in the adductor magnus a diffuse tumour was felt, hard and inelastic, and nearly the size of half an orange. The patient stated that during the autumn of 1858 his attention was first directed to the swelling, which was always hard and throbbed a good deal especially during bodily exertion, or when he became in the least degree excited, but that it never gave him the slightest annoyance or concern. The numb and pricking sensations continued all over the leg and foot for the three following days, when the temperature began to rise in the calf, which had now become much swollen, tense and tender.

The ankle and foot, however, remained at the same low temperature and were covered with pale and livid blotches. On the eighth day a red spot appeared on the dorsum; in the course of the following week the lividity of the foot disappeared and was succeeded by swelling and an extension of the lurid red appearance except in the points of the toes and sole, which continued blue and gangrenous. The parts now presented the usual symptoms of mortification advancing to sphacelus; blisters formed on the foot and ankle until the coverings of the heel and portion of the outside of the leg above the ankle began to slough and give out a dark-coloured and offensive discharge. At last a line of demarcation formed across the leg immediately below the calf, and became fully developed on the twenty-second day. The patient, who had hitherto withstood the injurious effects of the disease very well, began to lose strength from profuse perspirations. On the following day, March 19, when he was under the influence of chloroform, I removed the limb by the circular operation at the lower third of the thigh, after a vain attempt to operate under the knee, where the bellies of the gastrocnemius were found in a state of slough, and gangrene spreading upwards and below the external line of demarcation.

The femoral artery was found empty and gaping; in consequence, it was not tied. The parts rapidly healed, and the patient recovered without a bad symptom, owing to an excellent constitution, aided by as indomitable pluck as ever graced a British soldier.

A recent clot was found in the popliteal artery, but its coats were not diseased, neither were those of the arteries of the leg, although it can scarcely be questioned that a portion of the contents of the aneurism suddenly blocking up of the vessel at a higher point was the cause of all the evil.

The aneurismal tumour continued decreasing in size from the date of the accident, and two months afterwards completely disappeared.

There can be no doubt that the practice of operating at an early period in spreading gangrene, although sanctioned by names such as Larrey, Guthrie, Brodie, etc., is not always a safe, and possibly not a judicious procedure. Mr. Fergusson's experience of early amputations under like circumstances is particularly disastrous. He says, "I might possibly, in future, resort to a similar practice, but should feel greatly inclined to wait for a line of demarcation."

If amputation below the knee had been performed in the sergeant's case on the sixth or eighth day, when the foot showed evident symptoms of spreading gangrene, would the subsequent appearance of the disease in the calf have been averted? As far as one can reason from a solitary example, it appears to me that nothing is gained, and a great deal is at stake, by the Surgeon's early interference in such cases. On the other hand, by waiting Nature's indications, and amputating when a line of separation has formed, it would be difficult to conceive a case of *sphacelus from sudden and spontaneous obstruction of the arteries of a limb* where such a plan of procedure would be unjustifiable.

Malta.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Assistant-Physician to the Metropolitan Free Hospital.

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ST. BARTHOLOMEW'S HOSPITAL.

NOTES TAKEN OF A CLINICAL LECTURE,

Delivered January 25,

by Mr. JAMES PAGET, Surgeon to the Hospital.

The Use of Chloroform in Straightening Contracted Joints.

In to-day's Lecture Mr. Paget adverted to the practice of straightening stiffened joints, the patient being under the influence of chloroform. There were, he said, two classes of cases. In one this method was adopted to rectify deformity, in the other to prevent it. In the latter when the disease was still in progress, and in the former when the effects only remained. We should, however, be careful not to attempt this in cases in which there are signs of acute inflammation, nor in cases in which the patients had been found liable to recurring attacks of inflammation. In cases, also, in which the joint contains fluid, or in which the skin is firmly bound down over it, this plan should not be tried. In those in which active disease has terminated, there might be distinguished two kinds of cases. First, those on which stiffness depends on effusion and adhesion of the ligaments and tendons external to the synovial membrane. Of this a good example was then in Darker Ward, one in which the success of the treatment was well shown. The other and more common class of cases was those in which changes had taken place in the true joint itself. In these cases it was true that gradual extension would obtain the same end as the forcible extension under chloroform; but the great length of time taken up, (months, or even years,) was a great drawback to it.

The cases in which forcible extension should not be tried, Mr. Paget recapitulated, were :—1. Those in which the inflammation was apt to recur. 2. When the change had been of very long standing. 3. When there was a strongly-marked diathesis (strumous, syphilitic, etc.) 4. When the skin was involved and adherent over the joint—soundness of skin being an essential condition.

There were other cases in which from rigid muscles a joint would be contracted,—there being no affection of the joint itself. This occurred after a blow on a joint, which, however, did not produce any inflammation, or in cases where the bone near a joint was fractured, without, however, producing any disease of it. In these cases, under chloroform, the contractions were reducible almost by simple extension, no force being required.

In cases of old-standing dislocation, when reduction was otherwise impossible, it was justifiable to attempt reduction by violence, the patient being under the influence of chloroform.

Phosphorus Necrosis.

Mr. Paget then spoke on the subject of phosphorus necrosis of the jaws, in reference to two cases then under his care,—one of the upper, and another of the lower jaw. He first read Mr. Vernon's report of the case of necrosis of the lower jaw. The patient was twenty years of age. He was admitted at first, under Mr. Stanley's care, in November, 1860. Except for the disease for which he was admitted, and which began three months before admission, he had generally had good health. His occupation was that of a wax vesta maker. The first symptom he had was toothache. The tooth was drawn, with relief to the pain, but a week later a small piece of bone become bare, and the disease then, without pain, extended rapidly, the teeth of the lower jaw becoming loose. When admitted, his face was swollen and œdematous-looking; his teeth loose, and there was a profuse purulent discharge. The patient was a long time in the Hospital, was well fed and cared for, but the operation was deferred as he had disease of the aortic valve. It was not considered wise to give him chloroform, and it was doubtful whether he could bear so severe an operation without it. In this opinion Mr. Paget then agreed; but as the man had not materially improved, and as the patient was evidently suffering very much, it became a question whether it would not be well even to run the risk of chloroform. Mr. Paget, therefore, a few weeks ago, operated. He removed the whole of one half, and a considerable part of the other.

The next case, reported by Mr. Southam, was one of singular interest, from the unusual manner in which the exposure to the fumes had taken place. The patient was a man aged 34, whose business did not in any way bring him in contact with phosphorus. He had never had syphilis, had not taken mercury, and had, until his present illness, always been healthy, except that he had suffered much from "nervousness." He had, it seems, attended some popular lectures on nervousness, and heard that phosphorus was "good for the nerves." He was told, at the same time, how to prepare it. He was to distill phosphorus into a jar of water. He did this very assiduously, and was in consequence very much exposed to the fumes of phosphorous acid. After three or four months the first symptom, toothache, appeared. One tooth was drawn, and he soon after had discharge from the socket. He soon lost all the teeth in his upper jaw, and had discharge from all the sockets. On the appearance of this symptom he took the phosphorus solution more assiduously than ever. He was admitted, under Mr. Paget's care, in November last. He then had profuse discharge, much swelling of the face, separation of the mucous membrane of the jaws and palate, and great loss of health. There was then no healthy boundary to the necrosis, and he was, therefore, persuaded to leave the Hospital for a time, in order that the dead bone might be more completely separated. He has recently returned with the change anticipated, the right upper jaw being quite loose, and the left nearly so.

In this case there was a special interest in the fact that it was an exception to the almost absolute rule that the disease only occurred in lucifer-match makers. Lucifer-match makers were hard worked and were kept in a bad atmosphere, and to this, and not to the phosphorus, some had attributed the disease. Anyone long enough exposed to the fumes of phosphorus suffered from necrosis of one or both jaws, and the majority employed in the manufactories suffered at one time or another from this disease. But there were certain conditions which were necessary before a person became liable to suffer. So long as the mucous membrane was intact, and the teeth sound, there was no mischief. This had been carefully ascertained, and was quite certain. In one of the large German manufactories it had been found that if the workmen had broken or decayed teeth, gumboils, or anything which bared the periosteum, they became liable to suffer, and this was confirmed by experiments on animals. It was found that if healthy rabbits were kept in a chamber into which the phosphorus fumes were admitted, no disease of the jaws followed. If, however, their teeth were broken, or if in any way the periosteum were exposed, then they began to suffer. Thus, then, it may be accepted as a well-ascertained fact, that unless the phosphorus fumes come in contact with the periosteum, the disease is not produced.

The manner in which the fumes produce necrosis is also singular, unlike other caustics, as for instance nitric acid. It does not act merely locally, destroying what it touches, but it seems to affect more or less the neighbouring bone—part of it, or in time, the whole of it. There is no other substance which, when locally applied, seems to produce results over so large a space. Not unfrequently it would thus destroy the whole bone attacked, beginning first at a single point of bared periosteum, as the socket of a tooth after extraction. In this peculiarity of action, it appears to resemble less a mineral than an organic poison.

So far as has been at present ascertained, no bones except those of the upper and lower jaw have been attacked. Although of course, now and then, there must have been, as from accidental strumous disease, exposure of other bones to the fumes. The contiguous nasal bones never suffered, at least not primarily, but sometimes as a sequence to disease of the jaw bones. This curious choosing of certain structures shows that these bones have distinctive peculiarities, for which, by comparison of their texture with other bones, we cannot yet account. It was just as difficult to tell why mercury should affect the jaws more than other bones. It is the more difficult to explain why these bones should suffer from mercury and phosphorous acid, as they are not liable to be affected by organic diseases, as syphilis or gout.

In reference to the way in which the necrosis was brought about, Mr. Paget said that inflammation of the periosteum was the first step. He showed a specimen in which new bone had been deposited at many points, as a result of this process. This was a constant first effect, and new bone was always to be found, more in the lower than in the upper jaw. In a few—very few—cases the disease would stop here. Generally, however, the result was necrosis of the whole of the affected bone, and that, too, of the new bone as well as the old.

In the case of removal of the greater part of the lower jaw (the first case related), the periosteum of the remaining part of the bone was inflamed, and probably to some extent the necrosed bone might be replaced by new bone.

In a case of phosphorus necrosis, it was difficult to say, when once begun, how it would end. In some a limited part of the bone would separate, but in others the whole substance of the maxilla would become necrosed. Mr. Paget had observed that the patients were much disordered in health, but he would not venture to say that there was a special cachexia in this disease. There was, however, much more cachexia than was usual in local disease to that extent. The patients were peculiarly pale, sodden-looking, and exceedingly feeble. They were not thin, but looked as if the blood were deficiently red. There was generally also some bronchitis. It was a matter of inquiry whether the phosphorous acid acted as a poison in the blood—the necrosis being the local manifestation of it.

An important question was, Could the disease, by proper care, be entirely prevented? In some conditions of perfect ventilation, and great care as to the condition of the mouth in those exposed, no doubt it could. Since 1847, in the manufactory at Nuremberg, only one case had occurred in fourteen years. This improvement was due to perfect ventilation, great cleanliness, and inspection of the teeth. It is whilst dipping the matches that exposure to the fume occurs. It is necessary that the fumes should, as much as possible, be blown away from the workman. No one with broken teeth, gumboils, etc., should be allowed to work at dipping the matches.

The allotropic phosphorus does not fume, and thus, so far as the health of the workmen is concerned, it is better. It is, however, more expensive, and more liable to take fire. It is to be regretted, Mr. Paget said, that similar regulations to those in the German manufactories are not adopted in England.

In treating this disease when established, we ought of course to advise removal from the influence of the fumes, fresh air and good diet, and thus hope to limit the necrosis. Is it advisable, when the necrosis is limited, to cut it out? Mr. Paget believed it was; but it was necessary to be cautious in taking for granted that the necrosed part was the only part diseased. There might be periostitis, the earlier stage of the disease, beyond, so that by the removal of the necrosed bone it is not clear that we should relieve.

After removal in these cases, the repair is very remarkable. In the case of the boy in Darker Ward there was a very large quantity of new bone in the position of the ramus and body. Mr. Paget said that he had seen no case in this disease in which death had occurred, but it would sometimes prove fatal by exhaustion and the supervention of phthisis.

Case of Disease of the Hip-joint in an Early Stage—Death from Typhoid Fever—Examination of the Joint.

One of the cases in which he had employed chloroform for straightening the hip-joint, a boy in Darker Ward, had died of typhoid fever. The case was an ordinary one of disease of the hip-joint, but being in an early stage, the specimen was a very valuable one, as it was rare to have an opportunity of seeing the early changes of disease of this joint; generally when an opportunity is afforded of examining it, the disease was very far advanced. Unfortunately, there was no complete history of the case. The symptoms were not unusual, and as the accidental termination of the case could not of course have been anticipated, no special notes had been kept. The boy had, it was said, suffered several months before admission. The limb was contracted chiefly from muscular rigidity, and when the boy was placed under the influence of chloroform it dropped nearly straight. A splint was then applied. The boy went on well, had no pain, and was recovering, when he was attacked with typhoid fever, and died in forty-eight hours. Mr. Paget showed the intestines, in which the usual characteristic appearances were well marked. The heart also was malformed, there being an opening in the septum between the auricles; there was, too, strumous disease of the kidneys. The joint showed the disease in a stage in which it was exceedingly rare to have an opportunity of seeing it. It showed also that at this stage the disease was being arrested. During life there was apparent shortening to the extent of two inches; but this was all apparent, and due to inclination of the pelvis. On opening the joint, about six drachms of a turbid rust-coloured, serous fluid, containing flakes of lymph, escaped. There was no pus; the capsule was sound, and there was no trace of ulceration. The synovial membrane over the capsule was almost healthy. There was a little lymph on its inner surface, and it had a pale, pinkish, rust colour, like that of a synovial membrane recovering. The stress of the disease had fallen on the articular end of the femur. It is held that in disease of joints, the synovial membrane may be first attacked, and then the diseased process spread to the cartilage, or *vice versâ*. Here probably, if one more than the other, the disease had begun in the end of the bone—in the proper articular layer of bone covering the cancellous texture. In a large number of cases in which ulceration of the cartilage was said to have taken place, it was really disease of this layer of bone to which the cartilage is fixed. The cartilage is not destroyed, but separated. Just as in suppuration and inflammation of the hand the cuticle is not destroyed, but is separated, so in the disease of the joint the cartilage is separated by ulceration of the bone beneath it. This layer of articular bone thus attacked has no blood-vessels and no Haversian canals depending for their nourishment on the cancellous bone, and is consequently worse nourished. In the specimen exhibited, the cartilage was detached, and the bone underneath was covered by vascular granulations.

WALSALL UNION WORKHOUSE INFIRMARY.

CASE OF HYDATID IN THE BRAIN.

[Communicated by Dr. Burton, Medical Officer to the Walsall Union Workhouse.]

Rachel B., aged 20, was admitted into the Workhouse Infirmary, on January 17, 1859, with primary venereal sores. Not choosing to remain until quite cured, she left the House whilst still under treatment, which consisted of confinement to bed, diet, cold lotion dressings, and mercury, short of salivation.

Re-admitted February 28, 1860.—The venereal sores quite healed; has had no other primary or secondary venereal symptoms; complains of having a cold (ordinary catarrh), and she left the House on March 8 apparently in perfect health.

Re-admitted, April 2.—She appeared ill, and looked heavy and dull; pulse normal; tongue tolerably clean, pale; states that she would be quite well but for a constant vomiting of "every morsel" she takes. Bowels move regularly without medicine; condition good, *embonpoint*; no urinary or uterine derangement. To have arrowroot diet, trisnitrate of bismuth, magnesia, and tragacanth powder, creasote and hydrocyanic acid. Opiates, lime-water and milk, with repeated mustard poultices over the epigastrium, did not in the least relieve the vomiting, and after four or five days there was superadded to it a violent and pungent headache, never intermitting, but occasionally in the twenty-four hours for a short time much increased, preventing sleep. She describes the pain as "all over her head," but more acute and shooting in the frontal region. Pulse now became more rapid, and a distinct febrile condition set in; the pupils were unaltered, and not peculiarly sensitive to full daylight (*i.e.*, she bore a full light without a complaint); "she could sleep if not prevented by the headache," and can "eat, but nothing will stay on her stomach;" no delirium; bowels regular. To have cold applied to the head, blister to the nape of the neck, five grains blue pill three times a-day, and fever mixture, with three grains of iodide of potass every four hours; continue the bismuth, etc. After persevering for eight or ten days with this treatment, she improved materially; vomiting ceased, could take food, headache abated, and was interrupted by intervals of several hours; she slept well at those times, and, on the 29th, she was discharged apparently quite well.

About May 28 she is reported to have "had a fit" and fallen from her chair; and on June 7 she was re-admitted, complaining of a return of the vomiting for the last four or five days, but had neither any headache or constitutional disturbance which I could detect. Pulse natural; no heat of the surface; no alteration of the pupils; no paralysis; appetite good, but vomits everything; to be put to bed; sinapism to epigastrium; to repeat bismuth, etc.; arrowroot diet.

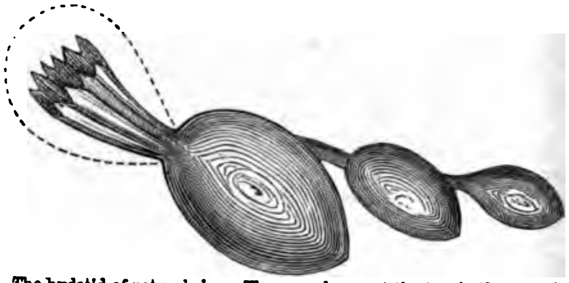
On the 8th (morning) she complained of a return of the headache "just the same as it was before." Blister to the nape of the neck; cold to the head; repeat the blue pill and iodide of potass, with cold, evaporating lotions to the forehead. At 7 p.m., the blister having risen well, she says the pain is unabated, and that "she feels as if she was going to become an idiot." At 9 p.m. she appeared to the nurse who visited her to be in a tranquil sleep, with her head resting upon her hand; the cold cloth had fallen off, which the nurse replaced and left her for the night. In the morning she was found in the same position, dead, the patient in the next bed, who was much awake in the night, stating that she observed no struggle.

My impression (keeping in view the previous history of her symptoms, and her notorious salacity) of the case was that she had syphilitic disease in the brain, and the success of the mercurial and iodide of potash treatment seemed to sustain that impression. But, as it was not at all improbable, owing to her habits out of the House, that other causes might have been in operation, I deemed it advisable that the Coroner should be informed of the case. He held an inquest, and ordered a post-mortem examination, of which I append the notes taken at the time (June 12).

Autopsy.—The body plump and well-formed; no mark of injury except cuticle of the nape of the neck abraded by the blister. The interior of the scalp was dotted thickly with dark blood specks. A purple stain, about two inches wide extended across the top of the skull, from ear to ear; this seemed to arise from blood congested in the bone; the rest of the calvarium was of normal aspect. Upon removing the top of the skull the dura mater appeared gorged with blood, and was most loosely attached to the bone, separating with the utmost facility. Although the bone itself appeared compact and sound, the whole brain venous system was distended with dark blood, but no positively inflammatory traces could be found upon its surface, or that of its investing membranes. About ℥iv of sanguinolent serum was collected from the cavity of the skull. Upon making a section of the brain, and opening the ventricles, there were found ℥ij of limpid serum, the choroid plexus small and very pale, the fornix and floor of the ventricles soft, and this softness was more apparent in the right hemisphere, extending backwards, involving the right thalamus, corpus striatum, and pons Varolii. Upon proceeding to examine the crura cerebri and cerebellum, a cavity containing a four-lobed hydatid was opened, and lay partly in the right crus cerebri, cerebellum and upper part of the spinal marrow being covered in at the upper part by the pons Varolii, and softened tuber annulare, which it also, to some extent, excavated. One or two septa of brain-substance appeared to have divided this cavity to a greater or less extent. It had no interior lining, but was smooth and pulpy and of the natural brain-colour.

Note.—This girl was of a respectable operative family, but gave herself up unaccountably to the indulgence of her salacious temperament, although not otherwise vicious. She was of a good temper and obliging disposition, not rude nor boisterous, but of quiet and inoffensive habits. Could the peculiar location of this cysticercus have any weight in determining the erotic habits of the girl?

She was in the habit of eating raw and imperfectly cooked sausages and salads freely and frequently.



The hydatid of natural size. The membrane at the top is the remains of a lobe which was cut in the dissection: the connecting processes were pervious, as the whole of the fluid contents of all the lobes escaped by the cut part. The white spot on the larger lobe is an aborted Scolex.—*Vide* Von Siebold on Tape and Cystic Worms, Sydenham Society's Translation, 1857, page 53, fig. 28.

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SATURDAY, FEBRUARY 15.

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HUXLEY ON FOSSIL MAN.

Whether Palæontology will ever throw any real light on the origin of man, is a question on which at present it would be unwise to speculate. But that it has hitherto failed to do so, and that recent discoveries have not made elucidation more probable, was shown by Professor Huxley in a Lecture "On Fossil Man," delivered at the Royal Institution, on Friday, February 7. As the subject is at present attracting considerable attention from the scientific public, we present our readers with a short *résumé* of the more important points in Mr. Huxley's Lecture.

Mr. Huxley commenced by drawing attention to the casts of two skulls, one of which he characterised as the most ancient, the other the most degraded cranium known. The former was the Engis cranium described by Professor Schmerling, discovered in a cavern near Lüttich; the latter was the Neanderthal skull, found in a limestone cavern in the gorge of the Neanderthal near Hochdal, between Düsseldorf and

Elberfeld. In using the word "degraded," he only wished it to be considered as a relative term. The lowest development of the cranium was not really a mark of degradation. He then referred to diagrams of the skeletons of the Bushwoman, Gorilla, Chimpanzee, Orang, and Gibbon (*Hylobates*), and drew attention to the fact that their crania differed not only in absolute capacity, but also in the proportion which the brain case bears to the face and jaw, and in the development of the supra-orbital ridges. He said that the lower species of Quadrumana differ from the higher as the higher do from man. He then alluded to the division of human crania into dolicho-cephalic and brachy-cephalic—long-headed and short-headed. As types of these two varieties of crania, he adduced the West Coast African negro and the Turk. The typical cranium of the West Coast African negro is long and narrow, its transverse measurement being only six or seven tenths of the longitudinal, while the side to side diameter of the Turk's skull is as much as eight or nine tenths of the fore and aft measurement. The facial angle of the skulls also was different, owing to the projection of the jaws in the Negro: the dolicho-cephalic skull was prognathic, while the brachy-cephalic skull was orthognathic. The most striking developments of these diversities were associated with the greatest differences of climate and situation. If a line be drawn from the centre of Russian Tartary to the Bight of Benin, the north-eastern extremity of the line would represent the centre or pole of the brachy-cephalic orthognathic variety, the south-western would be the centre of the dolicho-cephalic prognathic type. The centre of Russian Tartary was distinguished by an arid climate and great diversities of heat and cold, and presented the strongest contrast with the hot, moist, reeking swamps of the Western Coast of Africa. Now, in whatever direction we diverge from these dolicho-cephalic and brachy-cephalic centres, we find the type beginning to fade and to pass into the opposite. Thus, diverging from the brachy-cephalic pole, if we pass eastward into China, we notice the population becoming more dolicho-cephalic and prognathic; if we travel northward to the Aleutian Islanders, Esquimaux, and Greenlanders, we observe them more or less long-headed as compared with the Tartar type. The same divergence of type is seen on leaving the dolicho-cephalic centre; the peculiarities of the Western African cranial conformation gradually subside and approach in proportion the other type. Another line drawn across the centre of the former from the British Islands to India would mark a population whose skulls may be said to be oval, presenting a medium between the dolicho-cephalic and brachy-cephalic conformation. The question now presents itself, Has this geographical distribution of type been always the same? Have these races of men been stationary in the regions which they now inhabit, or have successive races of different cranial capacity and conformation succeeded each other? In Africa, Central Asia, the Pacific Islands, and Australia, investigation has hitherto discovered no data from which an answer can be given to these questions. Neither in America are there many facts on which an inference may be founded, but it would appear that the mound builders—the extraordinary people who formerly inhabited the valley of the Mississippi were more round-headed than any of the existing American races. Europe has been the scene of the greatest discoveries in the history of the past races of men. If we commence with the Roman era we find a people inhabiting the North of Europe probably of Scandinavian origin, who were workers in iron; they were a dolicho-cephalic race. Preceding them was another race of long-headed people who were workers in bronze, and who possessed domesticated animals. Earlier still was a race of rude people who were workers in stone; they had no tame animals, their weapons of warfare and the chase were made of stone, but the edges of their stone axes and arrow-heads were not chipped, but ground. The warrior was buried sitting upright, and by him was found the stone axe, which was to be his companion in his Elysium. Now, these people had rounded crania. In skulls of this period discovered in Denmark, the forehead was flattened, the nose prominent, but the contour of the face was orthognathic. What period of time is represented by the advent and disappearance of these races we cannot tell, but we may, perhaps, form some approximate idea of their chronology from the fact that the duration of each race in Denmark appears to correspond with a separate stratum of vegetable deposit in the peat bogs of that country. The uppermost stratum in the Danish peat bog is formed of the remains of beech trees, identical with those which flourish there now. This stratum corresponds to the remains of the iron period. The next layer consists of the massive trunks of oaks, whole forests of which have grown, flourished, and been there buried. Bronze remains distinguish the oak period, they are not found below it. But below the oak stratum there is another formed of the remains of pine forests, with this the memorials of the stone era correspond. In the peat below the pines, no human remains of any kind occur. The fauna of the stone period did not differ much from the existing, a few species then living have since become extinct, such as the European buffalo, and urns, but in most instances they were identical. The same is true of animals which supplied food to the people who at a remote period constructed the lake huts of Switzerland. But before the stone era, there was a time when the relations of land and water were not the same as they now are, when rivers ran through channels, which are now high and dry, elevated far above the level of the sea, and formed the depositories of the bones of the fauna of that period. Some of the present species existed then, but they were associated with the mammoth, the tichorrhine rhinoceros, the hyæna, the cave bear, etc. Where at this time was man? His existence is proved by the flint weapons, not ground but chipped, which have been found in the valley of the Somme and elsewhere, in beds of sand and gravel associated with the remains of *Elephas primigenius* and other extinct species. But before these discoveries there was extant undeniable evidence of his existence in the cranium discovered by Schmerling in the Cavern of Engis, near Lüttich, together with fossil bones of the above-named animals. In cranial capacity this skull presents nothing very remarkable. It is dolicho-cephalic, not badly shaped, with a fair forehead, moderate supra-orbital ridges, but the external occipital ridge is not overhung by the vault of the cranium above it. This skull was described by Schmerling as a degraded one of negro type, although Isidore G. St. Hilaire had declared it to be a fair skull of European conformation. Both descriptions were right; the difference only arose from looking at the opposite sides of the shield, for the Engis skull very nearly corresponds with both an African and English skull in the Museum of the College of Surgeons. The low development of African crania in that collection was quite equalled by the skull of a Celtic Scot in the next case. The skull found near Dusseldorff in the Neanderthal cave was the most degraded cranium extant. The forehead was remarkably low, the development of the supra-orbital ridge very great. It was found in a deposit of mud, four or five feet thick, with other bones of the skeleton. Its great antiquity was not directly proved, although its date was undoubtedly very early. Did the Engis and the Neanderthal crania belong to different races? At first sight it would appear so, although they were found not much more than a hundred miles from each other. But the question can only be answered by an investigation of the range of development in an unmixed race. The natives of Australia are a pure race; they present no trace of admixture or hybridity. What is the range of development in the Australian? In the Museum of the College of Surgeons there are Australian skulls which closely correspond in configuration and development with those of the caverns of Engis and the Neanderthal. Palæontology has hitherto told us nothing as to the origin of man; that has yet to be searched for low down in the pliocene, miocene, or even eocene formations.

The present teaching of Palæontology, then, with regard to man is, that he was existent in the post-glacial period of the latest or pleistocene era. That his congeners were the extinct elephants, rhinoceroses, hyænas, and cave bears, who wandered at that time over Europe. It seems probable that their extinction was expedited by his means. The man of that period did not, however, present any remarkable differences in cranial conformation from pure races of savages existing in the present day. It is a question which has yet to be answered, whether his co-existence with the great mammals of the post-glacial age may not necessitate some modification in our estimate of its remoteness, rather than a removal of the origin of man to an immeasurably distant epoch,—an hypothesis at variance with all that is known of the early history of arts, civilisation, and literature.

THE WEEK.

ALLEGED PRODUCTION OF ABORTION BY BELLADONNA.

A PRINTED statement has lately reached us respecting a case tried at Sydney in February, 1856, which, if the account given is to be relied on, demands notice. Although of some interest in a Medico-legal point of view, we should not, after so great a lapse of time, have thought it necessary to call our readers attention to the subject, were it not for the apparent injustice of the verdict. We can hardly believe that the sentence is still unrepealed, but such was the case in February last. Information has reached us that a suspicion existed that the prisoner had been implicated in a questionable manner in some practices relating to life assurance, and on this account a strong feeling is said to have been entertained against him. The charge, however, was that he had criminally attempted to procure abortion. On this he was tried, found guilty, and sentenced to hard labour on the roads for a period of ten years. The circumstances, as we have received them, were these:—Dr. F. Beer, possessing a Medical diploma from the University of Zurich, was called, on February 10, to attend a Mrs. Brown, who was at the time pregnant. He found her suffering from spurious labour pains and considerable irritation of the rectum, which he attributed to the existence of a stricture. He prescribed for her a course of suppositories, each containing five grains of the extract of belladonna. It does not appear how many of these suppositories were administered; but on the 19th of the same month criminal proceedings were instituted against Dr. Beer on the ground of his having prescribed the suppositories of belladonna with a view to procure abortion. Upon this charge the jury found a verdict of guilty. The evidence in support of the accusation on the part of the patient was transparently absurd, whilst that advanced by the professional men who were examined was, to say the least, extraordinary. One of the Medical witnesses asserted that belladonna was "just such a medicine as would have produced abortion." Another said that "it would have a greater action on the child than on the mother," and a third favoured the jury with a disquisition on the *modus operandi* of the drug to this effect,—"The first effect by belladonna was by absorption. The second effect was on the nerves, producing contraction; she (Mrs. Brown) described her symptoms as first feeling heaviness and afterwards contraction of the womb. The third effect was on the mucous membrane of the stomach. In a low circulation it would absorb slowly. In a case of pregnancy it would take half an hour." On what toxicological authorities these gentlemen founded their opinion as to the effects of belladonna on the gravid uterus we are not informed. The propriety of the treatment was not the question. The dose, although undoubtedly larger than is usually given in England, was not larger than has been sanctioned by some writers of reputation. Its activity would, of course, depend on the preparation of the extract, and we can quite believe that the chemist who dispensed the prescription spoke the truth when he affirmed that he had frequently made up similar prescriptions for Dr. Beer, and had never heard of bad consequences. Nor in this case did any arise, for the evidence of the woman did not relate a single pathognomonic symptom of poisoning by belladonna; her child was born alive and lived six weeks, and she herself a year afterwards was alive and well. The circumstances of the case were laid before Sir Benjamin Brodie, who, in a letter appended to the Report, remarks: "I cannot have the smallest hesitation in saying that both the charge and verdict are utterly absurd. I can understand that Dr. Beer might have prescribed belladonna with a view to prevent premature labour, but I cannot suppose that either he or anyone else should dream of prescribing it for the purpose of procuring abortion." Yet, on this charge and verdict a Swiss Physician in a British Colony was sentenced to ten years' punishment. The whole account, supposing always that the version which has reached us is a true one, gives an unedifying picture of the state of Forensic Medicine in Sydney in the year 1856.

WELLS *v.* WEBBER.

WE publish to-day a full report by a short-hand writer of a trial which has been reported at less length in all the London newspapers. If any apology were needed for giving at such length the report of a trial which offers many points of great interest to the Profession, we might say that it was on account of the independent and conscientious exercise of his judgment when Editor of this Journal, that Mr. Spencer Wells drew upon himself the bitter animosity which led to the publication of the libel which was punished in so exemplary a manner last Saturday. We are not disposed to enlarge further upon this trial; but we must offer one other word of caution. The Judge said that the *remarks* appended to the libel by the Editor of the Journal in which the libel appeared, were "very proper." Perhaps they were so; but it is for the Profession to decide whether his *conduct* was "very proper," when he published a libel which he himself was obliged to accompany by a statement of his conviction of its falsity. One other point is also worthy of notice. The Council of the College of Surgeons were complimented by the Chief Justice for the promptitude with which they called upon Mr. Wells to reply to the charge brought against him. We trust that this may be accepted as a proof that the Council recognises its duty to inquire into the conduct of such of its Fellows and Members as are accused of acts derogatory to their order.

WINDSOR DRAINAGE.

MR. JOHN ROE, the well known engineer has made a Report on the Sewers of Windsor, in which he says, that they are as perfect as any sewers can be, inasmuch, as they carry away whatever passes into them, and allow of no deposit. "It is," he says, "impossible that any evil can arise to any of the inhabitants of the Castle from the drains or sewers; and I may add that I know of no two separate and distinct systems of drainage more perfect than those belonging to the Castle and town of Windsor." Nevertheless he advocates an additional mode of ventilating the sewers by means of tall ascending shafts, and recommends the ventilation of the house-drains on Mr. Lovegrove's principle. "In passing through the town," he adds, "I observed that where the landlord had done his best to keep his property in good order externally, and to whitewash inside the houses, the inhabitants, as a rule, were neat and cleanly in their persons and habits, and within their dwellings there was exhibited that degree of comfort which induces a labouring man to enjoy his own fireside after the labours of the day;" and there were no nuisances in the shape of dirty closets, etc.

MORE NICE THAN WISE.

Last August, a Mr. Wheeler, of Windsor, started a scheme for an out-door *fête* for the benefit of the Windsor Infirmary. Captain Bulkely liberally granted the use of his grounds. The *fête* was well attended; between three and four hundred well-conducted persons enjoyed a few hours of out-door sports including donkey-races, tight-rope performances and dancing, and £50 were handed over to the Infirmary. But some members of the Committee (although they accepted the gift) refused to acknowledge the name of the donor, having doubts whether they were justified in accepting assistance from such a profane source. It is pointed out, however, as a disagreeable fact by the Editor of the *Windsor and Eton Express* that whereas twelve church collections yielded only £117 19s. 1d. to the funds of the Infirmary, the *fête*, some amateur theatricals and the races, yielded £100.

WINCHESTER AND NEW YORK.

"We do not wish our institutions to be Americanized. We do not want the control of public affairs taken from educated and disinterested persons, with no feeling of responsibility, and no sense of shame, and thrown into the hands of a mob, without knowledge or honour to deter them from selfishness and jobbery." Such are the words of thoughtful politicians, when we read of the baneful effects of mob government on the other side the Atlantic. Strange is it how all measures for really benefitting the masses of the population are repudiated by so-called democratic reformers. The persons into whose power the accidents of mob government have thrown the control of municipal affairs, have succeeded seven times, as the *American Medical Times* informs us, in defeating every measure of sanitary reform in New York. Still there is an earnest band of citizens who appeal to them year after year, and who are determined first to wrest the municipal power from the unwholesome hands into which it has passed, and then to begin and legislate against the prevalent sources of pollution and death. Near home, we may see in Winchester a specimen of a thoroughly Americanized city. A memorial was presented to the Town Council on the 6th inst., praying for an inquiry into the state of the sewerage. This memorial, signed by 519 householders possessing by far the largest portion of the rateable property in the borough, was accompanied by a letter from Dr. Crawford, urging the necessity of a survey of the town as a preliminary step.

"The cost of such survey," says Dr. Crawford, "need not, as Mr. Rawlinson informed us, exceed £50, or a single farthing in the pound on the rental of the borough. But, if the Council should have doubts or misapprehensions on that point, I am ready, in conjunction with the Dean of Winchester and the Warden of the College, who kindly desire to share the responsibility and rely on the support of the committee whom I represent, to guarantee that the expense of the survey shall not exceed the sum mentioned, and further, if it prove that the sewering of the town would exceed Mr. Rawlinson's estimate, so much that the Council shall on that account refuse to carry it out, we will undertake to pay the whole of the costs of such survey."

"In conclusion, Mr. Mayor," continues Dr. Crawford, "I trust I may be permitted in my own person as a Physician, having had more than forty years' intimate knowledge of the city, to express my deliberate conviction that the health of many of our fellow-citizens is being continually undermined, and the lives of not a few absolutely sacrificed by the want of proper drainage. Whilst many other towns have been making great efforts to improve their sanitary condition, Winchester has stood still. Though capable of being rendered, as it were, a Sanatorium, to attract strangers from far and near, it has been sinking in repute as a place of residence. Our College, so famed throughout the land, has suffered severely from this cause, and as a further warning to us to set our houses in order, it has been determined to remove the County Hospital out of the city, a measure which is calculated to lower the value of property within our bounds, and one which would never have been proposed if the sewering of the town had been an accomplished fact. I trust, therefore, that every member of the Council, acting as a guardian of the public health and property as well as the public purse, will feel it individually to be his solemn and responsible duty to give the memorial his most earnest consideration."

When we state that the proposition to entertain this scheme for a gratuitous survey was rejected by the Town Council by a majority of seventeen to seven, it is evident that Winchester is sufficiently Americanized for the present, and that the educated class of inhabitants had better bestir themselves to get the Municipal authority into better hands.

ALLEGED NEGLECT BY A POOR-LAW SURGEON AT MANCHESTER.

On Saturday, December 28, a poor woman was accompanied by a relative to the house of Mr. Bompas, Medical Officer of St. Jude's district, Manchester, for Medical advice. Mr. Bompas, it seems, was not at home, and did not see the poor woman nor call on her. If she had been a duchess, she would have sent the same evening or next morning, suggesting that the Doctor had probably forgotten her, and begging him to come without further delay. Not so the pauper. She remained grumbling, and "so ill that her friends thought she would die," till the seventh day, before she sent to remind Mr. Bompas; and a month later brought an accusation of neglect, which procured for him a censure of the Manchester Board of Guardians and a recommendation to resign. He gives the following explanation in a letter to one of the local papers, and we may claim for him the same allowance which would be made for any other man engaged in a multifarious and distracting occupation if he chanced to omit some one of the details of his business:—

"I received, on December 28, an order to attend Julia Barnes. I saw a person who answered to her name, inquired into her case, and supplied her with medicine, and duly entered her name in my Medical relief book as having been attended to. Six days afterwards, a person called upon me, and told me that the case had not been seen. On looking over my book, I said I had seen her and given her medicine on the Saturday previous, but that I would call. On doing so, I found that I had been deceived as to the person. On Saturday last (five weeks after the date of the note), I was summoned to attend the Office Committee,—no intimation having been given me whatever that any complaint had been made against me in this case. A paper was read to me, setting forth the complaint in full, and I was asked, on the moment, to reply, no opportunity having been allowed me to consult books, or to endeavour to recall the circumstances of the case. It is manifestly impossible, when one is attending thirty or forty patients daily, and with seventy or eighty on the books, to recall, on the moment, all the circumstances attending a case which occurred five weeks previously."

CHARCOAL VENTILATORS FOR THE SEWERS.

A rather important Report on the results of applying Charcoal to the Sewer Ventilators, in order to deodorize the fumes arising from them, has been made to the City of London Commissioners of Sewers by Dr. Letheby and Mr. Haywood. We need not tell our readers that there are miles of sewers under the London streets, and that the vapours arising from their decomposing contents, aggravated in too many cases by the bad condition of the sewers, which allows stagnation and decay,—must be permitted to escape into the open-air. Otherwise they would pass into private houses even more pertinaciously than they do at present, and would suffocate the unhappy sewer-men. The ventilating apertures permitting the escape of these gases are very numerous, and in some situations they give issue to a quantity sufficient to be a serious nuisance to the neighbouring houses. They form a constant, and we fear increasing, element in that which constitutes the difference between town air and country air. The absorbing and oxidizing properties of charcoal, which had been much experimented on by Dr. Stenhouse, have caused it to be tried for the purpose of destroying these gases; "for," said Dr. Letheby three years ago, "let the gases go out of the sewers how they will, and where they will, you have but to place a small box containing a few pennyworths of charcoal in the course of the draught, and the purification of the air will be complete." In order to test the virtues of charcoal fairly, a space of fifty-nine acres in the Eastern part of the City of London, near the Minories, was selected. It has 1700 houses, 14,000 inhabitants, the sewers have but a slight fall and are sluggish, and the streets are narrow, so that any emanations are doubly dangerous.

"The total length of sewers in the district is 25,587 feet; of which 2081 feet are pipes, and the remainder are constructed of brick, varying from 3 feet high by 2 feet wide, to 5 feet high by 3 feet wide, internal dimensions."

Air filters, consisting each of a set of six trays filled with 6¼ lbs. of wood charcoal broken into pieces the size of a filbert, were affixed to each of the ventilators on July 14, 1860, and have been in operation ever since with results which the Reporters describe thus:—

"First. The deodorizing power of the charcoal has been satisfactorily proved to be complete. Not only have there been no complaints from the public of stenches from the ventilating gratings, but we have ascertained by actual observation that the odour of the sewer gases is not perceptible when they have traversed the charcoal." The charcoal employed is proved to contain abundance of alkaline nitrate, and peculiar alkaline salts and volatile bodies, which may be described as the essence of stench. Secondly, the duration of the powers of the charcoal is uncertain, but if exposed to wet it requires to be changed frequently. Thirdly, and this is a point we desire to call attention to, it is evident that these charcoal filters may hinder the escape of effluvia, not by deodorising the currents of air which pass through them, but by hindering those currents from ascending; and in this case, although they may remedy one nuisance, and the charcoal may absorb some ill-smelling bodies, yet they do not really answer the purpose of ventilation. And the Reporters show that they have been unable to detect "any perceptible currents of air through the ventilators fitted up with charcoal sieves. They allow of diffusion, but cannot be proved to allow of currents. There is no evidence that the air within the sewers was worse than before, or that the ventilators caused more sewer gas to enter private dwellings, but *there is no evidence that these air filters act as ventilators.* Fourthly, the cost. The prime cost of the 104 ventilators fitted up within the aforesaid district was £918 18s. 5d., with a further annual charge of £131 5s. 4d., or £1 5s. 3d. each, for repairs and management. Considering the thousands of ventilating shafts in London, the expense becomes a very serious matter. Would it not be better to expend the money in improved construction, so as to hurry on the sewer stream, and diminish the evolution of gases, and to avoid these most expensive palliatives, for such they are?

Proposed Revival of the Concours in Paris.—In anticipation of the appointment of the new Professor of Obstetrics in the Faculty of Medicine, in the room of Professor Moreau, recently deceased, a Committee of the Faculty has represented to the Minister of Public Instruction the desirableness of reviving the Concours. It suggests that the appointment should, as now, rest with the Crown, but that it should be made from a list of candidates prepared by the Faculty, after ascertaining the results of a Concours.

ACTION FOR LIBEL—WELLS v. WEBBER.

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COURT OF QUEEN'S BENCH.

Before Lord Chief Justice COCKBURN *and a Special Jury.*

Mr. Day opened the pleadings.

Mr. Phinn: May it please your Lordship, Gentlemen of the Jury, the plaintiff in this case, Mr. Spencer Wells, is a Surgeon and a Fellow of the Royal College of Surgeons, practising in Grosvenor-street, Grosvenor-square, principally, I believe, as a Consulting Surgeon; he is also Surgeon to the Samaritan Hospital, and I believe he has been engaged up to a recent period in the Editorship of a Medical Journal. The defendant is a Surgeon, and, I believe, has practised in one or two parts of the country, but at present resides and practises at Tunbridge-wells; and the plaintiff has been compelled to bring this action to vindicate his character as a gentleman and as a professional man, from aspersions most wantonly and with the most persevering malignity made against him by the defendant—accusations which have compromised his status as a gentleman and a man of honour,—accusations, also, that have compromised his status as a Member and a Fellow of the College of Surgeons. And it is with very great pain I have to prefer against a member of a most honourable Profession an accusation of having acted vindictively and with malignity, without the slightest colour or pretence, or shadow of foundation, against a brother Medical man. Gentlemen, it will be necessary, in a very few words, to mention some antecedent circumstances before I call attention to the libel. The plaintiff, in the course of his duties as Surgeon to the Samaritan Hospital, was called upon to deliver a lecture on a subject of extreme delicacy and intricacy. You are aware that a very painful disease, fistula, affects sometimes not only men but females also, and the disease is complicated by attacking other organs than those which it generally attacks in men. Modern science has enabled men to remove this very painful disease by an operation which now, happily, is painless under the effect of chloroform; but the great difficulty in effecting the cure has been the very considerable difficulty in getting the wound that is made by the incision to reunite. Many modes have been proposed; the ordinary suture of thread or silk has been found to collect the morbid matter that secretes from the wound, and has been found in practice to aggravate the wound very much. I believe some foreign Surgeons have introduced a string of wire, very fine wire indeed, which is not exposed to many of the disadvantages which attend the use of either thread or silk; and Mr. Wells, in prosecuting his researches on this difficult subject, thought he had arrived at a conclusion that might be useful to the Profession, and, therefore, in his Lectures at the Samaritan Hospital, in the early part of last year, he published a Lecture "On the Treatment of Vesico-Vaginal and Recto-Vaginal Fistula." The real gist of the Lecture was stating to his pupils and members of the Profession this new mode of effecting the union and the closing of the wound. Of course, in the course of the Lecture it was necessary to make designs of the instruments that were used, and also of the position in which it was necessary to place the patient. It was purely, as you will see,—and I will hand a copy of the book to your Lordship, and, perhaps, his Lordship will allow me in the course of the case to hand some copies of it to you,—it was purely a scientific and practical Lecture delivered in the course of his duties. It was received with very considerable applause by the Profession. A report having appeared of it in a newspaper devoted to the Medical Profession, Mr. Wells was pressed by some of his friends to publish it in this more convenient form, and he did so. Now, gentlemen, in the course of September last year, about the 23rd or 24th of September, Mr. Wells, liking, as members of almost all professions do at that time of the year, some relaxation from his Professional duties, took a short tour in the North. He visited Buxton, Matlock, and the districts of the Peak, which are known to many of you, and in the course of it he went to the George Hotel at Buxton, and there he met with Mr. Webber at the *table d'hôte*, which is established now at many inns in this country. He had known Mr. Webber, the defendant, a little before; but there had been a coolness, an estrangement, between them, in consequence of Mr. Wells, as the Editor of a Medical periodical, not adopting the views of Mr. Webber in a dispute with the College of Surgeons, who refused to elect him a Fellow of the College. However, they met on mutual ground, and Mr. Wells ignored the existence of any coolness, and met him as one gentleman would meet another; and the two gentlemen who accompanied him, a Mr. Sadler and Mr. Parker, two gentlemen residing at Barnsley, talked at the *table d'hôte*, and his two friends passed a considerable portion of the evening in the smoking-room with Mr. Webber. The next morning Mr. Wells was about to leave Buxton and visit Chatsworth, and while waiting for the omnibus, the post arrived, bringing several copies to Mr. Wells of his pamphlet which had just been printed. He gave two or three of them to Mr. Sadler, for himself and some professional friends, and then he bethought himself it would be a kind of civil thing, having had a little estrangement with Mr. Webber, to send one to Mr. Webber, and he accordingly, in the presence of his friends, called the "boots." It was found that Mr. Webber had not come down, and the boots was directed, with Mr. Wells' compliments, to take a copy up to Mr. Webber's room. Mr. Sadler and Mr. Parker were present when the direction was given, and one of them interfered and begged the boots to take it direct to Mr. Webber's room; and nothing more was heard of this occurrence till October 9, 1861.

The Lord Chief Justice: What was the date of this?

Mr. Phinn: September 23 or 24. On October 9, 1861, Mr. Wells found in the *Medical Circular* (a paper of very considerable circulation in the Profession,) the following letter, — "To the Editor of the *Medical Circular*." It is headed, "Mr. Spencer Wells and the Visitors at the Buxton Hotel"—(I suppose this is written to the Editor.)— "We learn that on the 25th ult. an illustrative little book, purporting to be a Lecture on Vesico-vaginal and Recto-vaginal Fistula, delivered in May, 1861, in the neighbourhood of St. George's Hospital, London, by T. Spencer Wells, Esq., F.R.C.S., Surgeon to the Samaritan Hospital, etc., and reprinted from the *British Medical Journal*, was left as a gratuity (written in italics) at the George Hotel, Buxton, by the author, as some documents forwarded to the College of Surgeons, of which we subjoin a copy, will show:—(Copy.) George Hotel, Buxton, September 26, 1861. This pamphlet was left last Tuesday evening, or the following morning, with the 'boots' of this hotel (by Mr. Spencer Wells), to be placed in some conspicuous place, and was accordingly exposed by him on the post-shelf at the hotel, where ladies of all ages (the word 'all' being printed in italics), and gentlemen, and other people, go to seek for letters. We, the visitors now assembled here, especially those of us who have young nieces and daughters staying with us, cannot but express our indignation at so revolting a violation of decency, so flagrant a disregard of social privileges, to say nothing of so quackish, as well as indelicate, a mode of advertisement. Such a means of notoriety among professedly orthodox Practitioners is very sickening. We hope this reproof will have the effect of preventing the extension of so demoralising a system of publicity. W. Andros (President), R. J. Griffiths, Charles Polhill, L. S. Brittain, Geo. W. Evans, A. Odling, Charles Mitchell, B.A., R. Evers." Then follows "Copy of the letter of the Landlord of the Hotel addressed to the visitors, thanking them for their protest against the course adopted by Mr. Spencer Wells:—George Hotel, Buxton, September 26, 1861. Gentlemen,—I am much obliged to you for the course you have taken, as I fully concur in the sentiments you have expressed, relative to the indecent pamphlet 'by T. Spencer Wells, F.R.C.S.,' etc. London, which was handed to the boots (to be laid where it would be seen!) by a person who left the hotel in company with two other visitors on Wednesday morning, and who, I have reason to believe, is the author of it. I also conclude he is known to the Medical gentleman' (I beg your attention to this) 'forming one of your number, as he left his compliments for him at starting to Chatsworth on his way to town.' The pamphlet to which you have appended your protest, will therefore be transferred to that gentleman, with a copy of this letter, and an intimation of your expressed opinion, that it should be forwarded to the College of Surgeons, of which, it appears, the author is a Fellow. The boots was, of course, not aware of the contents of the book so handed to him, and, therefore, did as he was directed. I am not aware that such an obscene publication has ever before been left exposed at this house; and in order to prevent a repetition of such a disgusting and discreditable occurrence, I have given strict orders to my servants to bring at once to me all such pamphlets and advertising papers which may hereafter be left with them." Gentlemen, Mr. Wells having had his attention called to that paper in the ordinary course of perusal, also had his attention directed to it by a letter from the College of Surgeons calling upon him to explain this statement. It, therefore, became necessary for Mr. Wells to take the most prompt steps to vindicate his character. He knew perfectly well, so far as he could know, that with the exception of his two friends he was an utter stranger to all these gentlemen who had signed this. He had reason to believe that the Editor of the *Medical Circular* would not have inserted anything of this kind against a brother Professional man, and brother Editor, without somebody who had an evil will against him had been at work; and there were indications in the landlord's letter, both with reference to his leaving his compliments for Mr. Webber, and the very remarkable fact of the statement, "I also conclude that he is known to the Medical gentleman forming one of your number." The only Medical gentleman that Mr. Wells knew at the hotel was Mr. Webber. Mr. Webber had not signed this protest; and all these circumstances concurring, induced him to believe that Mr. Webber was the author of this libel on him, and his suspicion was confirmed when he made application to the Editor of the *Medical Circular*, for that gentleman gave up to him a letter from Mr. Webber, enclosing this document, which is about as discreditable and disgraceful a composition as I think I have seen, or had to submit to a jury. Remember, gentlemen, these documents were sent professedly to vindicate the honour, and professedly to resent some insult that had been offered to the ladies and gentlemen resorting to the hotel. And now let us see the mode in which Mr. Webber conveys the protest and the letter of the landlord to the Editor of the *Medical Circular*. This is the letter:—"Tunbridge Wells, October 4, 1861.—Dear Ross,— You will see by the enclosed that our friend of the *Bath and Wells Advertiser*" (which is a joke on Mr. Wells' name) "has been playing the Fissure (Fisher)-man" (a joke on the word "fistula") "in the North upon his Fistula Pipe Essay. I have forwarded the pamphlet, with Mr. Lee's letter to the College of Surgeons, as I was requested, without further note or comment. Our short jacket friend" (which I suppose is an allusion to the name of Spencer) "has, I have no doubt, distributed at other hotels and houses in his peregrinations in northern latitudes his illustrative descriptions and exposure of parts indicative of the origin of his great genius. I will send you by next post a copy of my answer to Mr. Lees' letter, so that you may be the first to show up the showman, who evidently has an appreciable knowledge of the usefulness of advertisements to those who cannot otherwise persuade people that they are dustmen qualified to sweep." (Gentlemen, this is one Professional man writing to another.) "I have been desired to send copies to all the Journals. I shall cause them to be delivered at the offices of the *British Medical Journal* and the *Lancet*. I shall leave the College to deal with Spencer (and his Tales) of the Times." Now, this is most remarkable. I told you that the landlord's letter referred to a Medical gentleman, one of their number, and on looking at this protest it is not signed by the defendant; and he says this in his letter —"I declined to sign the protest of the visitors for reasons which will appear." And then he says:—"Buxton air and baths have done wonders for me; my general health has greatly improved." I wish his moral health had improved, gentlemen. The moment this protest and letter appeared in the *Medical Circular* he transmitted a slip to the Editor of the *British Medical Journal*, and, in fact, took every pains to disseminate as widely as possible these imputations. Of course, Mr. Wells, acting on advice, declined to bring proceedings against the gentlemen who had signed the protest, who had obviously been misled by Mr. Webber. He declined to bring an action against the publisher, but he thought it his duty to bring into Court, before you, the man who had made this gross and unjust imputation against him. He might have proceeded against him by criminal information or by indictment, but he declined to do that because it would have enabled his counsel to say that Mr. Webber's mouth was stopped, and he could not be examined as a witness to justify what he had said; he has, therefore, resorted to this mode of proceeding to enable Mr. Webber to come forward and justify his accusations against him. Mr. Webber has declined to do so. He might have put on the record a justification of his most unjust aspersions on the plaintiff, but he has declined to do so. He has said he did not publish this, and it is not a libel. That he published it, I shall prove conclusively, and I suppose his counsel will not deny it; I shall prove by the production of his own letters that he disseminated the accusation as widely as possible. I shall prove it now, and I shall show you the *animus* that existed. On the night before Mr. Wells departed from Buxton, I told you that Mr. Sadler and Mr. Parker, his friends, passed a considerable portion of the evening with Mr. Webber; in the course of that evening, in the absence of Mr. Wells, Mr. Webber remarked to one of those gentlemen,—"I wonder at Wells speaking to me, for if he had written and spoken of me as I have written and spoken of him, I would not have spoken to him." Gentlemen, that referred to some antecedent irritation which had taken place in Mr. Webber's mind, the fact being that Mr. Webber wished to be a Fellow of the College of Surgeons. The College of Surgeons did not think fit to elect him. He came to Mr. Wells and begged him to attack persons' motives, and so on, whom he thought had been adverse to him in his election. Mr. Wells declined to do it, and he found (from sources he could pretty well trust) a series of attacks made upon him. He disregarded this; his position in the Profession enabled him to disregard it altogether, but a feeling which he never allowed to enter his mind seems strongly to have rankled in the mind of Mr. Webber, and to have continued to have prompted these libels. Now, was there anything in the conduct of Mr. Wells to justify these imputations? He wished to do an act of courtesy to a man whom he thought had some feeling of irritation against him. It is perfectly true that the message with his compliments was delivered to Mr. Webber, because the landlord's letter which he himself forwarded, and, of course, which he would not have forwarded if it had been incorrect, gives clearly that assertion. It may have been it was not delivered at once, but is there anything in this pamphlet, even supposing it was lying about, which would, either in the diagrams or anything else, have conveyed to a delicate mind obscene ideas? We have often heard the saying "Nice people have nasty ideas," but if any one can find in a scientific lecture anything that can pander to obscene ideas, he must be a person of corrupt and obscene ideas; and I cannot believe that that idea could have emanated from anybody except a man of a morbid turn of mind. Now this inquiry is a very important one. There is no justification; and I am bound to tell you what has taken place. In consequence of the defendant forwarding that pamphlet and protest to the College of Surgeons, Mr. Wells was called on for an explanation. He at once said he was willing to give information, but it was thought better that the College should defer any action upon it till the case was brought into Court, and the College of Surgeons have suspended their judgment until the conclusion of this case.

The Lord Chief Justice: It is a very proper course on the part of both parties; the plaintiff and the College of Surgeons have acted very wisely.

Mr. Phinn: I am very glad it meets with your Lordship's approval.

The Lord Chief Justice: I think the College of Surgeons have done quite right to let the matter abide the decision of the jury.

Mr. Phinn: This is not the case of an ordinary error or mistake. I put it as a case of accusation prompted against a man,—prompted by malignity. If you can see anything in the course of the conduct of Mr. Wells, who shall be placed before you, which can mitigate or reduce the damages you would award in this case, pray give Mr. Webber the benefit of it. But, if not, pray read him such a lesson, and give him such an example—an example I hope not necessary to his noble Profession,—but only to such a degraded member of it as Mr. Webber—that shall preclude others from repeating such a slander.

Mr. Huddleston: I do not know, my Lord, whether it would be premature for me to make an observation. I think Mr. Wells should have the opportunity of stating that he intended that document to be delivered to Mr. Webber; but the fact was it was not. It was left in the hotel; and if Mr. Wells assures us—and he wishes probably to do that, upon his oath—that it should be conveyed to Mr. Webber, and given into his hands, Mr. Webber is, under my advice, prepared to apologise for what has occurred.

The Lord Chief Justice: What do you say to the letter?

Mr. Huddleston: It was written to Dr. Ross as a private letter to him, and I think Mr. Webber will be in a condition to withdraw any observations that he made with reference to Mr. Wells, if he assures him that that pamphlet was left for the purpose of being given to Mr. Webber.

The Lord Chief Justice: I shall not interfere.

Mr. Phinn: I think, my Lord, it is due to Mr. Wells that the case should be investigated.

Mr. Spencer Wells was then sworn and examined by Mr. Day. He deposed that he was a Fellow of the Royal College of Surgeons, and Surgeon of the Samaritan Hospital, which is exclusively devoted to the diseases of women and children; and that he was, until the beginning of the year 1862 the Editor of the *Medical Times and Gazette*. In the spring of 1861 he delivered a lecture at the Samaritan Hospital on the treatment of vesico-vaginal and recto-vaginal fistula. The lecture was published some time afterwards in the *British Medical Journal*, and it was reprinted for private circulation towards the end of September last. On September 24, in company with Mr. Parker, a manufacturer at Barnsley, and Mr. Sadler, a Surgeon at Barnsley, he arrived at the "George" Hotel at Buxton. They all three dined at the ordinary there. Mr. Webber, the defendant, was there.

Mr. Day: Had you known him before? Yes; for some time. For how long had you known him? Since 1854.—I believe he is a Medical Practitioner? Yes.—What terms had you been on—I ask you generally—with Mr. Webber? Mr. Webber had frequently called on me, as the Editor of the *Medical Times and Gazette*, and I knew him in that way.—What terms were you on at that time,—on terms of coolness, or what kind? Terms of decided coolness.—When you met at dinner, did you speak to him? Yes.—In a friendly manner? In a civil manner.—Did anything at all unpleasant occur between you upon that occasion? Nothing. On the next morning plaintiff and his two friends were leaving Buxton, and while waiting at the door of the hotel for the omnibus, the post arrived, and plaintiff received by that post six copies of the pamphlet produced. He gave three to Mr. Sadler, the Surgeon,—one for himself, one for his son, who is a Surgeon, and one for his partner, who is also a Surgeon. He gave one to Dr. Robertson, of Buxton, one on his way to town to Mr. Paget, a Surgeon, of Leicester, and one he left for Mr. Webber.

Mr. Day: About the one to Mr. Webber; to whom did you give that? I gave that one to the boots.—What did you say to the boots? I said to the boots, "Do you know Mr. Webber, the Doctor?"

The Lord Chief Justice: Mr. Webber was staying in the house at this time? Yes.

Mr. Day: What did the boots say? The boots said he did know Mr. Webber.—What did you then say to boots? I said to him, "Give Mr. Webber this pamphlet with my compliments."—You have told us you were waiting at this time with your friends Mr. Sadler and Mr. Parker; did either of them say anything to the boots? Mr. Parker said, "Do you know Mr. Webber's room?" and the boots said he did, and then Mr. Parker said, "You had better take it up to his room."—Witness did not hear anything more about this pamphlet being left at the hotel, until the day on which the *Medical Cicular* was published, and he received a letter from the College of Surgeons.

Mr. Day: Look at that letter, and tell me whether you received that letter from the College of Surgeons? (Handing a letter to witness.) I did. I received this letter on the 9th or 10th of October.—Having seen the article in the *Medical Circular*, what did you proceed to do? I went at once to my solicitor.—Look at this letter and tell me whether that letter is in the handwriting of the defendant? It is.

Mr. Huddleston: Does your Lordship think this letter is evidence?

The Lord Chief Justice: It is set out in the declaration.

Mr. Huddleston: It is a private letter written to Dr. Ross; I did not interpose before.

The Lord Chief Justice: Do you say a man may send a libel in a private letter and not be answerable for it?

Mr. Huddleston: The letter itself is a private letter sent to another gentleman, and I submit to your Lordship whether a private letter, not intended for circulation, sent to a private individual can be read until it is shown it was done under circumstances intended for publication.

The Lord Chief Justice: Do you mean publication in a newspaper?

Mr. Huddleston : Publication anywhere.

The Lord Chief Justice : If I send to another person a libel upon you, can it be said that is not a publication ? Do you mean seriously to say a man is not responsible for libellous matter contained in a letter addressed to A. B. about C. D. ?

Mr. Huddleston : I do not say that. What I say is that at present my friend is putting into the hands of this gentleman a letter in the handwriting of Mr. Webber, and I submit that is a private letter written to Dr. Ross.

The Lord Chief Justice : They will have to call Dr. Ross to show it was sent. At present all that is asked is whether this is in the handwriting of the defendant.

Mr. Day : Tell me if that envelope is in the handwriting of Mr. Webber ? I do not know the handwriting of the envelope; it looks very like. The envelope has the post mark Tunbridge Wells, and the handwriting is very like Mr. Webber's handwriting; but I can swear to the signature of the letter.—Did you distribute other pamphlets in the course of your journey ? No.

Cross-examined by Mr. Huddleston : Is this pamphlet still in circulation, or has it been withdrawn ? It never was published publicly.—I know you have told me so ; but I ask has it been withdrawn from circulation ? No; only 150 copies were printed which I kept to give one occasionally to a friend.—And I understand you to say you left this on the occasion in question for Mr. Webber ? Yes. — Out of courtesy to him ? Yes.—On arriving at Buxton before dinner, a recognition took place in the street ? Witness was on the top of an omnibus, and Mr. Webber and he exchanged a nod. They entered into conversation, but did not take wine together.

Mr. Huddleston : And in the conversation afterwards in the smoking room there was some discussion on some Medical questions ? Yes, Mr. Webber was telling Medical stories to the gentlemen present, I scarcely joined in it.—I mean, nothing had passed between you during the evening ; and in the morning you left this as a matter of courtesy for him ? Yes. — I need scarcely ask you that you would not desire to have this sort of plate left about ? Certainly not. I intended it for Medical men only.—I take it for granted if you had had any knowledge that the book was left about in a public room at an hotel, you would have been exceedingly annoyed ? Certainly.—It is not the sort of book you would like to leave lying in a public room where there were ladies and young people ? Certainly not; but there is nothing obscene in it.

The Lord Chief Justice : The plates are necessary for scientific purposes ? Certainly. Not intended for ladies.

Mr. Huddleston : I do not know whether it is absolutely necessary that there should have been a plate in the form it is. Here is the same subject in a paper where it is not so much exposed as the one you have got. That is the same subject treated, is it not (producing a number of the *Lancet*) ? I do not think it is shown there so well. It might have been possible to do without it; but I think not so well.

The Lord Chief Justice : I suppose if this had been intended for general publication, instead of being circulated among professional men, probably you would not have shown all you have shown ? Certainly not. It is written in language which makes it quite useless for general circulation ; it could not have been understood by the public.

Mr. Huddleston : You described receiving six pamphlets, had you any of those with you when you arrived at the hotel at Buxton ? No.—You did not, I think, write Mr. Webber's name on the pamphlet ? No, we were in a hurry.—Probably if you had not been in a hurry you would have put it in an envelope ? Yes.—Have you seen the boots ? No.—Let me ask you, when you spoke to the boots, did you tell him to lay the pamphlet where it would be seen ? Most positively not. I told him to give it to Mr. Webber with my compliments.—Have you spoken to the maid Ellen Copley, who was maid of the inn at Buxton ? No, I did not know there was such a maid there.

Dr. George Ross sworn, examined by Mr. Phinn : I am a Doctor of Medicine, and also Editor of the *Medical Circular*. I remember receiving that letter dated the 4th of October, 1861. I have the documents which accompanied it. They were afterwards printed, and are those that his lordship and the jury have heard read. I have a short letter : it is headed, "To the Editor of the *Medical Circular*," and is appended to another letter, it is dated the 4th of October, the private letter being dated the 5th. I know Mr. Webber, and have been in the habit of corresponding with him on matters connected with the Journal—public matters.

The Lord Chief Justice : I may take it that all these documents you produce you believe to be in Mr. Webber's handwriting ? Certainly.

Mr. Phinn : I believe the comment at the end of the *Medical Circular* is your comment, is it not ? It is.—Whose is the heading ? Mr. Webber's.

The Lord Chief Justice : Which is that ?

Mr. Phinn : "We learn that on the 25th ult. an illustrative little book," etc.

The Lord Chief Justice : What I want to know is this, How much is there in that number you have there,—which is the defendant's and how much Dr. Ross's.

Mr. Phinn : Your Lordship had better have a copy. As I understand it the whole article was forwarded by Mr. Webber, except the tag at the end.

The Lord Chief Justice : "We have deemed it necessary," that part ?

Mr. Phinn : Yes, my Lord.—I understand that that alone is yours, Dr. Ross ? That alone is mine.

The Lord Chief Justice : A very proper comment.

Mr. Phinn : I have nothing to complain of in that. May I take this from your own statement that your circulation in one year is about 70,000 ? Precisely.—That is stamped copies only ? Yes.—What would be the circulation unstamped ; as much again ? No; not so much again.—Half as much ? Perhaps ; or about one-fourth probably. I do not carry it in my mind exactly.—From your knowledge of the Profession is it the fact that a Consulting Surgeon in London is very much dependent on the country Practitioners who bring up their patients for consultation ? Undoubtedly.

Cross-examined by Mr. Huddleston : Mr. Webber, I believe, has retired from the Profession for some time, has he not, from ill-health ? I understand so.

Mr. Edward Parker sworn ; examined by Mr. Day : I am a manufacturer carrying on business at Barnsley. In the month of September I was taking a tour in Derbyshire in the company of the plaintiff and Mr. Sadler. We put up at the George Hotel, at Buxton, on September 24. We met the defendant, Mr. Webber, there, and dined together at the ordinary. After dinner I went to the smoking-room, and the conversation was general there. Mr. Webber entertained the company with an account of his Medical achievements and victories over homœopaths, and the very important cures that he had effected on sundry of the nobility and gentry.

The Lord Chief Justice : Effected by whom ; by himself ? By himself; and that was the staple of the conversation as far as Mr. Webber was concerned. The next morning we were going to leave early, and I was waiting at the door with the plaintiff (Mr. Wells), and Mr. Sadler for the omnibus. It was to start at nine o'clock, and we were waiting. The post came in shortly before, and Mr. Wells got his letters just about nine o'clock. The parcel contained some proofs and correspondence, and a few copies of that pamphlet.

Mr. Day : Did you see Mr. Wells give one of these copies to the boots ? I did ; I stood between Mr. Wells and Mr. Sadler while he did so waiting for the 'bus.—And I suppose you had a good opportunity of hearing what he said ? I had an excellent opportunity ; I was quite unoccupied at the time waiting for the 'bus.—Tell me what he said ? I stood between Mr. Wells and Mr. Sadler. Mr. Wells said, looking towards Mr. Sadler as he spoke, "I think I will leave a copy for Webber ; it will only be a civil thing."—Having said that, what did he say to the boots ? Mr. Sadler gave some sort of assent. Mr. Wells called to the boots and said to him, "Do you know Mr. Webber the Doctor ?" The boots said he did, and Mr. Wells told him to give that to the Doctor, with his compliments.—Was anything else said to the boots at that time by either of you ? Yes ; being quite unoccupied, and knowing it was a Medical subject as I had stood beside the two Doctors while they opened the parcel, I asked the boots if he knew Mr. Webber's bed-room, and he said "Yes." "Then," I said, "you had better take it there."

The Lord Chief Justice : I thought you had not seen what was inside ? I never saw what was inside of the book, my lord, until a few minutes ago, till I sat behind some of those learned gentlemen to whom a copy was handed up on that side ; for Mr. Wells was not so polite as to present me with a copy ; but I gathered it was on a subject relating to the diseases of infants and women which made me volunteer my caution to the boots. My curiosity does not take that particular direction.—Why did you say "take that to his bed-room?" Had you reason to suppose that Mr. Webber was not up? I had reason to suppose very few of the guests were up. We breakfasted early to take advantage of the conveyance that was going to Chatsworth. We breakfasted alone, Mr. Wells, Mr. Sadler, and myself. There was no one about. I concluded Mr. Webber would be in his bed-room.

Cross-examined by Mr. HUDDLESTON: The discussion on the evening before in the smoking-room was about Homœopathy, among other things? It was. Mr. Webber related an account of his victories, which were very surprising I must confess.

Mr. MICHAEL THOMAS SADLER sworn; examined by Mr. PHINN: I am a Member of the College of Surgeons, in practice at Barnsley, in Yorkshire. I was at Buxton on the 24th of September, with the plaintiff and Mr. Parker. After dinner I was in the smoking-room; Mr. Webber was there. I never saw him before. In the course of the evening I happened to mention Mr. Wells's name as having highly distinguished himself, and then Mr. Webber said, "If any one had said against me, or said of me, what I have said of Mr. Wells, I would not speak to him again." Those were his words, and I thought it was something very severe. Mr. Wells was a pupil of mine.—Had you been aware whether there had been any coolness between Mr. Wells and Mr. Webber? Yes.—I only ask you the fact? Yes; but not before I entered Buxton. I knew nothing about Mr. Webber before that. I was of the party that went to Chatsworth the next day. I remember that when Mr. Wells received his letters on the morning before we started, he received about half-a-dozen pamphlets just before we left. He gave three to me,—one for myself, another for my son, who is a Medical man, and another for Mr. Ibeson, who is my partner.—Did you hear him give any directions with regard to another? Yes; distinctly. We were hurried. We expected the 'bus up to take us to Chatsworth, and we were standing by the luggage, and he said to me, "I think I will give one to Webber; it is merely an act of civility."—What then? Mr. Parker said, "I do not think he is up," and he said to the boots, "Do you know Mr. Webber's bed-room?" and he said he did, and he said "Take it to his bed-room." That is all.

Mr. PHINN: Had you at that time communicated to Mr. Wells what Mr. Webber had said the night before? Yes, I had. We were going down to see the cave, and I told him what Mr. Webber said.

The LORD CHIEF JUSTICE: That was the night before? Yes.

Cross-examined by Mr. HUDDLESTON: Did you know any of the persons who were at the George at Buxton? Not one.—You saw several gentlemen there? I did.—Did you learn the name of the gentleman who was president for the occasion, Mr. Andros? No.—But there were gentlemen there no doubt? Yes, there were.—And there were ladies staying at the hotel? Yes, three or four or there might be more, I did not count them; there were three sat near me, and it was a long table.—There is a public room there, is there not? Yes. —Where letters and pamphlets and things are left? Yes.—There is a post shelf in the hotel? Perhaps there is, I do not know; I did not take any notice.

The LORD CHIEF JUSTICE: These gentlemen were only there for one night; but I dare say it is so.

Mr. EDWARD J. A. TRIMMER sworn; examined by Mr. DAY: I am Assistant Secretary of the Royal College of Surgeons. Certain papers were received by the College relating to this matter in the month of October last. I produce them. They were received, I believe, on the 3rd or 4th of October. A copy of the pamphlet, with the protest attached, and the following letter, were received from Mr. Webber—the letter is in Mr. Webber's handwriting—dated October 3:—"I have been requested to forward the enclosed to the College of Surgeons, and, therefore, I have done so." A copy of the letter from the landlord of the hotel at Buxton, also came with the pamphlet. The College caused a letter to be addressed to Mr. Wells on October 9.

The ASSOCIATE: Copy dated October 9, 1861, signed Edmund Belfour:—"Sir, I am directed to inquire whether you are prepared or desirous to give any explanation upon the subject of the communication to the Council of this College from the George Hotel, Buxton, referred to in the *Medical Circular* of this date, prior to the meeting of the Council to-morrow the 10th inst., at four o'clock.—I am, etc., Edmund Belfour, Secretary.—To Thomas Spencer Wells, Esq."

Mr. DAY: Was an answer received from Mr. Wells to that letter? There was.—Do you produce that answer? I do.

Mr. HUDDLESTON: I am afraid that is not receivable.

The LORD CHIEF JUSTICE: I do not know that it is.

Mr. PHINN: If my friend objects, I will not press it.

The LORD CHIEF JUSTICE: It is so very plain.

Mr. PHINN: If your Lordship thinks there is any doubt about it, we will not press it.

Mr. DAY: I believe the Council have taken no steps up to the present moment? They have not.—Why have they delayed? That is for the Council to say, and not for me.

Cross-examined by Mr. HUDDLESTON: I believe Mr. Webber was elected a Fellow of the College of Surgeons? He was. —He had previously been black-balled? I do not say that of my own knowledge.—And then he was elected? He was. —And declined to become a Fellow? He declined to sign the bye-laws when called upon to do so.—Although he was elected a Fellow? Although he was elected a Fellow.

The LORD CHIEF JUSTICE: That does not make void the election? No, my Lord; but it prevents him exercising all the rights and privileges of a Fellow.

Dr. ALEXANDER HENRY sworn; examined by Mr. PHINN: I am a Doctor of Medicine, and Sub-Editor of the *British Medical Journal.* I remember a letter enclosing the slip of the *Medical Circular* coming to the office of the *British Medical Journal.* I have the letter. It is in the handwriting of Mr. Webber.

Mr. PHINN: Just hand it in, if you please, and let it be read.

The ASSOCIATE: Dated October 9, 1861, "To the Editor of the *British Medical Journal.* Sir,—I have to call your attention, as advised, to a pamphlet left at the George Hotel, Buxton, the protest of the visitors affixed thereto and the letter of the landlord, copies of which two last documents I enclose. They have been sent to the College of Surgeons, with the pamphlet. I am, Sir, yours, etc. 'The Medical gentleman alluded to in the letter of Mr. W. Lees.' The postscript. I enclose my card. Next week I will send you a copy of the letter I have felt myself called upon, under the circumstances referred to in his letter, to address to the landlord, Mr. Lees." There is another letter on the same sheet of paper also in Mr. Webber's handwriting addressed to Dr. Markham.

The ASSOCIATE: "Tunbridge Wells, October 8, 1861. London in *viâ* to Suffolk. Dear Sir,—Enclosed I send you copies of the documents referred to, which (not having time to copy them out again) I have cut from the *Medical Circular.* They will be more legible to your compositor than my scrawl. I am in much haste. Yours faithfully, William Webber. To Dr. Markham." Dr. Markham is the Editor of the *British Medical Journal.* We have a Society of more than two thousand members, and each member receives a copy every week. We did not insert the letter or the documents.

Mr. HUDDLESTON: I do not ask this witness anything.

Mr. PHINN: May it please your Lordship, Gentlemen of the Jury, my learned friend has intimated to me that he does not desire to alter the facts of the case, or to call any witnesses who may either justify or extenuate the grave accusation preferred against Mr. Wells; which accusations, compromising his character as a gentleman, utterly destructive of his position in the Profession, are now declared to be baseless and groundless, and I ask you what damages you are prepared to award to Mr. Wells, as marking your sense of the conduct of Mr. Webber in thus trying to destroy, to blast, and ruin the reputation of a brother Professional man? If it were not true that Mr. Webber has perverted and distorted the circumstances of this case to justify his own private ends, and to further his own private malice against Mr. Wells, Mr. Webber might have got into the witness-box (which course was perfectly open to him), and he might have stated to you the circumstances of that mistake or error under which this protest was originally composed, and under which he was induced to forward it to the Editors of the Medical Journals and to the College of Surgeons; but he declines—for very good and obvious reasons—to adopt that course. To this moment, or to a very recent period, we have had no utterance from Mr. Webber to mitigate the foul slander which he has circulated against a brother Professional man. And now just see how the case stands. Full of ill-feeling (as he said himself on that evening in talking with the old master and tutor of Mr. Wells) he receives a courteous message *which it is obvious he got*, because it is referred to in the landlord's letter which he himself forwards, and he perverts that act of courtesy, he distorts that kindly oblivion of all ill-will, into the means of attacking the reputation of Mr. Wells. What would have been the course, even if there had been a mistake, of an honest, kindly, and well-feeling man towards his brother Practitioner? Would he not have written, "My dear Sir,—The pamphlet that you meant to forward me, as an act of courtesy, has been mislaid, and some discussion has arisen about it. Pray write a letter explaining it, and I will do all I can to set it right?" Mr. Webber's conduct was very different. He does not even now attempt to explain it by calling the landlord, or the boots, or any of the persons in the hotel who originally witnessed the way in which this protest was got up. He might have called any one of those to explain how the circumstances arose, and his whole conduct in connexion with the matter, but he has not; and now I ask you to stigmatise Mr. Webber's conduct by your verdict, as a foul perversion and distortion of an innocent courteous compliment into a mode of effecting the ruin of a Professional man. Gentlemen, in all professions where struggles and competition are severe,—I hope I may say it for my own, and I hope I may say it for the Medical Profession, which was my father's, and for which I feel sincere respect—there will be full discussion of the merits of each man; but there should be the fairest, and the most lenient construction of anything that can be possibly adverse to him. No Profession could exist if every act of any member of it were to be distorted by his competitors, to be perverted to his ruin, and to be brought forward with a view to prejudice him with his clients, or his patients. Now look at the course adopted by Mr. Webber. Without calling on Mr. Wells for a word of explanation, he writes to the Medical Journals of the greatest circulation; in one he contrives to get the slander inserted, though with a very proper note. The Editor (jealous of the honour and propriety and delicacy of the Profession, which rests on the public estimation of the sensitive propriety and delicacy of its members) thinks fit to insert the libel; but he adds a caution to his readers to suspend their judgments. Another journal thinks it improper to insert it at all; but what does the defendant do besides? He goes to the College of Surgeons, but the College read him a lesson, and called Mr. Wells's attention to the charge at the earliest possible moment. The obnoxious paragraph only appeared on October 9, and on that very day the College of Surgeons called Mr. Wells's attention to it. They have suspended their judgment and action upon it until you should pronounce your verdict between these parties. There cannot be, and I am sure my learned friend will be ready to say there is not the slightest imputation or accusation resting on the character of Mr. Wells from this transaction. There is not the slightest aspersion resting on his delicacy as a man, or even any want of caution; for, if you believe Mr. Sadler and Mr. Parker, means were taken actually to convey this pamphlet to the bed-room of Mr. Webber, it being supposed he was not up. It is clear from the landlord's letter that the message was given. If it had not been observed to the letter, my learned friend might have called the boots to have proved to you the circumstances; but he does not venture to do so, and I say that as the complimentary message was conveyed accurately, you may be quite certain that the pamphlet was also. And now I ask you if you have looked at Mr. Wells's conduct in this transaction, consider what Mr. Webber's has been in determining your verdict. It is useless before such a tribunal as I have the honour to address to enlarge on the consequences of his conduct, and by tracing the turpitude he has exhibited, to ask you to award such a sum of damages as will specifically vindicate the character of Mr. Wells, and by showing the Profession what an unworthy member Mr. Webber has been in aspersing the character and trying to ruin the Professional reputation of a brother Practitioner. But there is a point that I do want to call your attention to for one moment. The protest was signed by certain persons supposed to be at the hotel, or probably who were, but Mr. Webber tells his correspondent, "I decline to sign the protest of the visitors for reasons which will appear." Was it for reasons that he wished to STAB IN THE DARK, and not to be legally responsible for the act he has done? Was it that, having concerted this scheme to injure his Professional brother, *he wished to escape the legal consequences* of the slander? Recollect, he had circulated, previous to this, according to his own account, reports prejudicial to Mr. Wells. Mr. Wells acted in a manner which showed that he despised such attacks and exhibited an act of courtesy to him, and then the defendant attempts to stab him in the dark, and to avoid the legal consequences of his misconduct. Gentlemen, I think if ever there was a case in which a jury in an action for libel ought to signify their appreciation of the conduct of the two parties by mulcting the defendant with heavy damages, this is that case.

Mr. HUDDLESTON: Gentlemen of the Jury,—If, as I have no doubt, it has been Mr. Wells's object to explain the circumstances under which this pamphlet found its way into the public room at the George Hotel, at Buxton, he has had the fullest opportunity of doing so; and I think you heard the observation I made at the commencement of this case, that, on the part of Mr. Webber, I was quite prepared with his instructions, and his desire, to retract anything he might rashly have said or rashly have written, and to tender to Mr. Wells his apology for so doing. Now, gentlemen, this course carries with it the necessary payment to Mr. Wells of any expenses that he may have incurred; but you cannot have failed to have noticed that, throughout these proceedings, Mr. Wells has never called on Mr. Webber (although he says he knew he was the moving party in publishing these documents) to apologise, and has never offered, until he came into Court, to give any explanation of the circumstances under which the pamphlet found its way into the public room at Buxton. Now, in many cases where, unfortunately, a gentleman has been betrayed into error to write or to utter expressions hastily, it is usual, and it often occurs, for the party who feels himself hurt to write a letter and say,—"I understand you have been writing certain things about me, I call upon you to withdraw them, and I explain to you the circumstances." Then if the man says,—"I will not withdraw them, but will insist on the truth of them;" then he has a right to come into a Court of Justice, and claim damages for the vindication of his character. But as far as we have it to-day, this is the first occasion on which Mr. Webber has been called upon to make any answer to the complaint of Mr. Wells; and when he finds that Mr. Wells assures him that he never intended that pamphlet to appear in the public room at the hotel, Mr. Webber accepts that assurance, and is prepared to tender to Mr. Wells his apology for having published the statement he did. Now, gentlemen, let me call your attention to the circumstances under which Mr. Webber sent this document to the different periodicals,—under which it found its way into the columns of the *Medical Circular*, sent there by Mr. Webber. I think no one will doubt at present that that pamphlet never reached the hands of Mr. Webber in the manner in which it was intended. It cannot be suggested for a moment that Mr. Webber himself put the document into the public room; it cannot be suggested for a moment that this remonstrance is not the remonstrance of the visitors at the George Hotel, at Buxton; and it cannot be doubted for a moment, when I come to read the document itself, that, from the carelessness, perhaps, of the boots, that pamphlet was thrown about, and created very great disgust amongst the visitors at the hotel; and I can very well think—and I think any gentleman I have the honour to address can very well understand—that a gentleman of the Medical Profession would be very much disgusted if he found that a brother professional man was careless or reckless enough to leave a document of this description, with a picture in it like that, lying about in a public room. It is clear Mr. Wells himself says, and says very properly, "I should be very loth, indeed, to leave a pamphlet of that description lying about exposed to the public gaze; for it is intended for professional eyes only." Nobody can doubt that that pamphlet did find its way into the public room of the George Hotel at Buxton, and became the subject of remonstrance of the visitors there. If it was suggested that this was not the case, my learned friend could have called any one of these persons; and it is not suggested that these were not gentlemen who were staying at the hotel at the time of the visit of Mr. Wells and his friends. (The learned Counsel here read the protest.) Now, it is obvious this was a document signed by these persons. You cannot believe for a moment that they would have signed that document unless they had examined the boots and ascertained from him that this was left in a conspicuous place. My friend says, why do not I call the boots. Would I for one moment think of asking you to take the evidence of the boots—who would have to excuse himself for not carrying out the message that was given to him by Mr. Wells—would I think of asking you to put his evidence against the testimony of Mr. Wells and those two respectable gentlemen who have been called? No; I accept Mr. Wells' explanation.

The Lord Chief Justice: The importance of the boots' testimony would have been to show who placed the book in that conspicuous position.

Mr. Huddleston: I should have to put the boots in the box; and if your Lordship thinks proper at this moment I can do it.

The Lord Chief Justice: You are too late.

Mr. Huddleston: I should not have hesitated; but the difficulty I had was this: I thought that if I put the boots into the box to give his version of the statement, it might be considered that I was endeavouring to throw doubt, even in the most remote degree, on the statement of Mr. Wells and those gentlemen. I do not wish to do so. Mr. Webber wishes to accept the explanation given by Mr. Wells and those two other gentlemen; and I would not ask you for a moment, if I were to put the boots into the box, to take his statement against the statement of those gentlemen; but I cannot doubt for a moment that that servant did not obey the message that was given to him by Mr. Wells, and that that document found its way into the public room. I do trust it will not be insinuated—I do not think my learned friend Mr. Phinn has insinuated—that Mr. Webber put that document into the room. If the boots had delivered it to Mr. Webber, as he was told to do, the plaintiff might have called the boots; but the plaintiff has not called the boots. And I trust it would not be insinuated or suggested for a moment, as it is not on the face of the declaration, that Mr. Webber was any party to placing before the public the pamphlet which he repudiated, and at the exposure of which he himself was so very much offended and indignant. I cannot doubt that this inquiry led those gentlemen who signed the protest to the conclusion that the pamphlet was left with the boots to be placed in some conspicuous place. I asked Mr. Wells that question, because I wished to give him the opportunity of denying it; and he said, "I never told him anything of the sort." Then do you doubt that the boots, having forgotten his message in the hurry of business, said, "Mr. Wells told me to leave it in a conspicuous place, and I did so"? It is upon that these gentlemen sign this protest. And you have also the corresponding testimony of the letter from Mr. Lees, the landlord —and I do not think anybody can doubt that that letter was written by Mr. Lees—and he alludes to it in the same way. [Mr. Huddleston here read the landlord's letter.] It is obvious that when called upon to explain how he got the pamphlet, boots said "I got it from Mr. Wells." "Why did you leave it about?" "I was to leave it in some place where it was to be seen, and give his compliments to Mr. Webber." Can any person doubt that?—and if that be so, Mr. Webber is to a certain extent compromised with the visitors at the hotel, because, according to all the evidence before you, Mr. Wells seems to have been acquainted with no other person there except Mr. Webber; and naturally the indignation of the visitors at a document of this description would fall upon Mr. Webber, whose friend it was had been the party, as they supposed, to place this in the way of their wives and daughters. Now, that that is so is quite obvious according to the course of the evidence; because Mr. Wells and Mr. Webber seemed to have known each other for some time. There had been a coolness between them, but immediately on Mr. Wells' arrival at Buxton, he seems to have saluted Mr. Webber. I asked him whether he himself was not the first person to recognise Mr. Webber; but it is quite obvious that a salute was interchanged between them; and it appears at dinner all animosity of any kind was dropped, and they entered into conversation on general subjects. That seems to have been renewed again in the smoking-room; and I cannot help thinking that the expression that is attributed to Mr. Webber by Mr. Sadler could not have conveyed to that gentleman's mind anything of an evil or offensive character against his former pupil, or else he would have made some observation upon it to Mr. Webber, or to Mr. Wells the following day; but Mr. Sadler says the expression was, "If any man had said of me what I have said of Mr. Wells, I should not speak to him again." And my learned friend said, "Did you make any remark on that?" because, if Mr. Sadler considered that was an offensive observation to his friend and to his former pupil, Mr. Wells, one can understand Mr. Sadler saying, "What circumstances do you allude to? for I know Mr. Wells to be a highly-respectable gentleman; and you cannot have said anything of him derogatory to his character;" and the best proof that nothing hostile existed is, that Mr. Wells, in the morning, (I accept Mr. Wells' statement throughout,) when he receives his pamphlets, (as a matter of courtesy, as he says,) sends one to Mr. Webber. That course is sanctioned by Mr. Sadler, who heard the observation that was made the night before, and if he had considered it at all indicative of hostility to Mr. Wells, he would have said, "Do not send it to that man; he is no friend of yours." But he sends it to him, and trusts it to the care of the boots, to be delivered to Mr. Webber. Now, I say this,—I wish Mr. Wells to have the full benefit of the explanation he has given; and I gave every opportunity of giving it, so that he might make his statement, and have the full benefit of it to its extreme extent, with the College of Surgeons, the body who are waiting the result of this enquiry. I said to him, "Would it not have been better to have sent a pamphlet of that description in an envelope?" "Undoubtedly," he said, "but I was in a hurry to go away, and I only received them in the morning; and I handed it to the boots." And this observation which he would have made, and which he would have had the full benefit of, is this:—"I did not feel it necessary to give any special instructions, because I heard my friend, Mr. Parker, say 'Take it up to Mr. Webber's bed-room.'" I cannot but say, however, that if it had been put into an envelope, or had been sealed up, we never should have heard of this action; but, unhappily, Mr. Wells, in the hurry of leaving, gave it in charge to a servant who did not obey the instruction given to him. He leaves it in an open state, and it finds its way into the public room. Now, gentlemen, just consider Mr. Webber's position. My learned friend says it would have been better for Mr. Webber to have written a letter to Mr. Wells, and said "You have been incautious. What do you mean by allowing a publication of this sort to be lying about in the public room?" That might have been so; but we are not always judges of what might have been the best course, unless we put ourselves in the position of the individual at the moment. You must recollect this. I put aside the question of Medical rivalry, because Mr. Webber is a gentleman who has retired from the Profession a long while; but I make an observation with reference to the statement which fell from my learned friend. I do not think, in vindicating the character of Mr. Wells,—and I trust it is vindicated, and I also trust that no expression from me in the course of my duty as an advocate, will be construed into an imputation on that gentleman,—but I do not think it was necessary for my learned friend to make observations about Mr. Webber, in consequence of a misunderstanding, not being elected a Fellow of the Royal College of Surgeons; but you found, when the Secretary was in the box, that they did elect him, and he afterwards (probably from not practising, or from feelings of his own) declined to accept the honour conferred upon him. I thought it right to mention that, for his vindication; but why I wish to put it to you is this: It is not so much a question as to what is a better course for a person to adopt, but put yourselves to a certain extent in the position of Mr. Webber at the moment his attention is called to the circulation of this pamphlet in the room in the George Hotel. He had been there, as you hear, for some time; he was holding a position which, I believe, is conceded to the longest visitor or the next but one in the house; he was sitting in the Vice-President's chair; he had been recognised by Mr. Wells and the visitors there, all of whom were unknown to Mr. Wells except him, would naturally conclude from the conversation that had taken place between him and Mr. Wells, that Mr. Wells was a friend of his. Well, I can understand that any gentleman I have the honour of addressing would feel himself exceedingly disgusted if he had females with him, and very indignant if, on the post-shelf of the public-room he saw a document of that description, and the indignation which would be felt, and which found vent and found expression in that protest which has been read to you, has naturally cast reflections on one who appeared to be a friend of the person who had so unguardedly circulated such a document. Of course, the boots (knowing that he had not executed the orders that had been given to him, and to excuse himself when he found there was considerable indignation at the appearance of a pamphlet of this description) would say—"I was told to put it where it would be seen;" throwing blame on the person who was gone and whom he expected not to see again. Then what is the feeling of Mr. Webber? "Here is a professional man who claims acquaintance with me, who has exposed a document of this description. I will not be a party to the protest, because I am a Medical man; but when that protest is signed, with the landlord's letter, I will be the means, as I have been asked to be, to give it publication;" therefore, he sends it to the Editor of the paper. I say nothing about the letter which accompanied it. That letter was never intended for public circulation. It was a letter written to the Editor of the paper with whom he had been on friendly terms. I admit at once it is a letter in bad taste. I do not defend for a single moment the allusions which are made in it, or the jokes that occur in it, or the quotations that are to be found there. It is all in very bad taste; but recollect this—it is not a letter intended for the public eye; it begins "My dear Ross," and I think Mr. Ross said it was a private letter to him containing the only other two documents which Mr. Webber sent up for publication, namely, the protest and Mr. Lee's letter; and however much you may feel that that letter is not written in the best taste, I beg of you to recollect that, in awarding damages against Mr. Webber, that letter never was intended for any eye except his friend's. Dr. Ross; and after all they can say about it, it is a question of bad taste. He sends him up the protest of the visitors, and the letter of Mr. Lees, the landlord, and never suggests for a moment that any portion of that letter so written should be communicated to the public, or should appear in any shape. Nay, more, all that Mr. Webber seems to have desired would be, that it should be known on the protest and on the letter, that the person who had appeared at the George Hotel, Buxton, as his friend, had circulated in a room where there were ladies a pamphlet of this description. Because, what my learned friend thought in the first instance was the commentary of the Editor, seems to have been written, as Dr. Ross says, by Mr. Webber himself. "We learn that on the 25th ult., an illustrative little book, purporting to be," etc. etc. And then only the protest of the visitors and the letter of Mr. Lees. And, therefore, I beg of you, when you come to consider this case, to disconnect the bad taste that may display itself in that letter to Dr. Ross, from this which was really the only thing that Mr. Webber sent to the public for the purpose of their forming their opinion of what had occurred. Now, gentlemen, the same observations apply to the letter that was sent to the College of Surgeons, because you observe there was no comment on that letter; Mr. Webber merely sends up the protest of the visitors, and the letter of the landlord, leaving it to the College to inquire into the matter; and, undoubtedly, if the College of Surgeons had inquired into the matter, and had found that Mr. Wells had said, "I gave this to the boots and particularly told him to take it to Mr. Webber," the College of Surgeons might have said, "It would have been better if you had put it in an envelope; but you cannot be answerable for the negligence of the boots; and that is an explanation." On the other hand, if they found he had put it there for the view of the public generally, or the visitors, then the indignation would be very great; and that was the impression conveyed to the mind of Mr. Webber. Now, gentlemen, my learned friend has made some strong observations with reference to the damages in this case. I cannot understand why Mr. Wells would not be satisfied with what I offered him on behalf of Mr. Webber—an ample retractation and apology based on the explanation he has given. I have not offered an observation on the part of Mr. Webber at all justifying his conduct, assuming Mr. Wells's statement to be correct, which I do assume. Therefore, I apprehend, if Mr. Wells's object is to vindicate his character, he has fully achieved that object. He is now in a condition to state publicly that his version of sending that pamphlet, as made upon his oath, has been accepted by me; and with an apology on the behalf of Mr. Webber for having sent these documents under a misapprehension, I think you will consider a temperate amount of damages to be amply sufficient to place Mr. Wells in the position which he says he seeks.

The LORD CHIEF JUSTICE in summing up said: The plaintiff in this case asks for compensation at your hands for a very serious libel; a libel in which he is charged, he being a professional man, with having placed in a conspicuous position at an hotel at a public watering place, frequented by families and persons of respectability, who have wives and daughters and nieces staying at that place, a book for the base purpose of advertising his work—a book utterly unfit to be seen by women, above all, by women of refined and delicate minds. We all know that the purposes of science, and, above all, those of the Medical Science, require that works should be written and illustrated in a manner necessary for the promotion of the Medical Science, in its ministration to the relief of human infirmity. And everyone must feel that it is justifiable and right that such illustrations should be submitted to the inspection of those whose scientific attention is to be called to them. But if a person were to expose a work in which there were delicate portions of the female organization shown; and above all, if, with reference to diseases of this peculiarly delicate character, the very hand of the operator is described as in immediate contact with those parts of the female organization—if any person, however right he may have been in causing such a work to be printed, were to leave it in a position where it would be exposed to be taken up by females of respectability, he would be unworthy of his profession, and unworthy the name of a gentleman, and deserve to be expelled from all society. This is the charge deliberately made against the plaintiff, and it appears to me that he had no alternative—the moment he saw his character was impugned in a public journal, and knowing that the College of Surgeons, of which he is a Fellow, had been addressed on the subject, and such a charge preferred against him before that distinguished body—he had no alternative but at once to challenge his accuser in a public Court of Justice, and there appear to vindicate his own conduct against the charge. And it appears to me, I must say, idle in the extreme to talk about a gentleman thus assailed, and thus accused, sitting down and writing an explanation to a man who, without asking him for any, had been the one to propound these charges, and put into circulation accusations of so formidable and so serious a character. It is admitted now that the whole charge is destitute of the slightest shadow of foundation. You have not only the account from Mr. Wells himself, but from his two friends, gentlemen of perfect respectability,—and the learned counsel for the defendant does not ask you for a single moment to disbelieve them. It appears that this gentleman, Mr. Wells, having delivered a lecture on some occasion, and the lecture having been supposed to be successful, thught it right to print it for private circulation and distribution among his Medical friends, and he says, among other things that came down to him in his editorial capacity, there came, as he was leaving Buxton in continuation of his tour, some half-a-dozen copies of this printed lecture. He distributed five among his Medical friends in the way we have heard. It so happens that the day before he had been brought into contact unexpectedly with the defendant, Mr. Webber, a member of the same Profession, with whom it appears, probably from some differences that had occurred between them in their writings, both gentlemen appearing to be more or less connected with the Press, (and we know how that brings men into hostility with one another,) they got on bad terms; but on meeting one another at Buxton, being on a tour of pleasure, their thoughts took a more pleasant complexion. It seems that they greeted one another on meeting; then they met at the ordinary, and got into conversation; and they met in the evening in the smoking-room. Having given three pamphlets as he was going away in the morning to Mr. Sadler, the plaintiff says, "I think I will leave one for Mr. Webber; it will only be an act of civility,"—probably a sort of peace-offering, and add to the effect of the sort of reconciliation that had taken place the night before. He calls the boots,—there not being time to enclose this in an envelope,—he calls the boots while standing there waiting for the omnibus to go to Chatsworth, and he said, "Do you know Mr. Webber, the Doctor?" The boots said, "Yes, I do." "Then, give him that." Then Mr. Parker, of Barnsley, the manufacturer, who, although a blunt Yorkshireman, is a very honest one, had heard the Doctors discussing the work, and thinking it was of a very delicate character, it occurred to him that it was desirable it should find its way direct to the hands of Mr. Webber; accordingly he says, "I do not think Mr. Webber is up, and I think you had better take it straight to his bed-room." That is all, they say, so that it is plain there is nothing that can be imputed to Mr. Wells in any sort of way. It never occurred to him but that the boots had taken the pamphlet direct to Mr. Webber's room,—above all, it never would have occurred to him that the boots would put it in a conspicuous position, where the ladies, young and old, meeting in the hotel would have a chance of opening the work, which was certainly unfit for them to see. He goes away, thinking he has done an act of civility to Mr. Webber, and that if they meet again they may meet as friends. But he is astonished when the next number of the *Medical Circular* comes out, to see a long protest against himself, which the visitors at the hotel indignantly sign against this abominable conduct, as it is supposed, on the part of Mr. Wells. The landlord of the hotel takes it up, and thanks them for the way in which they had vindicated the character of the house; and then there is the note naturally made by the Editor as to the serious imputation this conveys against the character of Mr. Wells. It turns out, as I have already said, that there was not the shadow of foundation for this charge. The defendant says, "Now that I have heard, or am about to hear, Mr. Wells state the circumstances under which this publication was left, I am ready to withdraw all I have said, and to apologise." The learned counsel suggested that with that the plaintiff should be contented, and that there the matter should drop. But, in the first place, this observation may fairly be made before we go any further. Supposing this pamphlet to have been put by the boots in the place where it was found, and it was there seen by some of the visitors at the hotel, and it had excited their indignation to think that such a work should be put there by Mr. Wells, for the purpose of advertising himself, at the risk of offending the modesty of their families and their family relations who might happen to see it—I cannot help thinking if that matter were brought to the knowledge of a member of the same Profession, with whom Mr. Webber had, at all events, been on apparently civil and friendly terms the night before, he might have suggested, "There must be some mistake in this,—this must be an accident; I think before you can take any decided steps in the matter you had better inquire if it has been done purposely,—and nothing can be worse and no man can feel more strongly than I do,—you had better write and ask him about it." That does not occur to Mr. Webber. On the contrary, he enters warmly at once, without any opportunity of explanation, into a course of direct, hasty accusations against Mr. Wells. However, he might have done that from perfectly honest motives, and with perfectly honest intentions; and, although one would say he might have been more generous and more fair towards a brother Practitioner, and have given him an opportunity of explanation, and kept back the expression of the angry and indignant feeling that he held, yet they would only say that Mr. Webber acted with indignation, and allowed that to have weight over his more generous feeling. If Mr. Webber had himself found this pamphlet, and had come into the box, and had told you under what circumstances it came to pass that he took a line, which, no doubt, he adopted, of becoming the promoter of this accusation, I should have felt there was great force in the observation that has been made; but I must say I cannot refrain from expressing my very great astonishment and equal regret that any consideration whatever should have restrained Mr. Webber from going into that witness-box and giving you an account of how it came to pass that he took the part he did. If he had come forward and said, "This pamphlet was found in a conspicuous place in the hotel, and when it was enquired how it got there, the boots represented that he had been desired by Mr. Wells to place it in that, or in some conspicuous position; the visitors of the hotel were indignant, and they called on me as a Medical man to assist them in bringing the plaintiff to account for conduct so improper, and I acted under that honest sense of indignation, believing the representation of the boots to be true," and he had said that in a manner to carry conviction to your minds,—and I am always anxious, sitting here, to heal differences rather than to aggravate them,—I should have said, under these circumstances, "You ought to be satisfied with what has taken place. There has been error on the part of the defendant, but it has been an honest one springing out of an honest feeling; it is enough that the plaintiff's character is vindicated from these imputations, you will be satisfied with a retractation and apology;" but, gentlemen, when the defendant prefers to trust to the last words of an ingenious counsel rather than to the impression which his evidence, honestly and straightforwardly given might have produced on your minds, it leaves them open to the serious imputation on his part of stimulating parties who here express their indignation into a course of action exceedingly improper. And is not that confirmed when we turn to this letter, written in the worst spirit that it is possible to imagine, conveying a charge of the nature, and asking the Editor of a public Journal to give it insertion? "My dear Ross,—You will see by the enclosed that our friend, the *Bath and Wells Advertiser*, has been playing the fissure (fisher)-man," the gentleman's name being Wells, "in the North upon his fistula pipe essay. I have forwarded the pamphlet with Mr. Lee's letter to the College of Surgeons, as I was requested, without further note or comment. Our short jacket friend has, I have no doubt, distributed at other hotels and houses in his peregrinations in northern latitudes his illustrative descriptions and exposures of parts indicative of the origin of his great genius. I will send you by next post a copy of my answer to Mr. Lees' letter, so that you may be the first to show up the showman who evidently has an appreciable knowledge of the usefulness of an advertisement to those who cannot otherwise persuade people that they are dustmen qualified to sweep. I have been desired to send copies to all the Journals. I shall cause them to be delivered at the office of the *British Medical Journal* and the *Lancet*. I shall leave the College to deal with Spencer (and his Tales) of The Times." Now, coupling that letter with the fact that this pamphlet was found in the conspicuous place at the hotel, and remembering that when the old master of Mr. Wells was speaking of his pupil having distinguished himself in the Medical Profession, the defendant thought it necessary to say, "If he had spoken of me as I have spoken of him, I never would have spoken to him again," it is for you to say what you believe to have been the *animus* or feeling by which the defendant was actuated in publishing these most serious and grave charges. If you believe him to have been acting honestly from a sincere indignation at the supposed conduct of the plaintiff—if you believe that he had nothing to do with the exposure of the pamphlet—you will take a very different view of the case from that which you would do if you believed that he had anything to do with placing it in the position in which it was found, or anything to do with putting a false constrution on the conduct of the plaintiff, or with a desire to do him an injury in his character as a Professional man, and as a man in that station. But all I can say is, that if he is free from the imputation deservedly of any such sinister motives as those to which I have last adverted, he is placed in the most unfortunate position by not having been called into the witness-box, and not having insisted on having an opportunity of explaining to you all the circumstances under which he was induced to take the course which to-day he cannot but say was improper. The charge against the plaintiff is a most serious one. If you believe it to have been preferred with malignant and with sinister and bad motives, you cannot sufficiently mark your sense of such conduct as that which the defendant who stands before you does not justify. If he acted honestly, though rashly, in your view, the damages would be very different; but in any case in this matter it is for you and not for me. I am only giving the assistance of the observations that occur to my mind, and in any view of this case you cannot look upon it but as one of a very serious character and deserving substantial damages at your hands.

The FOREMAN: The Jury desire to know if they can obtain any information as to the position in life of the defendant, or what the amount of damages are laid at?

The LORD CHIEF JUSTICE: I shall not tell you that; but, we hear he is a gentleman retired from the Profession, and that we only know from the learned Counsel for the defendant.

The FOREMAN: The Jury wish to retire; and will your Lordship give us a copy of the *Circular* which contains the libel? (The paper was here handed to the Jury.)

The Jury retired, and after an absence of a quarter of an hour returned into Court with a verdict for the plaintiff, damages, £300.

Mr. PHINN: Will your Lordship certify for a Special Jury?

The LORD CHIEF JUSTICE: Certainly.

BIRTHS AND DEATHS IN PARIS DURING 1860.—There were born in the twenty *arrondissements* in 1860, 51,056 individuals, and 41,261 deaths took place during the year, giving an excess of births over deaths of 9795. Among the 51,056 children born 14,092 were illegitimate. During the year seven persons died aged between 95 and 100.

REVIEWS.

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The Climate of England: its Meteorological Character Explained, and the Changes of Future Years Revealed—a Solution of the Great Problem which has defied the Philosophy of all Ages; with Meteorological Tables from the Year 1856 *to* 1861. *Illustrated by a Chart of the Constellations and Solar System; with Appendix—England's Position and England's only Hope.* By George Shepherd, C.E., etc. London. Pp. 65.

Mr. George Shepherd, the author of the book before us is clearly not lacking in self-esteem. When a great discovery has been accomplished, it is customary for the discoverer to announce it to the world with at least a show of modesty. If it be worth anything as a generalisation, the scientific world will sooner or later appreciate it, and the success and acuteness of the philosopher who is its author will be trumpeted forth by a thousand tongues. But Mr. Shepherd prefers blowing the trumpet for himself. If the reader expects to find anything like modesty displayed in the work of that gentleman, he will be woefully disappointed. Mr. Shepherd ascends upon the housetop, and even there rises upon stilts, and proclaims himself a discoverer in the same breath in which he names those "great, Heaven-sent men" Galileo, Newton, Watt, and Stephenson. He feels "overwhelmed at the magnitude of the discovery." He announces "that it has now pleased Almighty God that I should be the humble means, in His hands, if not entirely to solve this great question, at least to discover the key to the solution of the problem which has remained, far want of an observer, upwards of 6000 years a mysterious secret." (P. 29.) He welcomes the critical and scientific martyrdom which he submissively anticipates, consoling himself with the good company in which it which it will place him, and appropriating "the pathetic words of the immortal Kepler,—'The die is cast, the book is written, either to be read now or by posterity; I care not which. It may well wait a century for a reader, since God has waited 6000 years for an observer.'" (P. 30.)

But it is not our intention to add our faggot to his pyre. As a rule (to which we find no exception here) we do not like "fine writing," and absolutely abhor pomposity in works professedly scientific. We shall therefore, merely thus recording our protest against the taste exhibited in the frame, concentrate our attention on the picture, the discovery of "the great meteorological mystery," which it has pleased the author to place within it. We hope we can do this in as many lines as the author has devoted to it pages.

It all amounts to this:—The character of the seasons year by year regulates itself in cycles of twelve years each, corresponding mainly with position of the planet Jupiter, whose period of revolution round the sun corresponds pretty nearly with twelve terrestrial years. The Author takes no account of the odd days which in the aggregate must come to something; in fact, introduces the trifling discrepancy of a year at every eighth cycle of twelve years. Except when "perturbations occur," this is the order of events, distinguishing the years according to the constellations in which Jupiter is found, and by the terms "favourable" or "disastrous,"—the year 1859 being an example of the former, and 1860 of the latter term. When Jupiter has been in Leo, as it was in 1860, and, casting back, every twelfth year, the seasons have been "disastrous"—"a late spring, wet, cold summer and autumn, changeable winter;" when in Virgo, "Early spring, fine summer and autumn, mild winter;" when in Libra, "cold spring, fine summer and autumn, cold winter;" when in Scorpio, the same, except that there has been "a wet, mild winter;" when in Sagittarius and part of Capricornus, again disastrous seasons—"early spring, wet, warm summer, wet autumn, mild winter;" in the sixth series, with Jupiter in Capricornus, again disastrous seasons—"Cold spring, wet summer, wet autumn, severe winter, great storms;" when in Aquarius, "cold spring, fine summer and autumn, severe winter;" when in Pisces, "changeable spring, fine summer and autumn, changeable winter;" when in Aries, "cold spring, fine summer and autumn, changeable winter;" when in Taurus, again disastrous—"Wet spring, wet summer and autumn, mild winter;" when in Gemini, "early spring, fine summer and autumn, mild winter;" when in Cancer, "cold spring, fine summer and autumn, cold winter."

"The fine weather we almost always enjoy, when Jupiter is in the constellations Gemini and Cancer. . . . . The winters which precede and the springs which succeed the cold wet years bring us violent storms, like the November hurricane of 1859, and the late gales this year."

The "perturbations" Mr. Shepherd regards as due to the influence of comets. He devotes several pages to an endeavour to prove this, but whatever truth there may be in the general law laid down above, we think that his illustrations in this respect are not only far-fetched but unsatisfactory. We fear that he has been in not a few instances led away by the fault into which many enthusiastic and not over well trained minds are apt to fall of mistaking the "*post hoc*" for the "*propter hoc*," but of this our readers can readily judge for themselves by consulting the elaborate tables with which the work concludes. For our own part, we think our author would have served the interests of science better had he been content with demonstrating the seasonal cycles and leaving the planets and comets alone. To Mr. Shepherd's mind the planet Saturn exerts a mysterious influence also, and as this is partly sanitary, we will quote what he says:—

"In 1860, this planet is in the constellation Leo, with Jupiter entering the same constellation; the heavens pour down a deluge of rain. In 1845 Saturn is in opposition; we are visited with that terrible scourge the 'potato disease.' In 1830 the planet is again in Leo. In 1831 we are visited with that awful pestilence, the cholera, which raged in almost every part of the world. In 1815 this planet is again in opposition, and in 1816 the heavens pour down torrents of rain; in 1800 this planet is again in Leo, and both 1799 and 1800 pour down their furious calamities and a deluge of rain. Tracing the planet still further back, we find it in 1665 in opposition; that year brought on our country one of its direst calamities, 'the great plague of London.'"—P. 27.

An Appendix is added entitled "England's Position and England's only Hope." This means that we must counteract the otherwise disastrous effects of bad seasons by making the best of the materials at hand for fertilisation of our soil. It is a treatise on the application of town sewage to agricultural purposes. We presume none of us will disagree with Mr. Shepherd upon the desirableness of this conversion of all that is nasty and disgusting into food for our teeming millions.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

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GERMANY.

Erlangen, January 24.

ON MICROSCOPIC PHOTOGRAPHY.

At a late meeting of the Physico-Medical Society of this city, Professor Gerlach, well known for his excellent microscopic preparations and injections, showed a great many photographs of microscopic objects, which he had taken in order that the objects might be more strongly magnified than is possible in the ordinary way.

This gentleman is of opinion that as long as microscopic examination shows that the precipitate of silver has not yet been changed into single globules, photographs may be considered as correct objects for magnifying purposes. He employs, for the original object, a microscope of Oberhäusers (200 to 300), and afterwards, by means of a simple and very ingenious apparatus, magnifies it at a rate varying from 1000 to 1500, or even more, if necessary.

The formation of the precipitate of silver is greatly retarded if a diluted solution is employed; and thus the negatives, although they become less distinct, are, on the other hand, rendered more suitable for magnifying purposes.

Amongst the objects thus represented, the most striking were blood globules; a millimeter divided into a hundred parts; scales of the wings of Hipparchia janira, Linn., in which with a magnification of 1500, the transverse stripes were distinctly visible, and appeared separated by rather wide intervals; also transversely striped muscular fibres of Rana temporaria, etc. Professor Gerlach is just now preparing for publication a work which is to appear under the title, "Photography as an Auxiliary Means of Microscopic Investigation," and which will contain full particulars of the method employed by him, and also plates showing his micro-photographic preparations.

ON SUDDEN PARALYSIS OF THE HEART.

Professor Wintrich has recently observed that in certain spasmodic fits, in which sudden expiratory efforts are made, the glottis being at the same time closed, and also in violent paroxysms of cough, as in pertussis, etc., the heart is sometimes brought to an entire standstill; as neither of the sounds of the heart are audible, and the pulse cannot be felt. The Professor introduced a patient, in whom this peculiar symptom was to be observed, to the Physico-Medical Society. The man suffered from chorea, which affected several sets of muscles; sometimes the head was thrown backwards and sometimes towards the side; when walking or standing, he would suddenly stoop in a spasmodic manner, or the legs were rapidly flexed; or the musles of the chest and the abdomen were convulsively contracted for five or ten seconds. Consciousness was never disturbed in these fits. If the muscles of the chest and the abdomen were affected, the pulse could not be found, nor were the sounds of the heart to be heard on auscultation being practised. This observation was repeated many times, and its accuracy established beyond doubt. Professor Wintrich remarked that, if this condition, which is a real asphyxia, should become somewhat protracted, death would evidently be the consequence; and he related a few cases, in which this symptom alone could be considered as cause of a fatal issue of the complaint. The Professor believes this condition to be due to the increase of expiratory pressure, which is brought to bear upon the capillary vessels of the lungs and the right ventricle, and which cannot remain without effect upon the large vessels opening into the right atrium and upon the heart. The well-known experiment of Weber, in which the heart may, after a deep inspiration, be voluntarily brought to a stand still, is quite analogous to this, although the heart's action in the latter instance does not cease so rapidly as in the former. Professor Wintrich has also found that every healthy subject may, by a series of sudden, short, and strong coughs, cause his heart to temporarily suspend its action.

MADEIRA.

FUNCHAL, December 17.

THE SEASON.

SINCE the despatch of my last letter, one Portuguese and two English steamers have arrived, and brought us a fresh cargo of about a hundred patients. Most of these have been obliged to put up with very indifferent accommodation, viz., very high and airy attics, of which there are plenty in most houses in this place. To these attics you have to climb up four pairs of stairs; the rooms have six to eight windows; the walls are extremely thin, and strong draughts are thus produced, which cannot be said to favour the cure of diseases of the chest. Some of the fresh-comers have been obliged to take very small cottages, which are generally occupied by servants, or even entirely uninhabited.

The "Caminho Nuovo" is the general place of rendezvous, where one is sure to meet one's friends, and to hear the gossip of the day, as well as the military band which the foreign visitors have succeeded in organising, and to the fund for which the Empress of Austria has given a very liberal contribution. Three times a week a band also plays in the evening in the chief square of Funchal (Praça de Constitução), and attracts those strong enough to venture out at night. It would be better if the patients were satisfied with this innocent amusement, and avoided other and stronger excitement. But, unfortunately, many of them frequent the balls, which take place here during winter; and this, when added to the fatiguing exercise during the day, often produces the most disastrous consequences. It seems as if all excitement caused by bodily efforts and spirituous liquors, produced, just in this climate, more immediate and pernicious effects than elsewhere.

There is no want of Physicians in this town, natives as well as foreigners. Most of them are, of course, Portuguese. Amongst these I may mention Drs. Pitta and Juvenal, two well-educated gentlemen, the former of whom pursued his studies in France, and is a good Surgeon. Amongst the English, Dr. Lund is an especial favourite. He has resided here for many years, and enjoys unbounded confidence, not only among his countrymen, but also amongst others. A few weeks ago another English Practitioner, Dr. Brand, who until lately practised in Lisbon, has settled here. Besides these, we have five German Physicians; but I regret to say that the fees given are by no means large.

There are three Hospitals in Funchal, one of which is situated in the centre of the town, near the Praça de Constitução, and in which all poor natives of Madeira are received. This Hospital is also used for the education of Medical students, and lectures are delivered in it by Dr. Pitta. The administration, diet, and general treatment of the patients, seem to be very liberal. Unfortunately, diagnostics is still in a very primitive condition here. Thus we read of such complaints as "general emaciation," "bad hand," "bad foot," etc., in the case-books, from which it is therefore impossible to extract any statistical facts as to diseases and deaths which could be considered of any value whatever. The second Hospital is rather an Infirmary. It is situated at the outskirts of the town, near the Caminho Nuovo, and surrounded by a pleasant garden. Close to this is the third, a true palace, which promises to become a great ornament to the town, both by its architecture and the garden connected with it. It has been founded by the Empress of the Brazils for the reception of Portuguese patients suffering from diseases of the chest; but it is not yet completed.

BIRMINGHAM.

February 1.

THE Children's Hospital, incidentally referred to in preceding letters, has only become an accomplished fact since New Year's Day. When the desirability of founding such an Institution was admitted, an able and influential committee was appointed to carry out the project. Its members were soon divided on the question of site, and it is to be regretted that those who, on sanitary grounds, held the one which has been selected undesirable, proved to be in the minority. It is only just to admit that the difficulties in the way of any other selection were very great, and that everything has been done to render the present building comfortable and in every respect suited to the great and good purpose for which it is designed. It is understood that the staff are anxious to give practical effect to a suggestion to remove the convalescent children to a house in the country, and it is much to be desired, in the interest of Charity and Science, that the necessary means may speedily be forthcoming.

The treatment of rheumatic fever was recently the subject of an exhaustive paper by Dr. Wade at the Midland Medical Society. He preferred the name rheumatic fever to acute rheumatism, because more fully expressive of the essential character of the pyrexia which is independent of the joint or other local affection. At the onset of the uncomplicated form of the fever Dr. Wade recommended a large dose (5 to 10 grs.) of calomel; with a purgative, if the bowels have not been freely opened, with Dover's powder if they have. According to the severity of the symptoms, an ounce of the following mixture to be taken every two three four or five hours, ℞ Potass. nitr. ʒj., potassæ acet. ʒiij., aquæ Oss. M. This relieves without curing in thirty-six to seventy-two hours, and perseverance may complete the cure. In 109 reported cases 25 relapsed; this tendency to relapse it is which protracts rheumatic fever. To meet this Dr. Wade uses quinine in doses of two grains every three or four hours as soon as ever a distinct remission takes place, the salines being continued night and morning. This remission occurs as stated in from thirty-six to seventy-two hours. By this means continued progress to recovery may be secured and relapse prevented, with the aid of the routine local treatment. So soon as the patient begins quinine he has meat if he wishes and in some cases a glass or two of wine per diem. In the discussion which ensued Dr. Scurrah referred to Dr. Garrod's plan of treatment, he having as that Physician's Assistant in University College Hospital seen a great number of cases treated on that plan. It consisted in giving two scruples of bicarbonate of potash dissolved in two or three ounces of water, every two or three hours for a day or two, and then gradually reducing the dose; taking care, however, that the urine be kept strongly alkaline. Very little else was required in the majority of cases. The duration of the disease under this mode of treatment as drawn from several hundred cases, of all descriptions of acute rheumatic fever, averaged only ten to fourteen days, many being restored to health in eight days.

A little girl, an in-patient in the General Hospital, under Dr. Russell, is the subject of a severe attack of chorea. The movements besides affecting the limbs, agitated the lips and tongue, especially during attempts at taking food or medicine, to such a degree that the larger part of what entered her mouth was rapidly rejected. Doses of the citrate of iron and quinine to the amount of half a scruple were introduced into the rectum, twice a-day, with the best results. It is noteworthy that although the medicine was retained, cod liver oil, which was afterwards added to the enema, caused the whole to be passed back again immediately.

Fully admitting that in cases of ruptured perinæum with prolapsus uteri this diplacement is not cured by relief of the former injury by plastic operation, it is yet undoubted that as a palliative, as a means to an end, *perineoraphy* is of the greatest service. The operation was performed in the Queen's Hospital last November by Mr. Wilders, the Resident Medical Officer. The union was perfect and the success in every respect most gratifying. The previous prolapsus was literally enormous, and defied all retentive measures. At present the woman expresses herself perfectly cured, but Mr. Wilders has judiciously impressed upon her the necessity of wearing a small pad with T straps. The tendency in these cases to yielding of the cicatrix, and consequent dilatation of the vulva and recurrence of the prolapsus cannot too constantly and urgently be insisted upon.

The patient whom I reported convalescent after ovariotomy in my last, has completely recovered. A similar case (solid left ovarian tumour floating in ascitic fluid) was operated upon by Mr. Gamgee on the 20th ult. with the best result. The patient, aged 22, has had no peritonitis, the wound united by the first intention, and the case promises to be one of rapid and uninterrupted recovery. On the same occasion Mr. Gamgee attempted to remove a large ovarian tumour, of eight years' standing, from a middle-aged woman who had had the advantage of being under Dr. Fleming's care several months previously. This careful Physician had given a very thorough trial to medicinal treatment by the bromides and iodides, without material improvement. The patient's condition, from the size of her belly, being very helpless, she being urgent for surgical interference, Dr. Fleming being disposed to look upon the case as not unsuited for operation, Mr. Gamgee coinciding, resolved upon performing it. There was a large amount of ascites, but the history showed no symptoms whatever indicative of peritonitic attacks. As had been anticipated, the tumour was found free over a considerable portion of its surface, but, contrary to expectation, intimately connected in several parts to the abdominal parietes and viscera, to the uterus and, on the left side, to the brim of the pelvis, from the pubic crest to the promontory of the sacrum. The separate adhesions were in such recondite positions that, bearing in mind the large amount of ascitic fluid, their diagnosis was quite out of the question, and what is more discouraging is that it is not possible to conceive how, even with the light of the present case, like difficulties would be foreseen in a similar one. The patient succumbed eighteen hours after the incomplete operation.

The local history of ovariotomy is indeed somewhat disastrous, but the two successes obtained, and the method with which the subject is being studied in all its bearings in Mr. Gamgee's Clinique, may fairly be expected to lessen prejudice, and to stimulate a more dispassionate, comprehensive, and severely logical study of the great question.

The Canadians do not degenerate in their physical properties, even though other colonists may. In one militia regiment near the Ottawa, there are 371 men and seven officers over six feet in height. The papers give some details which exhibit the American character :—" The craving of the American appetite for such rubbish as sweet pies, nut-cakes, sugar-sticks, and the miscellaneous trash which in England boys throw aside with their tops and marbles, is increased by inaction and example; men acquire a distaste for their simple but excellent rations, suffer rapidly in health and become incapable of enduring the fatigue and privations of a campaign. The quantity of sugar-sticks consumed by a single American regiment in a day is past belief, to say nothing of cakes, pies, sardines, pea-nuts, popped corn, pickles, apple sauce, smoked herrings, and the inevitable tobacco and whisky when not strictly excluded. The men would need the stomachs of ostriches to preserve their health under such an infliction."

GENERAL CORRESPONDENCE.

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POOR-LAW MEDICAL REFORM ASSOCIATION.

LETTER FROM MR. RICHARD GRIFFIN.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg permission, through the medium of your Journal, to inform the Poor-law Medical Officers that in the House of Commons on Thursday, February 6, Mr. Villiers gave notice "That on Friday next he would move the reappointment of the Committee on the Administration of the Poor-law." It therefore becomes our duty to prepare for the approaching legislation on the Medical relief of the poor. The Select Committee will probably recommend, in general terms, the course they think should be adopted; and then the Poor-law Board, on the part of Government, will most likely introduce a bill which it is not improbable may be very different from that which we desire. We, therefore, ought to follow the course pursued by the Coroners on a recent occasion, and have a bill of our own, and run it against that of the Poor-law Board, should we not approve of theirs, and trust to our influence with the members of the Legislature to get that measure adopted which will be most beneficial to the interests of the nation; but without money it is impossible for this course to be pursued. At the commencement of last year the Association had a balance in hand of £9 18s. 2d., and I have since received: Students' balance, £11 14s. 6d., and subscriptions as follows :—One of £5; seven of £1 1s. each; eleven of £1 each; three of 15s. each; four of 10s. 6d. each; fifty-two of 10s. each; one of 7s. 6d.; six of 7s. each; thirty-seven of 5s. each; and three of 2s. 6d.; balance overdrawn, 14s. 8d.; making a total of £88 3s. 4d. The expenditure was :—Printer, £34 3s.; stationery and books, £5 12s. 8d.; postage, £4 6s. 4d.; advertisement, chest for papers, clerk for assistance, local secretaries, expenses of meetings, etc., £44 1s. 4d.; total, £88 3s. 4d. Within the last few days I have received £1 1s. from Dr. Brown, of Rochester, being his seventh subscription of a like amount. This gentleman is not a Poor-law Medical Officer, and, therefore, deserves our warmest thanks for the great interest he has always taken in our welfare. Mr. Grimbly, of Banbury, and Mr. Sanders of Gravesend, have also sent me their annual subscriptions of £1 each, and, with £1 1s. as my own subscription, and 10s. each from Mr. Mallam and Mr. Elkington, is all that we have to start with on our Parliamentary campaign; but I have little doubt, now that I have named the subject, the friends of Poor-law Medical Reform will freely respond to my call, and thus enable the Association to bring its labours to a successful issue. I am, &c.

Richard Griffin.

12, Royal-terrace, Weymouth, February 8.

Prize Questions of the Belgian Academy of Medicine.—1. Chemical History of Digitaline, medal of 500 francs value; essays to be sent in by October 20, 1862. 2. The Employment of Opium in Obstetrical Practice, based on Clinical Observations, a medal of 600 francs value, (June 15, 1863.) 3. A prize of 500 francs for the best unpublished Essay on the Causes and Improved Treatment of the Diseases to which the Belgian Workers in Coal are Liable, (June 15, 1863.) 4. The Formation of the Globules, Demonstrated by a criticism of existing works and new researches, a medal of 1500 francs, (June 15, 1864.)

Of Bath in the twelfth century we have the following description by a contemporary writer :—" There is a city, six miles from Bristol, where certain small springs send forth, from the secret bowels of the earth, waters heated, without any skill or ingenuity of man, which are carried to the surface by concealed pipes into a reservoir beautifully arranged with vaulted chambers forming baths of moderate temperature, salubrious and pleasant to the eye, in the midst of the city. The name of the city is Bath, so called from the meaning of that word in the English language, on account of the constant resort of persons from all parts of England to it,—the sick for the purpose of being laved in its health-giving waters; and they who are well, for the sake of seeing the wonderful gushing out of the hot springs and of bathing therein."—(*Gest. R. Steph.*) *Dr. Hook's "Lives of the Archbishops of Canterbury."* Vol. ii. page 577.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 28.

DR. BABINGTON, President, in the Chair.

A Paper, by Dr. SIDNEY RINGER, was communicated by Dr. GARROD, F.R.S.,

ON THE TEMPERATURE, UREA, CHLORIDE OF SODIUM, AND URINARY WATER IN SCARLET FEVER; AND ON A CYCLE IN DISEASE AND HEALTH.

The observations were made on patients in the Hospital for Sick Children, under the care of Drs. West, Jenner, and Hillier. Thirty cases are given. The temperature, taken several times during the day, is given in charts. The urea and chloride of sodium were estimated daily by Liebig's volumetric method. The observations extended over a variable time, in some cases till the forty-fifth day of the disease.

I. *On the Temperature.*—1. This fell, in the great majority of cases, on either the fifth, tenth, or fifteenth day of the disease. 2. When the temperature remained high till the fifteenth or the twentieth day, a fall of variable intensity occurred, usually on each of the preceding fifth days—namely, the fifth, tenth, and fifteenth. The temperature after each fall in some cases remained, during the subsequent five days, at the same point reached on the preceding fifth day; in other cases it rose again, reaching during the second or third five days a point as high as it did during the first five. 3. Each fall of the temperature is accompanied by an improvement in the state of the patient, which remains permanent when the temperature does not again rise. 4. Of seventeen cases that came early under notice, the average maximum temperature was a little above 103°. 5. Subsequent to the great fall experienced on the fifth, tenth, or fifteenth day, the temperature often remained rather too high over a variable time, in some cases for fifteen days. The degree of elevation varied, in some cases being between 100° and 101°, but more frequently between 99° and 100°. This elevation of the temperature also usually experienced a fall on each fifth day. 6. This subsequent elevation of the temperature, if of any persistence, was coincident with a continuation of the lesions produced by the scarlet fever, as sore-throat, etc. It sometimes preceded an attack of Bright's disease. 7. At a variable period after the scarlet fever, another elevation of the temperature occurred, due either to Bright's disease, endocarditis, tuberculosis, or chicken-pox; in two cases the cause could not be ascertained. 8. The date of the second elevation varied: thus, counting from the commencement of the scarlet fever, in albuminuria the mean of six cases gave the twenty-second day; in two cases in which the elevation was probably due to endocarditis, the elevation began on the eighth day; in one case of chicken-pox it commenced on the sixth day; in one case of tuberculosis, on the ninth. 9. The duration of the elevation due to the above causes varied from two to thirteen days. 10. This subsequent elevation of the temperature due to intercurrent disease always fell either on a fifth day from its own commencement, or on a fifth day from the commencement of the scarlet fever. 11. Thus the temperature forms arcs or cycles, lasting in the majority of cases five days; this equally applies to the temperature of the scarlet fever, or of any subsequent intercurrent disease. 12. In severe cases the temperature remained at the same point throughout the day; in slighter cases it fell in the morning and rose during the day: this fall in the morning is one of the earliest signs of improvement. 13. The hour of the day at which the temperature reached its highest point varied greatly. It was most frequently at its highest at some time between 2 p.m. and 8 p.m.

II. *On the Urea.*—1. The urea appears to suffer no increase during the fever. 2. The amount of urea for many days after the decline of the fever is far below the amount normal to the patient. 3. From the above, the Author thinks it probable that the kidney is affected from the commencement of the attack, and the elimination of the urea thus checked. In some of the cases the children were puffy about the face, without any blood or albumen occurring in the urine; this perhaps was caused by the retention of urea. 4. On the intercurrence of Bright's disease, the urea in some cases was greatly diminished; in other cases no diminution occurred.

III. *On the Chlorides.*—1. The chlorides were never found absent in any of the cases analysed. 2. Their amount was always much diminished during the fever days. 3. After the fall of the temperature the chlorides increased gradually. 4. In one case in which Bright's disease supervened the chlorides were estimated: they suffered very little diminution.

IV. *On the Urinary Water.*—Often during the fever there is no diminution in the amount of urinary water; in some cases it is increased.

V. *On the Albumen in the Urine.*—1. The albumen appears at two different periods: (*a*) during the fever days; (*b*) later, during the non-fever days. Out of twenty-one cases, it only appeared once during the fever days. Of eighteen cases which were in the Hospital for a considerable time, in seven albumen appeared during the fever free days. 2. The time of its appearance varied from the ninth to the twenty-third day. 3. The duration of the albumen in the urine varied from three to forty-nine days. 4. There is no necessary connexion between the intensity of the inflammation (tested by the elevation of the temperature) and the duration of the albumen in the urine. 5. There is no necessary connexion between the intensity of the inflammation and the amount of albumen in the urine.

VI. *On Blood in the Urine.*—1. There may be an elevation of the temperature, due probably to inflammation of the kidney, without any blood in the urine. 2. In no case did blood appear without previous elevation of the temperature. 3. In some cases the blood continued long after the fall of the temperature, and thus probably after the decline of the inflammation.

VII. *Relationship between the Blood and Albumen in the Urine.*—1. A very large amount of albumen may occur in the urine without any blood. 2. Blood to a very large amount may occur in the urine with the slightest trace of albumen; and if the blood-corpuscles be allowed to settle, the supernatant fluid may give no evidence of albumen. These cases given were seldom dropsical; they, however, often looked puffy in the face. In some cases the second elevation of the temperature due to Bright's disease was not followed even by puffiness. In one case the patient was puffy, without any other indication of Bright's disease.

VIII. *On a Cycle in Disease.*—In the cases given the temperature did not run an equable course, neither remaining at the same temperature throughout; but formed cycles, composed of a variable number of days, each cycle, however, being composed of the same number of days in the same patient. The cycles in the great majority of cases were composed of five days.

IX. *On a Cycle in Health.*—The Author tries to prove from the cases given that in health we have a daily and a five-days' cycle of tissue change. He further tries to show that in fevers we have a great increase of this daily and five days' cycle of tissue change, from which results the great elevation of the temperature.

Dr. EDWARD SMITH said the Paper was the expression of the opinion of one who was well known to take great pains. He thought it would have been better to have used English words for weights and measures, as it would have been easier for the members of the Society to follow the Author's meaning. In reference to the temperature, the Author had made his observations by placing a thermometer in the arm-pit; but the temperature of every part of the body varied, depending greatly on the action of the skin. He wished to ask the Author if he had been careful to make his observations at the same time of day, and at the same distance of time from meals. In reference to the urea and the body-weight, they had no relation one to another. It could not be the same in a fat man, or in one with large bones. In his own case, the proportion was one grain to the pound, but it varied very much in different persons. In persons undergoing prison discipline, it might be four and a-half grains to the pound—not that the amount was absolutely increased, but simply that the body contained relatively a higher proportion of nitrogen. There was no mention either of the quantity or nature of the food, which was an important thing to be kept in view in such an inquiry.

The AUTHOR having briefly replied, the Society adjourned.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 5.

DR. TYLER SMITH, President, in the Chair.

Dr. HARLEY read his report on Mr. Spencer Wells's case of

EXFOLIATION OF THE FEMALE BLADDER.

The specimen is a bag or sac, as large as a child's head, and perfect on all sides except one, where there are several rents. The exterior is of a white colour, and distinctly muscular, the muscular fibres running in an interlacing manner, as in the urinary bladder. The interior is of a dark colour, and everywhere covered with gritty deposit, on the removal of which a smooth mucous membrane comes into view. The gritty deposit consists of crystalline phosphates and urates. Over a limited portion of the external surface is a patch of a smooth membrane, like a serous membrane; and if it be such, it is probably a portion of the peritoneum. No ureters nor orifices of ureters are to be found in the specimen, and the position of the urethra cannot be ascertained in consequence of the rents in the lower portion of the specimen. For a similar reason, it is impossible to discover whether the specimen is an entire organ or only a portion of an organ. The question "Is it a human bladder?" is not easily answered on anatomical grounds, for in its present state the specimen has neither the size nor shape of a human female bladder. The moral evidence, however, is all in favour of the view that it is, as has been described, an exfoliation of a human bladder. The foregoing are the general conclusions arrived at by the reporter; the arguments for and against the view taken were minutely and elaborately stated by Dr. Harley.

Dr. TANNER remarked that there was a preparation (No. 1993) in the museum of the Royal College of Surgeons which might help to throw some light upon the nature of the specimen that had just been reported on. The history of the patient from whose bladder the membrane was removed had been communicated to him (Dr. Tanner) by Dr. Knox, and was as follows:—A man, seventy years of age, living in Edinburgh, fell from a scaffold, and in consequence suffered from retention of urine. The catheter was introduced frequently, and a thick puriform fluid drawn off by it. At the end of the third week, however, nothing would pass through the instrument; while the point of the catheter could be felt to impinge upon a membrane. To relieve the man's sufferings, the late Mr. Liston, assisted by Dr. Knox, cut into the bladder from above the pubes, and thus allowed a large quantity of purulent fluid and a membrane to escape. The patient lived for three months afterwards, discharging his urine partly through the wound and partly through the urethra. On examining the layer of membrane, it is seen to be of a saccular form, about six inches in its longer and four inches in its shorter diameter. Its shape indicates that it lined the whole interior of the bladder, and was thrown off from it in one piece. The outer surface is flocculent, and in parts distinctly fibrous; the inner surface is granular and reticulated, like superficially ulcerated mucous membrane. In fact, as the Catalogue states, it exactly resembles the mucous membrane of a bladder, separated as a slough in one piece.

Dr. UVEDALE WEST exhibited a specimen of

PROTRACTED RETENTION OF BLIGHTED OVUM,

which had come away two days previously, after being retained until the expiration of twelve months from the commencement of pregnancy, the embryo having probably perished as early as the end of the fourth month. Independently of the interest attaching to the specimen as an example of protracted retention of blighted ovum, Dr. West thought the case instructive, as being one in which both patient and doctor had been right and wrong at the same time; the former having to the last persisted in the belief that she was not only pregnant, but normally so; the latter having told the patient, when consulted by her after the expiration of her nine months, that she was not only mistaken, but altogether so. The ultimate expulsion of the mass exhibited, however, explained everything.

Dr. SWAYNE (of Bristol) related a case of

DISCOLORATION OF THE SKIN OF THE FOREARMS AND HANDS DURING PREGNANCY.

This case was a strongly-marked instance of discoloration of the skin in various parts of the body. The patient, aged twenty-six, was a blonde, rather florid, brown hair, and blue eyes, in her fourth pregnancy. The discoloration was most marked at the wrist (as shown in drawings exhibited); here the skin was of a rich yellowish-brown. Similar discolorations were noticed at previous pregnancies, beginning at the fourth month, and increasing in intensity from that time. The mother had been similarly affected.

Mr. HENRY RAYNES (of Gringley) gave particulars of a case of

DIFFICULT LABOUR FROM LOCKED HEADS.

The case resembled Dr. Pollock's, detailed at the meeting of the Society in April, 1861. The head of the second child took precedence of that of the first, whose body was already in advance; the two chins were in contact, and labour was arrested. The first child, being dead, was decapitated, and the second child then delivered. It was alive, but expired soon afterwards. The head of the first child was next extracted.

Dr. BARNES wished to make one observation on the subject of locked twins. He entertained a confident belief that in some of these cases a method less repulsive than decapitation might be resorted to. The two heads might be unlocked by pushing back somewhat the presenting child, and then by external manipulation the head of the second child might be pushed away from under the chin of the first child, and thus the obstacle to the birth of the first might be removed. He (Dr. Barnes) did not undertake to say that he had actually succeeded in this manner in extricating locked twins; but in a case which had happened to him, after external manipulation employed for this purpose, the two heads had been found freed from each other.

Mr. BAKER BROWN, F.R.C.S., related a case of

RETAINED MENSES OF TWO YEARS' DURATION, CAUSED BY ATRESIA VAGINÆ, AND TREATED BY PUNCTURE OF THE UTERUS PER RECTUM.

M. D., aged 15, single, admitted into the London Surgical Home November 13, 1861. She had suffered for two years great pain at every monthly period, without any show of menses. Latterly the pain had been constant and excruciating. Mr. Teale, of Leeds, had attempted to make an artificial vagina, but failed for want of sufficient tissue. The uterus externally felt the size of a four months' gravid organ, and it could be felt bulging on the rectum. The girl was otherwise well developed. November 21.—Mr. Brown introduced a curved trocar into the uterus per rectum, and fastened the canula in by tapes. At the time of the operation a good deal of treacly-looking matter escaped through the canula, and continued to do so for two or three days after. On the 24th she had some pain, followed by a discharge of healthy and fresh menstrual fluid through the canula. On the 27th, the bowels were opened, the canula being still in. The canula was kept in for a fortnight, the bowels acting regularly every day. On January 2, after two or three days' suffering of uterine pain, she again menstruated per rectum, and shortly afterwards returned home quite well.

Dr. ROUTH, after thanking Mr. Brown for his contribution, remarked that the case was satisfactory as one of recovery after liberating a menstrual accumulation per rectum. It was important because usually, when an opening for the same purpose was made per vaginam death was the result. How far, therefore, did recovery depend upon the rectal opening? It was well known we occasionally met with large ovarian cysts within the pelvis, which gave rise to so much distress and pain that the liberation of the contained fluid became imperative. Now he believed five such cases had occurred in the Samaritan Hospital all of which, except one, had died after the operation. The continual drain kept up of purulent matter, which usually became very offensive, exhausted the patient in the end, although the immediate effect was relief. Did this depend on the passage of air within the cavity? It was known as a practical point, already insisted upon by Dr. Oldham, for reducing retroverted wombs, that if the vagina was opened and pulled backwards, a rush of air took place, and the vagina was pulled out, and so the reduction effected. Did not something like this occur in those cases where the opening was made by the vagina, which was prevented by the sphincter ani from taking place when the opening was made per rectum? *A priori*, we should expect the reverse, from the probable passage of flatus through the opening made per rectum into the cyst or uterus. It was known how intensely putrid were the contents of abscesses near the rectum, from the passage of fæcal matters or flatus within them; yet recovery was not uncommon when the opening was made per rectum. Did anything depend on the vaginal opening, when made, remaining unclosed? Altogether he thought it an important surgical point to determine, which he hoped on some future day to take up and embody in a paper for the Society.

Mr. Spencer Wells agreed with Dr. Routh as to the necessity for inquiry into the relative safety of tapping by the vagina or by the rectum in cases where ovarian cysts were adherent within the pelvis. He had tapped by the vagina in three patients in the Samaritan Hospital. In the first case the operation was performed more than two years ago; and although the woman could not be said to be entirely cured, as some discharge still went on, yet she was in so good a state of health as to be able to walk two or three miles. In a second case, the woman died a few months after the tapping, exhausted by continuous discharge. In the third instance, the patient gained great temporary relief, but the sac was filling again. In cases where he had tapped by the rectum, he had not seen the same suppurative inflammation of the lining membrane of the cyst as after tapping by the vagina; but he had seen troublesome dysenteric tenesmus from the constant discharge of ovarian fluid into the rectum. He could not believe that it was better to have the fetid gases formed in the intestines entering an ovarian cyst than the pure atmospheric air; and he had seen cases where ovarian cysts had opened spontaneously into the rectum, or into some other part of the intestinal canal, prove rapidly fatal after putrefactive fermentation of the ovarian fluid. It was a very important practical question, which required further observation.

Dr. Tyler Smith hoped the further history of the case would be noted.

Mr. Brown replied by stating that this case would still be under the watchful eye of Dr. Wright, of Malton, who was a most careful observer of disease, and deeply interested in this particular case, so that Mr. Brown would be able to report hereafter to the Society the condition of the patient.

MEDICAL NEWS.

Royal Colleges of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen, having passed their final examinations, were admitted L.R.C.P.E. and L.R.C.S.E. on the 8th instant:—

Cowan, William Dudgeon, Musselburgh
Jackson, Burton, County Kerry
McDonald, William, County Limerick.

And the following gentlemen passed their First Professional examination during the recent sittings of the Examiners:—

Addison, Adam, Forfarshire
Heffernon, Edward, East Indies
Spence, James A. W., Yorkshire.

Royal College of Surgeons, Edinburgh.—The following gentlemen, having passed their final examinations, were admitted Licentiates of the College on the 10th instant:—

Pullar, William Young, Edinburgh
Sandison, John, Arbroath
Suther, James Benjamin Fraser, Edinburgh
Wilkinson, William Edward, Dublin.

And the following gentlemen passed the First Professional examination, during the recent sittings of the examiners:—

Campbell, John, Argyleshire
Jeffrey, William, Berwickshire
Maclean, Donald, Canada West
Macleod, Roderick, Skye
Walker, Thomas, New Brunswick
Wright, George A., Perthshire.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, February 6, 1862:—

Ashforth, George Morris, Westmill, Herts
Davies, Lloyd, Llansilin, near Oswestry
Harvey, William, Penzance, Cornwall
Jenkyns, Charles, Tuckingmill, Camborne, Cornwall
Kempe, Charles Patrick. Cingsillack, Cornwall.

The following gentleman also on the same day passed his First Examination:—

Goddard, Eugene, St. John's-street-road.

APPOINTMENTS.

Andrew.—Edwyn Andrew, M.D., F.R.C.S., late Resident Medical Officer to University College Hospital, has been appointed Surgeon to the Shrewsbury Eye and Ear Dispensary, vacant by the death of Edwin Foulkes, Esq.

Bullock.—Thomas William Bullock, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Warwick District of the Warwick Union, in the room of John Tibbits, M.D. St. And., M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.

Goodall.—Richard Thomas Goodall, M.R.C.S. Eng., has succeeded Henry Moore, M.R.C.S. Eng, as Medical Officer (resigned) for the North Wingfield District of the Chesterfield Union, Derbyshire.

Headland.—Frederick William Headland, M.D. Lond., F.R.C.P. Lond., has been appointed Assistant Physician to the Charing-cross Hospital, *vice* William Hughes Willshire, M.D. Univ. Edin., M.R.C.P. Lond., appointed Physician.

Irvine.—John William Irvine, L.R.C.S. and L.M. Edin., L.S.A. Lond., has been elected Honorary Surgeon to the Liverpool Dispensaries.

Moore.—William Moore, M.D. Trin. Coll. Dub., F.K.& Q.C.P. Irel., L.R.C.S. Irel., L.M. Dub. Lying-in Hospital, has succeeded the late Cathcart Lees, F.K. & Q.C.P. Irel., M.D. Trin. Coll. Dub., as Lecturer on the Theory and Practice of Medicine, at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin.

Gourlay.—Frederick Gourlay, M.D. Edin., has been elected Physician to the Dispensary, Weston-super-Mare.

Smith.—At a meeting of the Committee of the Western General Dispensary, held on Thursday last, Mr. Henry Smith, Assistant-Surgeon at King's College Hospital, was unanimously elected Consulting Surgeon, having filled the office of Honorary Surgeon for a period of ten years.

Spurgin.—Frederick William Spurgin, M.R.C.S. and L.S.A., has been appointed House-Surgeon to the Poplar Hospital, *vice* Mr. M. Brownfield, resigned.

Symmons.—George Stratten Symmons, M.R.C.S. Eng., L.S.A. Lond., has been elected to succeed Dr. John Tanner (whose tenure of office will expire on March 24), as Medical Officer for the Ledbury and Yorkhill District, and the Workhouse of the Ledbury Union, Herefordshire.

Way.—John Way, M.D. Lond., M.R.C.S. Eng., L.S.A. Lond., has been elected one of the Honorary Medical Staff of the Royal Pimlico Dispensary, *vice* Charles James Barr Meadows, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., resigned.

DEATHS.

Anstey.—February 11, Abraham Tidboald Anstey, Medical Student of St. Bartholomew's Hospital, aged 21. He had passed his Primary Examinations at the Royal College of Surgeons of England and Apothecaries' Hall, London.

Bainbridge.—January 31, at Doncaster, Henry Bainbridge, M.D., aged 93.

Biot.—M. Biot, the Father of French *savans*, has just died at the advanced age of 89. This illustrious man, born in 1773, was appointed Professor to the College of France in 1800. He became a Member of the Academy of Sciences in 1802, Member of the *Bureau des Longitudes* in 1806, Officer of the Legion of Honour in 1814, Fellow of the Royal Society in 1815, and Member of the French Academy in 1857.

Carter.—February 11, at Epsom, Surrey, William Carter, M.R.C.S. Eng., L.S.A. Lond., aged 42.

Clarke.—October 8, at sea, on board the *Suney* on the homeward passage from Calcutta, John Clarke, M.D., Assistant-Surgeon to the 35th Regt. of Foot (March 1, 1859).

Gartside.—February 1, Joseph Gartside, of Edenfield, Lancashire, aged 46.

Meniere.—M. P. Ménière, Physician to the Imperial Institution for the Deaf and Dumb at Paris, and well known for his psychological contributions, died in consequence of pleuro-pneumonia on the 7th inst.

Murray.—February 2, at his residence, Dispensary House, Ballymacarrett, Belfast, James Murray, M.D. Univ. Glasg., C.M. Glasg., F.R.C.S. Irel., L.M., Medical Officer to the Ballymacarrett Dispensary, and to the Constabulary.

Negrier.—M. Négrier, Honorary Director of the Medical School at Angers, died recently, aged 70. He was the author of various interesting memoirs, among which was one upon the Resistance of the Funis, and others upon the Treatment of Scrofula by Walnut Leaves, and on Craniotomy. He received the Monthyon prize for his work on the Ovaries and Hysteria.

Orpen.—January 23, at Lisheens, Bantry, John Herbert Orpen, M.D.

Rainy.—February 8, George Rainy, of No. 17, Golden-square, Aberdeen, M.D. King's Coll. Aberd., M.R.C.S. Eng., late Lecturer on Midwifery and Diseases of Women and Children, King's College.

Risk.—February 10, at Glen Cottage, Glasgow, Andrew Risk, M.D. Univ. Glasg., L. and F.F.P.S. Glasg.

Stenson.—February 8, at Bourton-on-the-Water, Gloucestershire, Nathaniel Stenson, M.D., aged 86.

Thevenot.—The Baron Thévénot has just died at an advanced age. Although he had long nearly disappeared from the scene, he formerly occupied a very high position, having been Surgeon to the Hospice des Enfants-Trouvés, and to the Hotel Dieu, as well as first Surgeon in Ordinary to Louis XVIII.

White.—November 1, at Collingwood, near Melbourne, Australia, Patrick Joseph White, Surgeon, aged 28.

Dr. Jenner's statue has been removed from Trafalgar-square to Kensington Gardens.

Mr. Knight, Surgeon, of Wittersham, Kent, is said to have died of typhoid fever caught whilst visiting Guy's Hospital.

The next Evening Meeting of the Metropolitan Association of Medical Officers of Health will be held at 8, Richmond-terrace, Whitehall, this day, at half-past seven o'clock. Dr. Aldis will bring under the notice of the meeting Simmons' gas connecter. Dr. Lankester will introduce the question of the "Causation of Typhoid Fever" for discussion.

Salaries of Professors in France.—By a Decree published January 25, the salaries of the Professors of the College of France and of the Academy of Sciences are fixed at 7,500 francs (£300.)

Mr. Henry Bird, chemist, of 24 Exchange-street, Liverpool, has sent us a specimen of a cork intended to prevent accidental poisoning. This cork is so contrived, that, even in the dark, it cannot be removed from the bottle without sensibly warning the person that the contents are dangerous, and that caution must be used. Its peculiarity consists in attaching to a stopper or cork, a head constructed with sharp angular points, which, when the attempt is made to remove it incautiously, inflicts a slight prick to the finger, promptly calling the attention to the plain and legible label affixed to it. To prevent any possibility of mistake, each cork is provided with a wire, by which it is attached to the neck of the bottle.

At a Meeting of the Odontological Society of London, on February 3, 1862, Mr. Coleman reported a case of exfoliation of the right intermaxillary bone with its contained teeth from a child who had suffered from measles. The particulars of the case had been furnished him by Dr. Hughlings Jackson; he then read a paper on "Anæsthesia considered especially in reference to Dental Operations," in which he said that whilst it was not advisable in the case of the removal of one or two teeth only, he considered it humane to recommend it where four or more teeth were to be extracted.

Proposed Medical Bibliography Society.—A recent number of the *Union Médicale* (No. 13) contains a proposition for the establishment of an "Universal Medical Bibliography Society under the designation of the 'Hallerian Society.'" Its seat to be at Paris and co-operation invited from all countries. The want and desirableness of such a Society are easily shown by the projector, but he is less happy in his anticipation of the abundant resources likely to flow in aid of such an undertaking. He refers to the success of the Sydenham Society (which by-the-bye he characterizes somewhat rashly as one of the richest Societies of the world), but everyone conversant with the working of that Society and of similar bodies, must be certain that it would have never reached its present prosperous condition had the production of a Medical Bibliography been its chief object.

Royal Medical Benevolent Fund Society of Ireland.—The annual meeting of the Belfast Branch of this Society was held on the 3rd instant in the Library of the Belfast Medical Society in the General Hospital, Frederick-street. Dr. T. H. Purdon occupied the chair. The report of the branch's operations during the past year showed that an increasing interest had been taken in its success, both by the Profession and the nobility and gentry. The subscriptions and donations for the past year, £180 16s. 11d., largely exceeded not only those of all the other branches in Ireland, but even what was collected in Dublin. The current year of the Society's "labour of love" in Belfast, the Treasurer (Dr. S. Browne, R.N.) now stated had already commenced so well as to give fair promise of being equal to, if not greater, than that of last year. The President (Dr. T. H. Purdon) gave £25 donation, and an annual subscription of £5. The committee for the ensuing year was elected as follows:—viz., for Belfast—Drs. Patterson, Moore, H. S. Ferguson, C. D. Purdon, Thompson, Drennan, and Cuming, with the President, Treasurer, and Secretary, *ex-officio;* and for the country districts—viz., Surgeon Black, Ballymena; Dr. Musgrave, Lisburn; Dr. Spearing, M.D., Antrim; Dr. Filson, M.D., Portaferry; Surgeon Patrick, Carrickfergus; and Dr. John Moore, M.D., Glenarm.

Ethnological Society.—At the meeting of this Society on Tuesday week Dr. Hunt, Honorary Secretary, read an interesting paper "On the Acclimatisation of Man," in which he contended that the popular belief, that man can thrive equally well in the tropics or at the poles, was entirely fallacious. The conditions which prevent or retard the acclimatisation of man, he said, are physical, mental, and moral. Food is inseparably connected with climatal conditions, as also are the physical geography of the district, its elevation or depression with respect to sea-level, its soil, atmosphere, the quality of its water, the quantity of light, and the predominance of certain winds. Some plants are peculiar to certain regions, and if transplanted degenerate or die. So with man. In every region he is found organised in harmony with the climate, and if it were not so he would perish. The different race also present different degrees of acclimatisation, in accordance with their mental development; and every race had certain geographical limits, from which it cannot with impunity be displaced. The lecturer went into a great variety of detail and statistics, showing the influences of climate and the results of our colonisation. In all cases, not even excepting that of the Spaniards in South America, degeneracy and ultimate dying out appear to be the rule, the apparently most marked exception being the Jews. In conclusion, Dr. Hunt observed that, while so many mad schemes for colonisation were daily proposed, and men vainly boasted, in their pride, of the universal spread of the Anglo-Saxons, it was well to expose some of these delusions; and no greater benefit could be conferred on humanity than the elucidation of the laws which govern the so-called acclimatisation of man. An interesting discussion took place, in which Mr. Layard, Mr. Monckton Milnes, Dr. Sandwith, Sir Erskine Perry, Dr. Hodgkin, Sir Alexander Tulloch, Mr. R. Chambers, Mr. Luke Burke, Dr. Ward, Mr. Poole, and the President, took part, the tendency of which was to confirm Dr. Hunt's remarks in as far as they related to the rapid translation of races, but that there had been in ancient times a slow migratory acclimatisation of various peoples.

The President of the King's and Queen's College of Physicians in Ireland and the Lord Mayor of Dublin.—At the recent inaugural banquet given in the Mansion-house, Dublin, to his Excellency the Lord-Lieutenant, there was, as is usual, a high table, raised on a dais, the seats at which were reserved for the various noble personages and the representatives of the various professions. On the arrival of Dr. Corrigan, who was invited as President of the College of Physicians, it was intimated to him that no seat had been reserved for him in the place of honour on the daïs. As a private individual, he doubtless would have acquiesced; but feeling that he was invited officially, and that he had to support the dignity of the Profession centred for the time in his person, Dr. Corrigan withdrew at once from the Mansion-house. The Lord Mayor apologized for the apparent disrespect, in a letter, from which we make the following extract:—"I write at once to explain, lest you should for a moment think that any disrespect was shown to the President of the College of Physicians, or any slight intended to so valued a friend. An unusual number of Noblemen, Privy Councillors, etc., had honoured me by accepting my invitation, and as the daïs would hold but a limited number, I was obliged to direct that the seats at it should be arranged according to the roll of precedence settled by Ulster King at Arms, and that reserved seats at the heads of the principal tables should be retained for my other most distinguished guests (yourself included), for whom no seats could be allocated on the daïs. The daïs was arranged accordingly, *with the exception that seats were allowed there to a representative of each Church and to the city M.P.'s*, who always take a high position on such occasions. You will find, on reference to the morning papers, that many guests of high distinction, such as Judge Ratcliffe, Knights, Presidents of Queen's Colleges, etc., etc., were placed in the reserved seats. Again expressing my great regret that any circumstance should have deprived me of the honour of your company, I remain, dear sir, yours faithfully, Denis Moylan. D. J. Corrigan, Esq., President of the College of Physicians." It is satisfactory that no disrespect personal or official was intended; and it may be difficult to enter the lists with Ulster King at Arms on a question of precedence. Yet the *exceptions* which we have noticed in italics completely justify Dr. Corrigan in the step he took. Any person of distinction who comes as a private guest may sit anywhere; not so the representative of the highest Medical Corporation.

Prize Questions of the Académie des Sciences.—1. For the two grand prizes in the Physical Sciences for 1863 the subjects are,—"The changes which take place during germination in the constitution of the tissues of the embryo and the perisperm, and in the matters contained in these tissues." "The production of hybrid animals by means of artificial fecundation." 2. Montyon prizes for 1863:—(1.) For the work which has most contributed to the progress of Experimental

Physiology. (2.) For the works which may be considered most useful in the Art of Healing, and such as indicate the means of rendering the pursuit of an occupation less unhealthy. 3. Prize in Medicine for 1864,—"The History of Pellagra." 4. Prize in Medicine and Surgery for 1866,—"The Therapeutical Applications of Electricity." 5. Prize in Surgery for 1866,—"The Preservation of the Limbs by the Preservation of the Periosteum:" this is a prize of 20,000 francs. 6. The Cuvier Prize for 1863, for the best work which has appeared from January 1, 1860, to December 31, 1862, upon the Animal Kingdom or Geology. 7. Two Alhumbert Prizes for 1862,—"Endeavour by well-executed experiments to throw a new light on the so-called Spontaneous Generation." "An experimental investigation of the modifications which may be produced in the development of a vertebrate animal by the action of external agents." 8. Two Bordin Prizes for 1863,—"The distribution of the vessels of the latex in the different organs of plants, and especially their connexions or relations with the lymphatic or spiral vessels, as also with the fibres of the liber." "Determine by anatomical investigation whether there exist in the structure of plants characters which are proper to the great natural families, and thus agreeing with those deduced from the organs of reproduction." 9. The Bréant Legacy of 100,000 francs, for the discovery of the causes or the cure for Cholera. 10. The Barbier Prize. for the best work on Chemistry or Medical Botany. Many additional particulars with respect to these prizes are furnished in the *Comptes Rendus* of December 23, 1861.

USE OF CHLOROFORM IN MIDWIFERY PRACTICE.—Professor Martin, of Jena, as the result of observation in nearly 1000 cases, comes to the following conclusions:—1. Narcosis is induced very easily during childbirth, from a half to a drachm of chloroform usually sufficing. 2. The chloroform induces no unfavourable symptoms, nor exerts any ill effect upon the activity of the pains, which at most are slightly weakened at first. 3. Ill-consequences do not succeed to the administration, providing the sleep which usually follows the narcosis, and during which the elimination of the chloroform seems to take place, be not disturbed. The favourable effects thus observed, Dr. Martin attributes to his mode of procedure—viz., commencing with small quantities of chloroform poured upon a small handkerchief, and so presented to the patient's mouth and nostrils that she may continue to breathe atmospheric air while inhaling the chloroform.—*Froriep's Notizen*, Vol. iv., No. 22.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 8, 1862.

BIRTHS.

Births of Boys, 1095; Girls, 1102; Total, 2197.
Average of 10 corresponding weeks, 1852–61, 1819·9.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	704	680	1384
Average of the ten years 1851–60	635·6	635·8	1271·4
Average corrected to increased population..	..	..	1398
Deaths of people above 90	..	..	9
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	..	17	3	14	4	4
North ..	618,201	..	4	14	3	8	14	2
Central ..	378,058	..	1	13	5	10	7	3
East	571,129	1	..	13	3	16	15	5
South ..	773,160	..	2	26	8	17	23	4
Total.. ..	2,803,921	1	7	83	22	65	63	18

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·047 in.
Mean temperature	43·2
Highest point of thermometer	55·5
Lowest point of thermometer	24·4
Mean dew-point temperature	37·5
General direction of wind	Variable.
Whole amount of rain in the week	0·00 in.

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

A. C.—Consult the nearest Physician-Accoucheur.

M.A. & M.B. Oxon. writes to inform us that there has been no Graduate in Medicine of the University of Dublin named William Henry Bullmore from 1800 to 1861, and that there is no such name in the list of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland for 1861.

Mr. Furneaux Jordan shall receive a private note.

Surgeon late R.N.—When a suitable opportunity occurs it will give us great pleasure to advocate the claims of our brethren in the Naval Service But it is not desirable to continue to direct public attention to the circumstances of the late case.

The *Daily Telegraph* has been detailing, with malicious gusto, the story of some Surgeon in general practice who attended an old man of 84 for forty weeks before his death, and afterwards sent in a bill for £111 4s.

"We have taken the trouble (says the *Telegraph*) to analyse this precious doctor's bill. 218 visits are charged for at five shillings each. Then come 673 draughts at eighteenpence each; 54 boxes of pills at one shilling each; 6 aperient draughts at eighteenpence; 2 powders at a shilling. The smaller items are sprats to whales. A shilling for a dose of castor oil or a box of ointment, although the cost price of either of these medicaments did not probably exceed twopence; eighteenpence set down for a blister, and eighteenpence for a plaister,—these are comparatively almost reasonable entries, lost in this wilderness of medicine, in these platoons of physic bottles. What must have been the state of the poor old bank-clerk's mucous membrane after all this river of doctor's stuff had been poured down his unfortunate gullet! . . . . But at the end of the bill comes the unkindest cut of all. After the two hundred and eighteen visits, and the six hundred and seventy-three draughts, the doctor charges ten and sixpence for writing the certificate of death."

Of course this is quite an *ex parte* statement. We hear nothing of the nature of the illness or of the amount of Medical attendance required. We regret to see the medicine made the vehicle of remuneration, but take leave to observe that an assiduous attention during forty weeks of a painful illness may be worth half-a-guinea a day to many an invalid.

A QUERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall be greatly obliged if some one of your readers will elucidate the following passage which is taken from page 56 of the first vol. of Buckle on "Civilization":—"Starch is in reference to nutrition the most important constituent in the vegetable world." I am, &c.

Taunton, February 8. G. W. F.

VACCINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall feel greatly obliged if you or any of your Correspondents can, through the medium of the *Medical Times and Gazette*, inform me if I can enforce payment from the Guardians or Overseers for vaccinations performed on the children of patients residing in a portion of the parish for which another Medical man is Parish Doctor?

I presume the Guardians of the Poor or Overseers are liable, as the Schedule directs the vaccination to be performed by the public vaccinator or "your own Medical attendant." I am, &c.

Tadcaster, February 5. AN OLD SUBSCRIBER.

[Will some of our Correspondents reply to this question?—ED.]

THE PROCLIVITY TO DISEASE OF MALES AND FEMALES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It is a general belief that women are more subject to disease than men. Partaking in this creed, I set about examining "the reason why." A few hours' work at the subject induced me to doubt whether the current idea was correct. The investigation of such Hospital Statistics as I could lay my hands on confirmed the doubt, and left me under the impression that the proportion of male patients to female is as three to one. This is remarkable when we consider that the female has two organs in addition to our own,—viz. the uterus and mamma, both of which are subject to special diseases. The bearing of the fact is too obvious to require comment.

Will any of your Correspondents, whether Hospital, Dispensary, Club, or Private Practitioners, help me to decide? I am, &c. T. I.

PODOPHYLLIN IN HABITUAL CONSTIPATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have tried the podophyllin in a case of habitual constipation, and it answered beyond my expectations, with one exception,—viz., that the pain it causes is unbearable in one grain doses, and in less doses it does not produce the desired effect. If Dr. Andrew Clarke or some of your readers would suggest some combination to prevent the pain they will oblige Yours, &c.

Long Buckley, Rugby, February 7. MEDICUS.

ECHINOCOCCUS IN THE BRAIN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have just read Dr. Risdon Bennett's interesting Lecture on a "Case of Echinococcus in the Brain," published in your Journal of January 25. In Dr. Bennett's remarks upon the case he says:—"There are but few cases on record of this species of echinococcus being found in the human body, and this is the only case I have met with of either species found in the brain."

Of the rarity of the true acephalocyst being found in the brain, all pathologists will agree with Dr. Bennett, and this fact induces me to draw his attention to a most interesting case of the kind which I detailed, with the post-mortem examination, in the *Lancet* vol. i. for 1838, in which he will find the symptoms very similar to those observed in his case. The hydatid cyst in my case occupied the left hemisphere of the brain, principally the anterior and middle cerebral lobes, which contained ten ounces of fluid. There are also recorded two cases of "Cysticercus Finnus," in the *Archives de Médecine* for 1839, by M. Nivet, and copied into the *Lancet*, vol. i. for 1840, p. 771; another by M. Bouvier, in the *Bulletin de l'Académie*, February 29, 1840, also copied in the *Lancet*, vol. ii. for 1840, p. 309. An interesting case will also be found recorded in the *Lancet*, vol. i., 1841, p. 400, by Mr. Sturton, of Greenwich.

Colchester, February 10. I am, &c. C. R. Bree, M.D.

Treatment of Cholera.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the *Medical Times and Gazette* of last week I read the letter of Mr. Verchère on cholera. Having carefully watched this disease from its first outbreak in 1831 to the present time, and having written from time to time on it, and having a manuscript ready for publication should it appear in this country (which I think is not at all improbable, in July next or earlier), I regret the defective information given by some who have had opportunities of witnessing it in the East.

The disease is decidedly a passive hæmorrhage of white blood from the pharynx to the anus. Hence in my manuscript I term it "Hæmorrhœa serosa epidemica." The name "cholera" is perfectly absurd. To treat it effectively we must adopt energetic anti-hæmorrhagic styptics, as promulgated by me in 1833, when I introduced the acetate of lead treatment for the first time.

In the stage of collapse, calomel, so persisted in, is perfectly inert, and opium in the same stage, carried beyond two grains, is undeniably poisonous.

We have not had the epidemic since 1854, but isolated cases occasionally.

Your journal contains letters from Drs. Griffiths and Clark, each claiming originality in the use of sulphuric acid in diarrhœa. 1. Whether arising from inflammation; 2. Or atony; 3. Or irritating substances taken into the stomach or bowels; 4. Or from a morbid state of the fluids secreted into the intestinal canal; 5. Or by an irritable state of the intestines themselves, or the mucous membrane which lines them; 6. Or from irritation of worms; 7. Or from ulceration of mucous membrane and glands; 8. Or from mesenteric disease, etc.

Do not those gentlemen know that for the past century sulphuric acid has been given in phthisis, equally to check diarrhœa as colliquative perspiration? It really is a good remedy in one form of diarrhœa, that is the serous diarrhœa. This form of the disease was epidemic antecedent to the outbreak of cholera in 1849, in that year I gave it with specific effect conjoined sometimes with alum, sometimes with tannic acid, and occasionally with both and the addition of laudanum. I am, &c.

Bray, January 24. John Leney, M.D., &c.

The New Medical Act a Dead Letter.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I was led to believe in common with others of the Profession, that the New Medical Act, was to have restricted the practice of Medicine to the legally-qualified Practitioner; I find, however, to my cost, that such is not the case, in fact there seem to be more unqualified men than ever. Now, I should wish to know why, if we are called on to pay £5 for a registration fee, we should not have value for our money in the shape of a little protection? The Medical Council has, I believe been in existence three or four years, and, I allow, has made some noise in the Medical world, but I doubt if it has given any solid satisfaction to anyone, except the gentlemen who represent the various Corporate Bodies. I have no doubt they are perfectly satisfied to meet together in London, and be well paid for enjoying themselves two or three times in the year. I, for one, have not registered, nor shall I, till I see more advantages offered for my money, and I would earnestly recommend every man who passes to remain unregistered till the Medical Council do something more for the Profession than they have done at present.

If the fees had been put to a proper use, and that should have been the prosecution of Quackery, the Profession would be elevated to its proper level, and none would have objected to the certainly expensive fee of £5.

I am, &c.

February 5. A Country Practitioner.

[The above is only one out of numerous complaints which reach us on the same subject. We do not agree with every thing our correspondent advances, we much question the possibility of crushing Quackery by legal proceedings, but we publish his letter as an expression of a feeling which we have reason to believe is widely prevalent.]—Ed.

The Bills of General Practitioners.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I take in the *Daily Telegraph*, and see that there is a great stir about the bills of General Practitioners. I live at present eight miles from a Chemist. I only keep a small stock of active medicines. What should I do if I had none at all, in a case of croup, for instance, where two or three hours would determine the life or death of the patient? I only want calomel, antim. tart., opium, ipecacuanha, etc., etc., and a few more. Then I have my sheet anchor. We old Practitioners only want a few good articles, "not mouldy stuff," as the Chemist hinted in the *Telegraph*—my favourite paper.

In the village I now live in, I adopt the plan of charging 5s. for a half-pint mixture, with perhaps a few powders or pills. If I go a mile or more, I charge 2s. 6d. per mile. If the British Medical Association would take the subject in hand, with your powerful aid, I think my brethren would be in a better position. Union is strength. Therefore, urge the Profession to do so. Then we should please Dukes, Lords, and Commons.

I am, &c.

Samuel Davies, M.R.C.S., L.S.A.

Pembridge, Herefordshire, February 6.

The Late Mr. Abernethy.

A correspondent has sent us the following note written by Mr. Abernethy to a friend soon after his marriage:—

"Dear Sir,—I was very glad to receive a letter from you, and to hear of your welfare. I wish you had been a little more communicative. Are you a single or a double man? If the latter, how many young R——s are there? It will give me pleasure at any time to execute any little commission for you in London. The direction is — Beverley, Crooked-lane. Don't think about troubling any [of your friends to call to repay me for such a trifle. I must write briefly as I am unwilling to lose the first conveyance to W——, and I am just now pressed for time. I have removed to Bedford-row in my way westward, have lately married, and go on tolerably prosperously. I mention these things as I think old friends should be communicative, and to induce you to write more at large when you next favour me with a letter.

"Believe me, Dear Sir,
"Very Sincerely Yours,

"Mr. Blicke and his family are well. "John Abernethy.

"Friday, August, 1802."

[The Mr. Blicke referred to in the postscript was the Surgeon to St. Bartholomew's Hospital, to whom Abernethy had been apprenticed. He was knighted in the following year (1803). Abernethy's courtship was characteristic. It is thus related by the author of "Physic and Physicians":—"It is said, that while attending a lady for several weeks, he observed those admirable qualifications in her daughter, which he truly esteemed to be calculated to make the marriage state happy. Accordingly on Saturday, when taking leave of his patient, he addressed her to the following purport:—'You are now so well that I need not see you after Monday next, when I shall come and pay you my farewell visit. But in the mean time I wish you and your daughter seriously to consider the proposal I am about to make. It is abrupt and unceremonious I am aware; but the excessive occupation of my time by my Professional duties, affords me no leisure to accomplish what I desire, by the mere ordinary course of attention and solicitation. My annual receipts amount to £——, and I can settle £—— on my wife; my character is generally known to the public, so that you may readily ascertain what it is. I have seen in your daughter a tender and affectionate child, an assiduous and careful nurse, and a gentle and lady-like member of your family; such a person must be all that a husband could covet, and I offer my hand and fortune for her acceptance. On Monday, when I call, I shall expect your determination; for I really have not time for the routine of courtship.' In this way, however, the lady was wooed and won, and the union proved a happy one in every respect."—Ed.]

COMMUNICATIONS have been received from—

Mr. Coleman; Dr. Leney; Dr. Moore; G. W. F.; Mr. Griffin; Mr. H. Usher; Mr. Davies; A Country Practitioner; An Old Subscriber; Dr. Inman; Mr. Potter; Dr. Dowson; Layman; Mr. C. May; Dr. Abbotts Smith; Dr. Lyons; Medicus; Mr. J. Crichton Browne; Dr. Figg; M.D.; Dr. Bree; A. C.; Dr. Wilmot; Dr. Wiblin; Dr. Hillier; Mr. P. Wilson; Roberti Qunique Indies; Dr. Belcher; Mr. F. Jordan; Mr. Richardson; and M. F. Jobert.

APPOINTMENTS FOR THE WEEK.

February 15. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Metropolitan Association of Medical Officers of Health, 7½ p.m. Meeting.

Royal Institution, 3 p.m. Rev. A. J. D'Orsey, "On the English Language."

17. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures.—Henry Thompson, Esq., F.R.C.S., "Practical Lithotomy and Lithotrity.—Lithotomy"—(Concluded). "Lithotrity: Instruments; their Principles of Construction; their Adaptation to varied purposes."

Royal College of Physicians of London, 8½ p.m. Lionel S. Beale, Esq., "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

18. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. John Crawfurd, Esq., President, "On the Civilisation and Affiliation of the Races of Man, from the Evidence of their Systems of Numeration." W. Bollaert and Don Ramon de Silva Ferro, "On the Idol Human Head of the Jivaro Indians of Ecuador."

Junior Medical Society of London, St. Thomas's Hospital. (Council Meeting at 7 p.m.) 8 p.m., Mr. John F. Deck, "On Disease of the Kidney Consequent upon Scarlatina."

Pathological Society, 8 p.m. Council Meeting.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

19. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Society of Arts, 8 p.m. Meeting.

20. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Professor Tyndall, "On Heat."

21. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. James Fergusson, Esq., "On the Site of the Holy Sepulchre at Jerusalem."

Western Medical and Surgical Society, 8 p.m. Dr. Sansom, "On the Administration of Chloroform."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day):—

By Mr. Fergusson—Radical Cure of Hydrocele (two cases); Removal of Cheloid Tumour; Operation for Cleft Palate; for Prolapsus Uteri.

Metropolitan Free Hospital.—The following Operation will be performed on Monday next, at two o'clock:—

By Mr. G. B. Childs—Lithotomy.

ORIGINAL LECTURES.

ON THE

AFFINITIES AND DIFFERENCES BETWEEN THE BRAIN OF MAN AND THE BRAINS OF CERTAIN ANIMALS.

By GEORGE ROLLESTON, M.D., F.L.S.,
Linacre Professor of Anatomy in the University of Oxford.

DELIVERED AT
THE ROYAL INSTITUTION,
ON FRIDAY, JANUARY 24, 1862.

GENTLEMEN,—I have here seven drawings, some more, some less diagrammatical, in illustration of my subject,—"The Affinities and Differences between the Brain of Man and the Brains of certain of the Lower Animals." The two figures on the sheet numbered I. represent dissections of the brain of the dog (*Canis familiaris*) and of the brain of a monkey, the Vervet, (*Cercopithecus Lalandi*); the brain of the monkey is to the left; that of the dog to the right in the drawing. Plate II. represents similarly prepared dissections of the brain of man and of the brain of an American Marmoset Monkey (*Hapale Penicillata*), holding the same relative positions as the preceding. These four drawings are intended to illustrate the structures known as the lateral ventricles, and to show, further, what relations of over-lapping or of out-cropping the lesser, after-brain, or cerebellum, may stand in to the upper and larger brain, known as the cerebral hemispheres. They are drawings of dissections made within the last fortnight at the Oxford Museum. The other eight figures are either exact reproductions of figures given in M. Gratiolet's celebrated and authoritative work (a) on the Cerebral Convolutions; or, as in the single case of Plate III., they are the result of the application to his uncoloured plates of the plan of colouring which Cuvier was wont to employ, and of which M. Gratiolet has himself made such excellent use. The object of these eight figures is to make intelligible what in former days was, in no exaggerated metaphor, spoken of as the "chaos of the convolutions," and to enable us hereby to take a scientific estimate of these complex structures in the two subjects of our comparison. Plate III. figures at *a*, the brain of an European; at *b*, that of a Bushwoman, known as the "Hottentot Venus." Plate IV. gives above the brain of an orang; below, that of a chimpanzee. Plate V. above the brain of a mandrill; below, that of the American Spider Monkey (*Ateles Beelzebuth*). Plate VI. and Plate VII., though borrowed from M. Gratiolet, might have been taken from the external surface of the left cerebral hemisphere of the self-same Vervet monkey, the right hemisphere of which is dissected and delineated in Plate I. Its simple brain will be used as a clue to guide us through the tortuosities of its more complex fellows.

Before entering upon the detail of the facts which these figures are intended to elucidate, or help in elucidating, it may be expedient for me to pass in review the various sets of opinions and feelings which men may bring with them to such investigations. Some persons may be content to turn away from the consideration of any possible anthropological bearing which this subject will generally be held to have, to receive the facts simply as facts, and to abstain from employing them as premises to this or that conclusion. To such persons I would say, that all the results which recent investigations have elicited with reference to the points of agreement and difference which are the subject of this evening's Lecture, can refer for confirmation to the photographic process, the testimony of which is unimpeachable, as the sun has as few theories to support as the most thorough-going of Positive philosophers, and could not mislead, even if he would.

But most men will come to a lecture such as this with the intention of reading its facts into the language of one or the other of two schools of modern physical speculation,—the Materialistic or the Idealistic,—and with the teaching of either one of these may be combined either view of the origin of species. Thus there may be four sets of opinions with which the phenomena of which I shall in a moment speak will have to be harmonised. Materialism, to wit, coupled with a belief in the immutability and primordial distinctness of species; materialism coupled with a belief in the theory of development; idealism united with the tenets of special creative acts both as to body and to mind; idealism, lastly, united with developmental views as to bodily structures. None of these four sets of views necessarily, or, at all events, actually, entail what the French speak of as "conséquences désastreuses funestes pour la morale." The susceptibilities of no one, therefore, need be offended by his being told that he must necessarily take up for himself one or other of these four sets of dogmas, unless he be content to put himself into the somewhat inert position of passively receiving the facts and drawing no deductions from them. I must add, that I cannot see that the holding of any one of these four sets of opinions is necessarily incompatible with a belief in the details I shall have to lay before you. Stubborn as are facts, especially when photographed, they are, nevertheless, elastic enough to bear being compressed within any one of these four formulæ without losing their own distinctive character, or destroying the framework employed for their colligation. That these four theories are all true together, of course I do not mean to assert; three of them must, in the very nature of things, be erroneous; but I do think that, to be assailed successfully, they must be attacked with other weapons than any which anatomy, whether human, simious, or canine, can furnish.

The cerebro-spinal system of the vertebrate animal consists of a central stem and of peripheral ramifications. Of the peripheral ramifications we are not about to speak, and of its central stem we shall only compare that part in each of the subjects of our comparison which is contained within the cranial walls. This part of the cerebro-spinal centre, like the other part contained within the canal constituted by the spinal column, is essentially,—that is to say, morphologically and developmentally,—as well as actually in the adult state, but a hollow tube with walls of nerve matter. These walls are variously thickened, have larger and smaller nodules of nerve substance developed in, around, and upon them, and finally, their exterior surface becomes more or less completely corrugated into convolutions. Still the essential nature of the nervous centre remains within the skull, the same as within the column of vertebræ,—viz., a nervous tube. The difference between the intra-cranial and the intra-spinal nerve tube is, that the intra-cranial effloresces or buds out at its upper or anterior extremity into two out-growths, which are folded back upon it as they grow out, and expand into the nerve masses which, under the name of Cerebral Hemispheres, fill by far the larger part of the skull cavity. It is with these terminal dilatations of the hollow central nerve stem alone, and not with the intra-cranial masses which they overlie, that we shall have to deal when contrasting the human with the simious and other animals, for it is in them that we find more marked differences existing than elsewhere in the entirety of the softer parts of the compared organisms, and it is in them that we should anticipate the finding of such differences from what we all know of the correlation subsisting between mental phenomena and the greater or less evolution of these structures. And secondly, though less attention has been paid to any differences which may exist between the rest of the intra-cranial nerve stem, between the spinal cord and the peripheral nerve ramifications throughout the body in the two sets of organisms to be compared, that less attention has, nevertheless, been sufficient to show that these differences are of infinitely less moment than those which a comparison of the cerebral hemispheres enables us to elicit.

We will commence with a description of the interior of the cavity included within the cerebral hemispheres which we shall have to compare, and proceed, in the second place, to contrast their external surfaces in their simple outlines and in their complex convolutions; we will conclude by stating the differences which measures show to exist between the connecting floors, and weights show to obtain between the entire mass of the intra-cranial nerve-centres in the one and in the other set of organisms.

The question as to the difference between the human ventricular cavity and that of the ape's may be thus stated:—Has the ape such a ventricular cavity triradiate, three-horned, as has the man? or has it a ventricular cavity biradiate and two-horned, as has the dog? The two-horned ventricle of the dog is seen in Diagram No. 1, at the right side; the triradiate human ventricle occupies the left-hand partition of Diagram No. 2. Between them we see the ventricular cavity of the African monkey next to the dog's, the ventricular cavity of the American next to the human brain. It is clear enough that the African monkey has that which the dog has not, that the former animal has a horn-shaped, finger-shaped creek, turning up into what is in the dog a solid, unindented mass. That horn, finger, creek-shaped cavity was in the monkey ⅝″ in length, the entire length of its brain being little ($\frac{1}{16}$″) over 2¼ inches; the analogous, or homologous cavity in the human brain was 1″ in length, ⅜″ longer than the Vervet's, albeit its hemispheres were 6¾″ as against 2¼″. In the American monkey that the same parts exist as in the Vervet and as in man is plain enough, in all three alike is there a triply-divided ventricular cavity, but relatively the posterior compartment is enormously larger in the American monkey, and the now notorious hippocampus minor it contains is enormously larger also than the homologous structures in either of the two brains between which it stands. The third cornu or horn in the marmoset, is a bay in comparison with the other two cornua, and they are in relation to it but creeks and inlets; the relations of the three compartments are entirely reversed. The hippocampus minor is a huge island; the hippocampus major but a boomerang-shaped reef; the relations of the contained parts are entirely reversed also. As the facts, then, of comparative anatomy stand, the semi-simious marmoset has, relatively to its size, a larger hippocampus and a larger posterior division of its ventricular cavity than has the true Simiada, Cercopithecus Lalandi: the Cercopithecus Lalandi has a larger hippocampus minor and a larger posterior cornu than has man himself. So much for what is called the serial or classificatory value of these structures as differentiating us from the lower animals. Two words upon their physiological importance. The dog is gentle and docile, capable of education, and of forming attachments, yet he lacks obviously what the ape as obviously possesses. Secondly,

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(a) Paris: 1854. Bertrand, Editeur.

FIG. 1a.

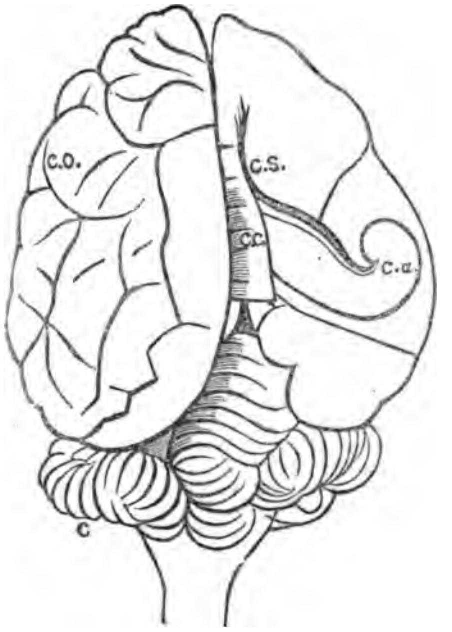

Fig. 1a.—Brain of Dog, *Canis Familiaris*, dissected so as to show its biradiate lateral ventricle. The right cerebral hemisphere has been removed to a level with the corpus callosum. C.O. cerebral hemisphere; C. cerebellum; C.C. corpus callosum; C.a. hippocampus major, cornu ammonis; C.S. corpus striatum.

FIG. 1b.

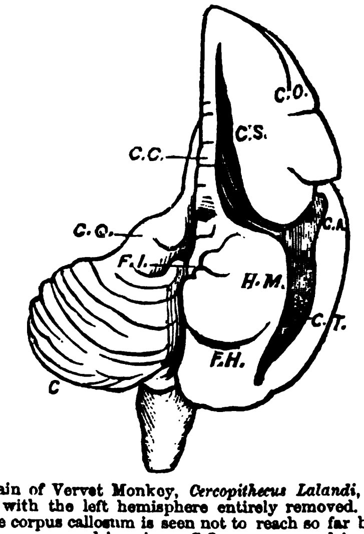

Fig. 1b.—Brain of Vervet Monkey, *Cercopithecus Lalandi*, similarly prepared, but with the left hemisphere entirely removed. The posterior edge of the corpus callosum is seen not to reach so far back as to overhang the corpora quadrigemina. C.Q. corpora quadrigemina; F.I. internal perpendicular fissure; F.H. fissure of the hippocampi; H.M. hippocampus minor.

FIG. 2b.

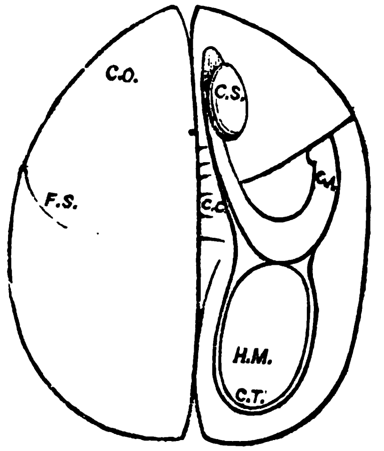

Fig. 2b.—Brain of Man, with the cerebral hemisphere of the right side entirely removed, and the left dissected so as to show the triradiate ventricle. The corpora quadrigemina are seen to be overhung and overlapped by the corpus callosum.

FIG. 2a.

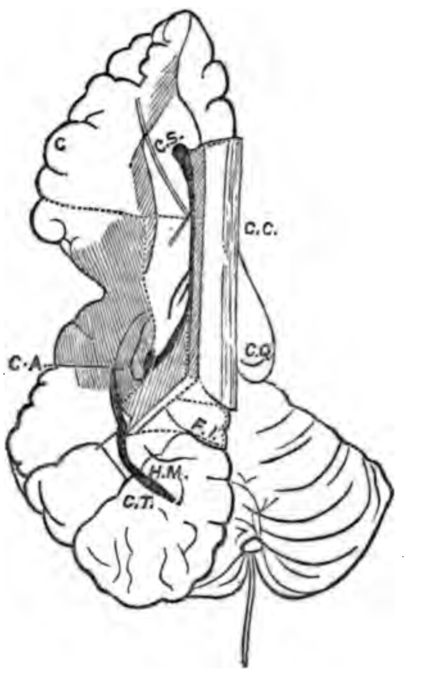

Fig. 2a.—Brain of Marmoset, *Hapale Penicillata*, prepared as brain of dog (Fig. 1a).

a glance at a (b) rabbit's brain (similarly dissected) will show, when compared to that of the dog's, that the ventricular cavity has encroached upon and eaten away what in its canine enemy is a solid mass of nerve matter. A large cavity is correlated with little neurine, but the neurine, and not the ventricular cavity, is what the mind works with. Basing one's hopes and trust upon neurine and hippocampi is basing them upon something solid, even though it be but sand; basing them upon a ventricle's creek is but basing them upon the sea.

The hippocampi have always been dangerous ground for the anatomist, the hippocampus major in days gone by, as the hippocampus minor in our own. The boomerang-shaped body so visible and so vertical in the dog's brain, plain, but not so plain, because more horizontal in the simious and human encephala is the hippocampus major; an indentation in the drawing from the human brain marks off a claw-like ridge on the blunted lion-paw-like end of the structure. There might be, there often are, several such indentations, several such claw-like ridges; in the particular brain figured, as often in others, there is but one. This is much the language, by the way, which might be used of the hippocampus minor, not as to its claws, but as to its entire mass, the cases are parallel as to the literary history of the two structures also. For Professor Tiedemann, writing in 1821, at Heidelberg (c), said of these claws that they were found in man, and in him only, "Homini peculiares esse videntur." "In Cerebro Simiarum processus digitatos non vidi." They enjoyed, however, but for a short time the pre-eminently important office of differentiating man from the ape. After a short reign of but five years, they were ruthlessly and for ever deposed from this exalted position by the same hand that had placed them in it. Tiedemann's son-in-law, Professor Fohmann, heard, whilst at Leyden, in 1825, that among other natural history treasures amassed in Java by two naturalists, and sent home after their deaths in that deadly climate, there had arrived the brain of an orang outang. His representations prevailed upon Temminck and Sandifort to send this then all but unique specimen to Heidelberg They were liberally minded and enlightened men, but his solicitations were, I suspect, somewhat urgent; I, at least, have not always found the managers of other museums so complaisant. An account of the dissection of this brain appeared shortly afterwards in the *Zeitschrift für Physiologie*—(the *Natural History Review* for 1826,) edited at Darmstadt by Tiedemann and the two Treviranі, and on its twenty-fifth page I read as follows: "Each cornu ammonis (or hippocampus major) had its medullary band (the tænia hippocampi), as in man, and showed claw-like or knotty masses, which I had not observed upon the cornu ammonis of other apes." The turn of the third cornu had not yet come, so Tiedemann goes on to say, "The great lateral ventricles consisted of three horns, an anterior, a middle or descending, and a posterior horn." Tiedemann, amongst other errors, had taught, in 1821, that the small size of the orang outang's brain accounted fully for the smallness of its faculties, as compared with man's, and those of his disciples who had been adequately impressed with this notion, and believed besides that "peculiar mental powers were associated with that highest form of brain," which possessed processus digitatos upon its hippocampus major, must have had their convictions rudely shocked by this retractation. The twenty-sixth page of the same memoir but added to the uncomfortable feelings of their materialistic minds; for it contains a specification of no less than five other points, in which the Asiatic anthropomorphous ape coincided with man, and contrasted with inferior simiadæ. It is possible, however, that the teaching of Bossuet was more familiar to that generation than it seems to be to the present, for it had, as M. Isidore St. Hilaire hints (d), been reproduced for them in the then standard work of Buffon.(e) If, says Bossuet, ("De la Connaissance de Dieu et de Soi-même," cap. 5, xii.) organs are common to man and to brute, one is necessarily forced to the conclusion that intelligence is not attached to organs; that it depends upon another principle—"et que Dieu sous les mêmes apparences a pu cacher divers trésors"—an argument, the cogency of which, as M. St. Hilaire remarks, increases as the number of organs common to the two subjects of comparison becomes more numerous, and their resemblance more striking.

To conclude the subject of the ventricular surface or internal cavity of the brains we are comparing: within the present month a drawing of the ventricular cavity of the orang outang has been laid before the English public by two Dutch anatomists, Schroeder Van der Kolk and Vrolik. Nearly 150 years ago a very similar drawing of the human lateral ventricles, by the celebrated Eustachius, was given to the world in Lancisi's(f) edition of his but little more celebrated predecessor's plates. Those were the days of thorough-going Anthropotomy, before attention to what the present Professor of Anatomy at Berlin calls *mikroscopische spielereien*, (Reichert, "Bau des Menschlichen Gehirn," ii. 22) had drawn men's minds away from dissection and description; and a testimony from their writings may, therefore, seem to have more weight than those of more modern times. The cerebellum comes into view in the figures of the Dutch anatomists, as will be explained as we proceed, and in this point the two figures of this month and of a century and a-half ago differ; but so far as the ventricles go, the figures given in the current number of the *Natural History Review* might very easily be interchanged with that standing for human structures in the drawing of anatomists, who had never dreamt of contrasting these organs with those of the ape. And should anyone retaining any lurking kindness for the posterior cornu, come thus warped, to decide which of the two figures was intended for the simious, and which for the human brain, infallibly his judgment would be wrong. For the figure of the human ventricle figured by the famous Eustachius, a name familiar to even the unlearned, and edited by the almost equally famous Lancisi, has one of its posterior cornua shortened and stunted and unsymmetrical, whereas the posterior cornua in the drawing of our celebrated Dutch contemporaries are large and well-defined, exactly symmetrical cavities. I cannot say whether the elder anatomists purposely drew these cornua of unequal size, certain it is that they very often are in nature as Eustachius has drawn them in three of the figures in his seventeenth plate, his letter-press is silent upon the point (g) to which, however, the Brothers Wenzel spoke unambiguously many years later.

The point wherein the human exterior surfaces and the simious brains coincide and those in which they differ, can be arranged under two heads. Either they are such as the eye can judge of, even though its owner be not an anatomist *ex professo*, depending as they do upon outline and general configuration, or they are such as a deeply-going analysis of the complexity of the convolutions alone can elicit. For the power of describing this second class of differences at all, we are indebted to M. Gratiolet; and by means of the lettered and numbered diagrams which are taken from his work, I shall hope to make these differences and resemblances intelligible to you. To begin with the more easily intelligible class of distinctions, those which are based on general outline and configuration:—Looking at a human and a simious cerebrum from above, it is easy to see that both being ovoid, the ape's brain is both more elegantly and more exactly egg-shaped. But elegance and exactness are here, as often elsewhere, purchased at the cost of strength and substance. The human ovoid is blunt because it is broad; the simious is taper because it is narrow; the human outline is, viewed from above, irregular, but its irregularity is due to elongation, and is not merely a sign but a source of power; the ape's conforms more closely to the egg-type, but conformity to type is here in actuality, as in ontology, but a limitation of capability.

A profile view of the two brains, such as you may take from the diagrams, disregarding the letters and numbers, may have many of its results expressed in much the same terms. The human brain presents along its upper surface a long, gradually sloping table land, which reaches its highest point a considerable way behind the middle point of the long axis of the organ. The line limiting the superior edge of the simious brain is all but a semicircle. Looking now at the inferior boundary line of the two hemispheres, we see that regularity and evenness have removed from the lower and become the characteristics of the higher brain. The unevenly projecting prominence numbered 7 and 8, is much larger relatively to the part of the brain which lies above it and before it in the ape than in man.

(b) My attention was drawn to this point by Chas. Robertson, Esq., of the University Museum.

(c) "Iconos Cerebri Simiarum," p. 90, Corollary xxi.

(d) Hist. Nat., Tom. ii., p. 252.

(e) Hist. Nat., xiv. 61.

(f) Tabulæ Anatom. Bartholomæi Eustachii, ed. Jo. Maria Lancisius Romæ: MDCCXIV. Tab. xvii., Figs. 3, 4, and 5.

(g) "De Cerebro Hominis et Brutorum." Tubingæ: 1812.

This irregularity is due partly to excess, the anterior and posterior excavations in the ape's lower boundary line are due to defect of development rather than to the reverse. These points of difference are quantitative, they are considerations of more or less, and it is only fair to observe that the lower of the two human brains differs as to these very points to some extent, though not by any means to the same extent from the higher as the simious brains do from it.

The often-mooted point of the overlapping or non-overlapping of the lower or after brain, the cerebellum by the cerebral hemispheres, may be set at rest by a reference to these diagrams. The cerebral hemispheres of the Hottentot's brain are seen to project further beyond the cerebellum than do the cerebral hemispheres of the white man's brain. The marmoset brain, albeit its owner was but squrrel-like in intelligence, as in outward form, has a largely overlapped cerebellum, the length of its hemispheres being $2\frac{6}{16}''$, the extent to which they projected beyond the cerebellum was $\frac{1}{8}''$. The Squirrel monkey, properly so-called (*Callithrix sciureus*) indeed outdoes the marmoset, its cerebral hemispheres overlapping the cerebellum by as much as one-fifth of their length (h) and its superiority of intelligence we might be tempted to connect with this greater development of cerebral substance, but that the uncovered cerebellum of the dog stands before us in the same plate as the largely covered cerebellum of the Vervet. I must say a word, however, here upon the relations of being overlapped and of out-cropping, both laterally and antero-posteriorly, which the cerebellum holds to the cerebrum in the largest of the apes, for in them the cerebellum is much larger, and especially is it much wider, in relation to the cerebral hemispheres than it is in man. In the lower monkeys, on a basal view, a broadish rim affords room enough for the anatomist's finger to travel all round the cerebellum, and the like is the case in man. In the chimpanzee, according to Mr. Marshall, (from whose paper (i) I have already borrowed much,) such a rim as this is traceable, though in more curtailed lateral, and greater posterior proportions than in man around the cerebellum. In the orang the narrowed boat-like posterior lobes hold a less favourable relation, both laterally and posteriorly, to the under-lying after-brain than they do in the African ape, but even in this ape there is, as casts of the skull cavity will show, no margin allowed us for speaking of an uncovered outcropping cerebellum, at all events, in the longitudinal direction. I put in this limitation because the celebrated Dutch anatomists already quoted, seem to think that the very small segment of cerebellum, which peeps out on either side, though not in the middle line posteriorly of their figure, may perhaps have peeped out to some extent, though not to the entire extent represented, whilst the organs held their natural relation to each other. Not the least valuable part of Mr. Marshall's valuable paper is that in which he gives us an explanation of the way in which the relative positions of the different parts of the encephalon become altered when the organ is removed from the cranial case which supported it during life. This explanation will be valuable to the general public, for it will make clear what to them has been a mystery, viz., how anatomists can come to differ as to mere matters of measurement; showing how widely a brain preserved in spirit may differ from the same brain unsubjected to the working of that agent, it teaches us that no conscientious anatomist should describe a preserved brain without having side by side with it a cast of the skull whence it was taken. In the letter-press and in the figures of M. Gratiolet's invaluable work, published in 1854 (see page 2, of his Memoir, and figures *passim*), we always meet with "un lobe postérieur recouvrant complètement le cervelet;" but in a most striking paper of his, published in one of the April numbers of the *Comptes Rendus* for 1860, p. 803, we find him allowing that the cerebellum is uncovered laterally by the cerebral hemispheres, in no less an ape than the Gorilla, now so familiar to our ears and eyes. This admission, however, of M. Gratiolet's—it is not an admission on his part, for he is not arguing, but stating what he has observed,—does but little invalidate our reasoning. For in that paper we have such a description given of the brain of this would-be King of the Simiadæ as—if brain structure is to be considered of any importance at all—justifies the describer in speaking of the gorilla as "the last, the most degraded of all the anthropomorphous apes." In the world of science, as in that of politics, France and England have occasionally differed as to their choice between rival candidates for royalty. In M. Gratiolet's paper we have his case laid before the world in a manner which other State papers might do well to imitate. If either hereditary claims or personal merits affect at all the right of succession, beyond a question the Gorilla is but a pretender, and one or other of the other two candidates the true prince. There is a graceful as well as an ungraceful way of withdrawing from a false position, and the British public will adopt the graceful course by accepting forthwith and henceforth the French candidate; and by endorsing M. Gratiolet's proposal for speaking of the Gorilla as but a Baboon, of the Chimpanzee as a Macaque, and of the Orang as a Gibbon. Before leaving this subject, which has something of the nature of a digression, it is perhaps worth while to remark that nearly ten years before M. Gratiolet came into the possession of the brain of the Gorilla, he had, from the consideration of the form of casts of its cranial cavity, been led to predict what the brain would be found to be whensoever it came to be examined. It is impossible to bring stronger proof of the accuracy and value of his method,—the aim of seeing in science being that we may foresee.

One point of yet greater difference can be detected by the uninstructed eye as existing between the brains of men and the apes, from looking at the organs themselves, though not from looking at the figures of them, which are all drawn of nearly equal size. This point is the greater height of the human brain. Common language, indeed, bears evidence to this characteristic of the human brain; we hear of a "long-headed man" in common parlance, as of a dolichocephalic man in scientific, in contrast to a brachycephalic man and

FIG. 3a.

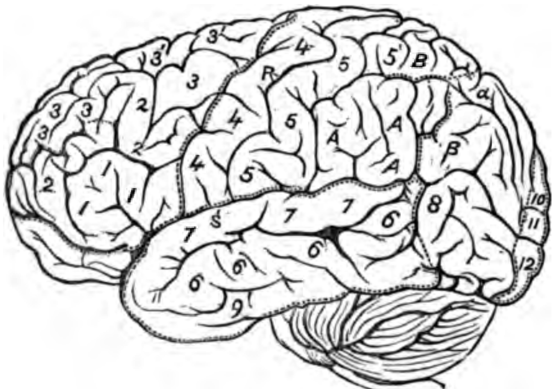

Fig. 3a.—Brain of European lettered and numbered after M. Gratiolet.

FIG. 3b.

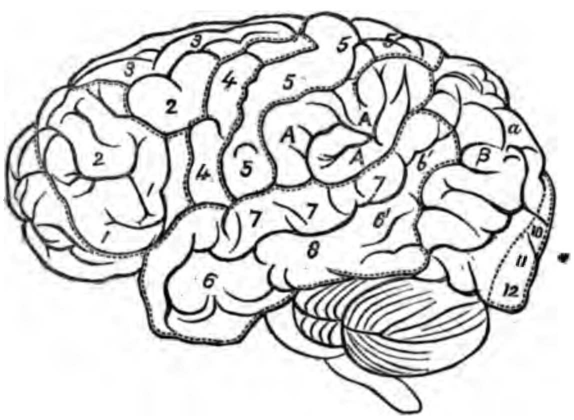

Fig. 3b.—Brain of Bushwoman, known as the "Hottentot Venus." Like the preceding, a lateral view, after Gratiolet. 1, supra-ciliary convolution; 2, middle frontal stage; 3, superior frontal stage; 4, first ascending convolution; 5, second ascending convolution; 6, lobule of second ascending; 6, curved convolution; 7, superior temporal; 8, middle temporal; 9, inferior temporal; 10, 11, 12, occipital convolutions; A. lobule of marginal convolution; B. accessory convolution uniting A. to 5'; (α) superior bridging convolution; (β) inferior bridging convolution; S. Fissure of Sylvius; R. Fissure of Rolando.

(h) St. Hilaire, Hist. Nat. ii. I. 249.

(i) *Nat. Hist. Review*, July, 1861, p. 304.

its trivial rendering; but it is in scientific books alone that we hear of, or rather read of, œpycephalic (Huschke, p. 100) or acrocephalic ("Crania Britannica," Dec. ii. plate 12) men. The reason is simply this: men differ greatly as to the length of their heads, they differ little as to the height of them. It is obvious that it may be said that greater height means increase in quantity, implies greater force, more perfect function; but that it constitutes after all but a difference of degree, not of kind,—that the muscles of Milo of Crotona were not more truly muscles than those of the puniest of modern mortals because there was more of them; that, in a word, quantitative is not specific difference; and that, in French language, the greater altitude of the human brain is a difference of physiological, not of *serial*, value. To this, however, I would answer,—waiving for the moment my metaphysical objections to the distinction which is so frequently drawn, that the fact of the highest of the apes differing more widely from the lowest of mankind in this very dimension of altitude than in either that of breadth or length; whilst the lowest of mankind differs less from the highest in this self-same dimension than in any other,—does seem to me to confer something of a classificatory value upon it.

It is possible, however, that I am laying, and have laid upon another occasion,(k) more stress upon this point than a conscientious record of an extensive number of measurements of human crania of various races, the encephalon not being accessible, would show it to be able to bear. Measurements, on the one hand, of crania known to have been artificially deformed would be excluded from such a list; while, on the other hand, for the argument to remain valid, absolute certainty must somehow be obtained as to the impossibility of such artificially-produced deformities ever becoming hereditarily transmissible.

Mr. Marshall has shown that the chimpanzee brain is most markedly inferior to the human brain in this very dimension of altitude, but it is fair to the subject to say that this discrepancy is less than what I found and recorded in the same periodical as existing between the vertical radii of the orang and man severally. The frontal lobe was, however, in this respect, more markedly inferior in the African ape considerably than was his parietal; but for the explanation of these terms I must enter upon my third head, that, namely, of the differences which M. Gratiolet's analysis of the convolutions has enabled us to discover and describe.

(To be continued.)

ORIGINAL COMMUNICATIONS.

◆

THE HANDWRITING AS MODIFIED BY CONDITIONS OF THE NERVOUS SYSTEM.

By THOMAS LAYCOCK, M.D., etc.

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[The following note, supplementary to Professor Laycock's fourth Lecture on the Physiognomical Diagnosis of Disease, should have been printed in our last number.]

The intimate connexion between the vaso-motor activity of the neuro-vascular diathesis and the character of the muscular movements in general, is best demonstrated by a comparison of different styles of handwriting. The physiological constitution (or temperament) as distinguished from the moral and intellectual character, of the late Sir John Forbes and of Professor Blackie is of the same type, hence we see the same impulsive, sprawling, irregular style of handwriting in both, as shown in specimens No. 1 and No. 2. The bilious temperament of Professor Fraser (No. 3) is also nervous, but in another sense, and is modified by a lymphatic element due to imperfect sanguification; hence he has a less impulsive, sprawling and irregular style of writing, although still rapid. But in that of the late Mr. George Combe (No. 4) we have a style wholly opposite to Nos. 1 and 2, being orderly, regular, and deliberate, and in exact correspondence in these respects with his modes of speech and bodily movements generally, which were deliberate, precise, and methodical. Mr. Combe's diathesis also corresponded to these characteristics; for, although he had very considerable cerebral development and activity, he was neither bilious nor sanguine, and his general health was delicate in youth and subsequently, indicating imperfect sanguification. Although so different in their motor nervous system, all the four present the common characteristics of great intellectual power and high moral endowments. What is thus observable in the handwriting of different individuals may be observed in that of the same individual under varying states of the nerve-centres, so that changes in the style of handwriting enable us to diagnose cerebral changes, morbid or otherwise, and which might otherwise escape attention.

ON DYSMENORRHŒA AND STERILITY.

No. II.

By JOHN COGHLAN, M.D.

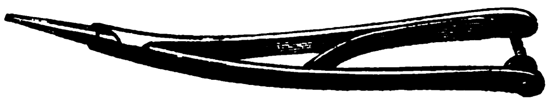
In a paper of mine published in the *Medical Times and Gazette* of June 1 last, I expressed an opinion that the suffering in a large number of cases of dysmenorrhœa is dependent on mechanical obstruction at the os and cervix uteri; a further experience and careful attention to the subject have convinced me not only of the correctness of this opinion, but that it applies to a larger number of cases than I then supposed. In the more severe forms of the disease we find a permanent narrowing of the canal, such as to prevent our passing a bougie even of the smallest size, into the cavity of the uterus without considerable difficulty. In those cases we rarely or never have a menstrual period passed without pain, on the other hand, we have cases in which the canal is sufficiently patent and yielding in the ordinary state of the uterus, but when excited by the menstrual process, we have occlusion of the cervix occurring, probably from congestion conjoined with muscular spasm.

I had a severe case of dysmenorrhœa about three weeks ago, for the relief of which I had intended incising the canal, but on examination finding it easily dilatable, I rolled up one of my thin leaden tubes very small, passed it well into the canal by means of the instrument hereafter described, and dilated it to some extent. In two days after, though a week before the proper time, menstruation came on, and the period passed over with very little pain. I did not see her for some days after she was well, and found, on examination, that the tube had, without her knowledge, fallen out, but her comparative freedom from pain is, I think, presumptive proof that it had remained in during the period.

In a recent number of the *Medical Times and Gazette* I read an admirable lecture bearing on this subject, delivered by Mr. T. Spencer Wells at the Samaritan Free Hospital, and am happy to think that obstruction at the os and cervix uteri is being properly appreciated as a cause of dysmenorrhœa and sterility. Now, with regard to the relieving of these cases by operation, I think that when we find a tight, unyielding constriction, the proper proceeding is to incise the os and cervix uteri by means of the probe pointed knife described in my paper of June last, and the reason I particularize this knife is that I believe that by no other means can we in those cases requiring it, perform the operation so perfectly, safely, and expeditiously, and with so little pain to our patient. In the first place, with ordinary care we are sure to divide the os internum; secondly, we must, with or without the speculum, go in the right direction, and the incision is made at once equally on both sides, and with but little pain. Now, suppose in lieu of it that we decide on using the sheathed bistoury. In most of these cases we can, with difficulty, introduce a No. 1 bougie, and consequently we cannot introduce the sheath of even a single blade strong enough to cut the dense structure with which we have to deal; but, supposing that we could introduce it, in withdrawing it we cut but at one side; we then, should it have a regulating screw, double the projecting power of the blade, reintroduce it, and use the wound just made as a support for the sheath whilst we incise the opposite side. The unfixed state of the uterus and the density of the parts would necessitate all these proceedings if the Surgeon wished to have both sides incised equally. Suppose we use a probe-pointed bistoury, it would require the exercise of both skill and care to use it safely for our patient, and would necessitate the use of the speculum. These are the reasons why I prefer the probe-pointed knife to any other instrument. The knife I at present use is not so full where it springs from the probe-point as that which I described in my paper, and has a rather deep circular groove at one inch and three-quarters from the point, for the purpose of serving as a guide to the finger, or to the eye when the speculum is used, as to the depth to which the knife has penetrated. By having it marked so far from the point, we can easily judge of the proper distance to introduce it, both in the healthy state of the organ and in those cases in which we find it hypertrophied.

(k) *Nat. Hist. Review*, No. ii. April, 1861, p. 209.

In manufacturing the instrument, the stem was left soft, so that it can be bent to suit the varying obliquity of the uterus, at the same time that it is sufficiently stout for the purpose intended. Before using the knife, I introduce a small bougie in order to be certain that the canal is permeable by its probe point. Now, with regard to the result of our incision, judging from analogy, I would certainly say, that unless cicatrisation was completed over a metallic plug, that the contraction would become as great as ever. In the cervix uteri we have the cut surfaces kept in contact both by the natural shape of the part and by the muscular fibres which surround it; and, interrupt the process as we may by the occasional introduction of the finger, I am inclined to think that some amount of adhesion would take place, which, assisted afterwards by a contracting cicatrix, would, in the course of time, leave our patient in about the same state as before the operation. I do not for one moment doubt that pregnancy and other advantages have followed the operation at the hands of the distinguished and talented Surgeons who practise it; but I am much inclined to think that these advantages have occurred before cicatrisation and the succeeding contraction were complete. With the object of making the operation of incising the os and cervix uteri permanently valuable, I recommended, in my former paper, that a coiled-up tube of thin sheet lead should be introduced immediately after the incision, and dilated by means of a long, slight dressing forceps; but, having sometimes found this process not easy of execution, I devised a rather simple instrument, by means of which I never fail in easily introducing, dilating, and leaving in the canal, the leaden tube, which I believe to be absolutely necessary to the ultimate success of our operation. This instrument consists of two blades, forming when closed a slender conical beak one inch and a-half long, terminating in two long handles with a spring and regulating screw. The following woodcut is one-third the size of the instrument.



Dr. Coghlan's Dilator.

When about to use the dilator, we must fully separate the handles and secure them so by means of the screw; then take a piece of sheet lead rolled out to about the substance of a thin visiting card, from an inch and a quarter to an inch and a-half long. Wrap it tightly round the beak of the instrument and cut off the superfluous parts, leaving it of sufficient width to form a tube of the size we require. Having perfected our incision of the os and cervix, we introduce the beak of the dilator up to the shoulder which supports the leaden tube, we then unscrew the nut to the extent we wish to dilate the tube and press the handles together, by that means the blades of the beak are divaricated and the tube dilated. We then take off the pressure from the handles, the spring closes the beak, which should then be gently disengaged, leaving the tube in the canal. The shoulder of the instrument, in addition to being wide enough to allow of the tube being spread out a little at the lower part, should be rather near the joint, in order by increasing the divergence of the points to keep the leaden plug more securely in its place. As, if too distant, the blades being conical would leave the sides of the tube nearly parallel.

In those cases of dysmenorrhœa and sterility in which we have reason to suppose that obstruction exists, but where we find the os and cervix dilatable, I think that our proper proceeding is to introduce the leaden tube at once by means of the dilator without incising the parts: I have yet had little experience of this proceeding, but think that it will be found valuable. In the dysmenorrhœal case which I have before mentioned, whether it was that the patency of the canal was preserved for the time, or that the nervous irritability of the organ was diminished by the presence of the foreign body, the comparative freedom from pain was quite remarkable.

Wexford.

CASES OF TETANUS.

By WILLIAM HEWITT, M.R.C.S. Eng.

March 4.—J. M., aged 24, healthy, strong, and muscular, about four days ago (March 1) noticed that his jaws and neck felt stiff; has not caught cold that he is aware of. (The weather in April, 1857, was remarkably dry and fine.) He states that whenever anyone speaks to him suddenly he starts and jumps. He feels as if his legs dragged after him when he tried to walk. Pulse 60, and regular; tongue clean; bowels regular; urine natural; in fact his general health is quite as usual. I ordered him a mild aperient to be taken each night.

On the 7th, I was sent for to see him, and it was stated that he was dying. I found him lying on his back bathed in cold perspiration. His friends state that spasms came on every five minutes, and have done so nearly all day. The patient states that the pain shoots from his chest to his back, and it is so severe as to bend his back into an arch. His abdominal muscles are so rigid that his belly seems to be cut out of wood. He can only open his jaws half-an-inch. The slightest touch brings on the spasms; pulse 60, and when the spasms are off he is quite free from pain. I bled him to ℥x, and ordered him morph. mur. gr. j., to be kept quite quiet.

March 5.—No better. Ordered enema, terebinth, to be given immediately, and liq. opii sed. ♏xx. every three hours. Wine ℥ij., and beef-tea whenever they could get him to swallow.

March 6.—No better. Bowels have been opened; pulse 70; chloroform freely administered so as completely to put him under its influence. Abdominal muscles relaxed: slept a little after it, but is no better. To stop liq. opii sed., and take pulv. opii ij. st. sd., and pulv. opii gr. j. every three hours.

7th.—Decidedly worse. Great pain over region of heart. Ordered quinine disulph. gr. j., tr. ferri sesquichlor. ʒss. in water every two hours, and a large blister to the lower portion of the spine.

8th.—No better. The blister has risen very well; he has taken his iron mixture only four times.

9th.—Has had a better night. Ordered enema tabaci, which seemed decidedly to do him good, and has had no great depressing effect. He says he is better.

From this time he continued to improve steadily, and was quite well on the 16th. This was evidently a decided case of idiopathic tetanus. There was no wound, and the only cause was his having changed his occupation from a quarryman working in a dry situation, to that of a navvy working in a wet marsh.

As to the success of the treatment, I believe the steady administration of beef-tea, milk and wine, and the blister may fairly be considered as the most important remedies used. He certainly seemed better after the enema tabaci, and I attribute to it some share of praise in the rapidity of the convalescence.

Case 2.—Robert P., aged 50, a mason by trade, about eleven days ago received a contused wound of the scalp whilst drunk. Exactly seven days afterwards he felt trismus of jaw, and a contraction of left eye-lid. I saw him on October 20 and examined the wound, which appeared quite healthy and was granulating naturally. No pain anywhere, but is anxious about his jaw, which he thinks is locked, as he can only open it about a quarter of an inch. I ordered some mild aperients and lot. opii. I was sent for to see him on October 23; he has great pain in his back and over region of the heart. He jumps and starts when spoken to. I ordered him chloroform ♏x. every four hours, to be taken in water. He likes it very much, and says it does him good.

October 24.—Worse. More pain over heart, and great difficulty in swallowing. Dr. Baylis saw him with me, and we agreed to give him chloroform ♏xxx. and tr. opii, ♏x. in water every four hours. Beef-tea and anything he could swallow.

From this time for about a fortnight he seemed to be improving, and took his medicine occasionally when he could swallow it; but I endeavoured to get into him as much milk as possible. One day he took more than a pint. But, in spite of all this, after the fortnight there was greater difficulty of swallowing day by day, and greater exhaustion, and he died November 11, twenty-two days from the time I saw him.

This case was particularly disappointing, as he seemed to be getting well for the first fortnight—a very considerable length of time in traumatic tetanus. It shows, also, that even where a very considerable amount of nourishment can be taken, a fatal termination may ensue.

I made a post-mortem in this case. The contents of the chest and abdomen were quite healthy, the wound on the scalp was quite healed. On removing the scalp there was a very slight extravasation of blood; the bone was quite uninjured; the dura mater was intensely congested, and there was some little effusion between it and the arachnoid, the pia mater was also greatly congested. The blow had been a little anterior and above the left temple, and the brain, exactly corresponding to the seat of injury, was intensely congested; the other portions of the brain were pale and bloodless. Undoubtedly the congestion and effusion kept up the exciting cause which ultimately produced death.

Upton, Cheshire.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,
AND BY
J. HUGHLINGS JACKSON, M.D.
Assistant-Physician to the Metropolitan Free Hospital.

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BIRMINGHAM GENERAL HOSPITAL.

THREE CASES OF EPILEPSY.

(Communicated by Dr. RUSSELL.)

The following cases afford well-marked examples of the two principal forms of epilepsy, and exhibit a striking contrast between themselves. In the first case the disease was produced by an organic change in the brain, the result of a severe injury; in the last two it resulted from natural infirmity of nervous constitution, characterised by great impressibility, and by a highly-developed state of the emotional element. In the former of the last two cases a hereditary predisposition is strongly marked, in the latter (comprising the history of a mother and daughter) no such predisposition can be made out from the family history of the mother; yet in both mother and daughter we notice the same proclivity to nervous disease, requiring, however, in the elder patient, the influence of intense emotion to consummate the tendency, whilst in the younger the proclivity was sufficient of itself to develope the epilepsy.

Case 1.—*Injury to the Head on the Left Side—Recovery—Epileptiform Convulsions Nine Years after* (*on the Right Side of the Body*)—*Loss of Power on the Right Side.*

I am indebted to my pupil, Mr. Butler, of Great Bridge, for the opportunity of examining this case, and for much information respecting it.

J. B., aged 36, at present a collector, formerly a miner. His family history is quite free from any account of fits or of insanity. Twenty years ago he suffered a compound fracture of the skull from a fall of coal; for which he was under the care of the late Mr. Underhill, of Great Bridge. He can only report that he was insensible for some hours, and that several pieces of bone were removed; it was twelve months before he resumed work. During the following eight or ten years he became subject to headaches, increasing in frequency and severity, and as this occurred, the place whence the bone was removed, "sank in deeper and deeper." He had always been temperate, but he became at the same time unable to take more than a small quantity of ale, as it rendered him "raging."

At the end of nine or ten years he was seized, whilst in bed, with a fit of a decidedly epileptic character, his head having felt unusually heavy for three weeks previously. About six months afterwards a second fit occurred equal in severity to the preceding one, and, like it, not accompanied by any warning; he was descending the pit at the time, and would have fallen but for a fellow workman; he consequently left his occupation, which had now become so dangerous. The fits continued to occur, becoming more frequent and more severe, and at the present time they take place at intervals varying in duration from three to five weeks: once or twice only have two fits occurred in the same day. Since the fits set in he has experienced very slowly increasing weakness of the muscles of the right side, and sensation has also become impaired in the integuments of the same side.

A warning, affecting the right side of the body, of about five minutes' duration, has preceded all the fits subsequent to the second; it commences with a "twinging" in the fingers of the right hand, more rarely in the toes (when the fit is always more severe), this is followed by spasmodic contraction of the right lumbar muscles of the right limbs, and also of the right side of the face. This is of sufficient severity to bend his body "two double," and to flex his thigh forcibly upon his trunk; when he can no longer bear the pain of the cramp he becomes insensible; as the fit passes off he sleeps for a quarter of an hour. Whilst the fits are hanging over him he "blunders very much in his talk."

He is a well-made man: his head is well formed. A deficiency in the skull, about two and a-half inches by two inches in extent, exists just at the left of the vertex; its margin is exceedingly ragged and irregular, but nothing abnormal can be detected with certainty in the edge of the bone. The integuments covering it are very thin, and exhibit a starred cicatrix, of nearly six inches in length; they are depressed below the level of the scalp to the depth of half-an-inch. The soft parts over the margin are exquisitely tender in certain portions, which portions are found to vary somewhat in locality at different times. Very severe pain is produced in the situation of the injury by any act which distends the vessels of the brain, so that he cannot cough, nor strain; but this pain is remarkably relieved by the recumbent posture, in consequence of which circumstance he feels much better in the morning. He assumes the recumbent posture very carefully and gradually, placing his hand over the injured portion, and retaining it there for some minutes; as the brain rises into the opening, the pain spoken of is much lessened; he lays much stress on the circumstance of gentle pressure upon the seat of the injury affording him comfort.

The tenderness and the pain have been present for at least three years, and have entirely disabled him for any bodily labour, and oblige him to carry his neck very stiffly.

There is a manifest loss of power in the right leg and arm, but not in the face, and sensation is decidedly blunted in the integuments of the entire right side, including the face, the nostril, and the interior of the mouth. Vision is feeble in the right eye, but the other senses are stated to be intact. He complains also of failure of memory, of nervousness, and low spirits; he has vertigo and headache, the pain being seated sometimes in the seat of the injury, sometimes in the forehead. His nights are disturbed by dreams: his bowels are exceedingly costive. The pupils are natural. There is no defect in the nutrition of the right limbs. The sounds of the heart are normal.

He declined to submit to any exploratory operation, which was proposed, though not urged, by my colleague, Mr. Bolton, and left the Hospital soon afterwards.

Case 2.—*Epilepsy—History of Epilepsy in other Members of the Patient's Family.*—(Clerk, Mr. Poncia.)

C. B., aged 33, by trade a gun-smith. His father, it is stated, has had two or three epileptic fits in the course of his life, being the only member of a family of five who had suffered from any nervous disorder. An uncle on the mother's side had epilepsy and became insane; but the mother, with six others, was healthy. The patient has lost one child by water on the brain, and two by diphtheria. He had always been of regular and temperate habits: has never suffered from any venereal affection, nor has he been guilty of masturbation. His health has been delicate, though up to the age of seventeen or eighteen he never had any serious illness. He was always of a highly excitable temperament.

At the age of eighteen he had been preparing for the recital of a piece of poetry at a party of friends; the subject had entirely engrossed his mind, and he ardently desired to make an impression. The party at which he was to exhibit was a very late one, and at noon in the following day he was seized with a true epileptic fit, of brief duration, preceded by slight faintness. A second fit occurred in about four months afterwards, and the attacks have continued to recur ever since, of late upon an average, once in the month, though now with still greater frequency: the shortest interval had been a week, the longest six months.

The fits are preceded by sufficient warning to enable him to save himself from falling; the warning consists of trembling, faintness, vertigo, and coldness of the extremities, and precedes the fits for two or three hours. At the termination of the fits he sleeps, his head feels heavy, and his mind troubled and confused.

He speaks of himself as having been always very excitable, and possessing little control over his emotions; an infirmity which has increased considerably during the past eight years, his memory also having become more feeble. He believes that many of his fits have been produced by excitement; any misfortune in his work requiring extra care to correct, any anxiety or alarm, will endanger the production of a fit; and he is obliged carefully to shun the sight of any accident or of severe illness. His sleep is very apt to be disturbed, and "it takes a deal to awake him in the morning;" he dreams much, and occurrences by day are very apt to be reproduced in his nocturnal visions. When fits are impending, his sleep is especially uneasy.

He is a nervous, irritable-looking man, of light complexion, and with small pupils. His head is well formed. He complains that he feels difficulty in talking, but he speaks readily, though with deliberation, and with rather a thick articulation. There is no indication whatever of disease, besides the presence of the fits. His heart is felt beating in the sixth space; but there is no enlargement of that organ, its impulse is feeble, and it sounds faint, though perfectly clear, and heard over a limited extent.

Case 3.—*Epilepsy coming on at the Age of Puberty in a Girl—Amenorrhœa—History of Epilepsy in the Mother.*

J. W., a servant girl, aged 15, applied at the Hospital as an out-patient. She had no fits during dentition; twelve brothers and sisters have been entirely free from fits, and so have been her father and his family. Her mother's family have likewise enjoyed immunity from any form of nervous disease, but the mother herself has suffered from epilepsy. The mother's first fit occurred at the age of 24, in consequence of severe fright; it happened on the day following the fright, or on the next day but one, and was occasioned, she thinks, by the impression made by the accident upon her mind, and by dreaming about it. She has since suffered from a large number of fits, the last occurring about a year and a-half ago; since that time she has not been conscious of any sign of their presence. They presented a decidedly epileptic character, and were worse at her menstrual periods. She was in a "poor low way" for a day or two previously, and had sufficient notice to provide against an accident, though on one occasion she broke her teeth by a fall against the fender. The attacks took place about once a month, and always singly in the same day. She never had any hysteric fits, and generally has had good spirits.

The daughter was attacked with the same disease last October, without any ascertainable cause; she was seized suddenly in the street; the second fit took place about a week after the first, and she has been subject to a continued succession on every alternate day, though with diminished severity. In the case of the mother the fits occurred more frequently at night in the instance of the daughter always in the day time, though at no particular period of the day, nor have they been associated with any disorder in the functions of the body. They are not followed by sleep, but have the true epileptic character; the convulsive movements affect each side of the body, and in the special description given of the last fit, they appear to have been entirely tonic, though she became very livid in the face; this fit, which was very severe, was followed by prolonged palpitation and by vomiting. The patient does not receive the slightest warning, and on one occasion scalded her arm in her fall. She has not yet menstruated, but suffers from pain in her back every month.

The report of the nervous constitution is strikingly alike in mother and daughter; the former is of a "frenzy" temper, is exceedingly liable to be impressed by any special occurrence, and lays great stress on her tendency to disturb her own sleep by thoughts of her next day's undertakings. The daughter complains that any "accident or trouble" of which she reads disturbs her greatly, and dwells upon her mind; and that if anything attracts her attention specially she dreams of it at night; she is very anxious about her work, "she mithers about it at night," her sleep is troubled, and she is apt to awake in a fright with her heart palpitating.

The mother is spare; the daughter of rather full habit, her physical conformation is normal, her breasts developed, her heart healthy, her front teeth well formed; she is very vivacious and intelligent.

ST. BARTHOLOMEW'S HOSPITAL.

SCALP WOUND, WITH DETACHMENT OF THE PERIOSTEUM, FOLLOWED BY HEMIPLEGIA AND EPILEPTIFORM CONVULSIONS THREE WEEKS AFTERWARDS.

(Under the care of Mr. WORMALD.)

[Reported by Mr. Alfred Catt, late House-Surgeon.]

Daniel M., aged 4, was admitted into the Treasurer Ward on August 5, 1861, with a sloughing wound on the right side of the forehead, the bone being exposed to the extent of nearly a square inch, following a blow four days previously. The child was in a feverish and irritable condition. There was redness and swelling of the integument around the wound, which discharged a thin pus. The bone had a pinkish colour. Ordered a bread poultice to the wound, and milk diet. Saline aperient twice a-day. The wound soon began to suppurate freely. The erysipelas subsided, and his general state much improved.

Three weeks after the accident he became feverish, hot and flushed, furred tongue with a small irritable pulse of 120. Ordered—Pil. hyd. cum cretâ cum rheo, gr. v. statim; saline mixture. He passed a restless night, and towards morning passed into a semi-unconscious state. He lay on the left side. He had lost all power over the left arm, and could only just move the left leg. Sensation was much impaired over the whole of the left side. Skin was hot and dry. Tongue dry with brown fur. Pulse 120. Small, intermitting. Bowels had acted once; reported healthy. The wound had a pale, glazy appearance. Ordered to be kept quiet and in the dark (the curtains being drawn in front, and ears stopped with wool). Head to be shaved, and evaporating lotion applied. To take five grains of calomel, and one grain twice a-day. Broth diet, as he refused milk. The next day, being the third day after these symptoms arose, he was found to have passed a quiet night. He was rather more conscious, but the paralysis was unchanged. Bowels had acted three times, copious and healthy motions. Skin cool and moist. Pulse 108, intermitting, softer. Tongue dry and brown, and he could not protrude it. Urine passed freely into the bed. The gums were lanced to free two molar teeth. It was noticed on the following night that he ground his teeth considerably. When he awoke he seemed dull. Pulse had sunk to 80, laboured and intermitting every fourth beat. Bowels had acted twice. At 10·25 a.m. on this, the fourth day, he was seized with general epileptiform convulsions of the left side, which lasted without intermission, for two and a-half hours. During the attack he was quite unconscious, face much congested and foaming at the mouth. At the commencement the blistering fluid was painted on the nape of the neck. He seemed much exhausted afterwards. He soon fell asleep, and slept the remainder of the day and the following night.

5th day.—There was some return of fever, with quickened pulse, 130. He was more conscious, and could protrude his tongue, now clean and moist. No change in the paralysis. No return of convulsions. The wound had begun to secrete a thin pus. He still passed his urine under him.

6th day.—Much better; he could move the left arm a little. Pulse 90, intermitted less frequently.

7th day.—He had slept well. Pulse quicker, 140; could move arm and leg tolerably freely; protruded his tongue easily; and now understood what was said to him. Healthy secretion from the wound.

9th day.—Continued to improve. Still ground his teeth at night, though he slept well. Pulse 76, occasionally intermitted. He had some apparent difficulty in swallowing, but his mouth was not touched by the mercury. Ordered to omit the powders.

11th day.—Some return of heat of head and flushed face. Ordered: Calomel, gr. j. once a day.

12th day.—All unfavourable symptoms had again subsided. He had regained power to a great extent over the arm and leg. His appetite had become very keen. The wound was very small, and discharged healthily.

22nd day.—The wound had quite healed; he sat up in bed bright and cheerful. The power over the left arm was quite restored, but he limped on trying to walk.

At the end of two months he was discharged, being quite well, and having entirely regained power over the left side.

THE LONDON HOSPITAL.

VERTICAL OR EDGEWISE DISLOCATION OF THE PATELLA.

(Case under the care of Mr. CURLING.)

In cases of knock-knee, with relaxed ligaments, it is not very rare for the patella to be dislocated laterally, *i. e.*, so that it lays on its flat surface outside the outer condyle. The reverse of this also often occurs in cases of bow-legs. There is, however, an exceedingly rare dislocation of this bone in which it is turned round on its vertical axis, and so displaced that one edge looks forwards, and that its anterior and posterior surfaces are directed respectively outwards and inwards. In this twisting round of the bone, it is possible that it may be lodged on its edge between the condyles, or on the outer side of the outer one, or the inner side of the inner one. Only some eight or ten examples of it are on record. Another case presented itself the other day in the London Hospital.

The patient, a man aged 50, of moderately muscular build, was brought to the Hospital quite unable to bend his right leg, and with the history that he had twisted his knee out. On inspection, there was found the patella on its outer edge between the condyles. Its inner edge looked straight forwards, and its under aspect inwards. It was firmly fixed. The leg could be bent a little, but not much. All efforts to press the bone into position were unavailing until the man had been put under chloroform, when, without much trouble, it was replaced. No inflammation of the joint followed, and the man left the Hospital after a few days.

Anatomically, one would scarcely believe it possible that such a form of dislocation as that illustrated in the above case could occur. It might have been supposed that the bone would, if twisted, tend to replace itself. Yet, in the majority of cases upon record, the greatest possible difficulty has been encountered in reducing the dislocation, and in all probability the facility with which it was in this instance effected was due to the relaxation of the muscles by chloroform. In more than one case the ligamentum patellæ has been cut through, and yet reduction found impracticable; and in at least one the patient lost his life from destructive inflammation of the joint.

In Mr. Curling's case, the *mode of violence* was exactly that most likely, if anything could, to effect a vertical dislocation. The man was engaged in loading a waggon, when his foot slipped through a hole in the bottom, and his knee became wedged. Whilst the foot was slipping through he seized the sides of the waggon to save himself from falling, and just as his knee became fixed, gave himself a vigorous twist in order to extricate it. As he did so, he distinctly felt his knee-cap slip, and became at once unable to use his leg.

We append a tabular statement of the examples of this dislocation which we have been able to find on record:—

EIGHT CASES OF DISLOCATION OF THE PATELLA, WITH TURNING ON ONE EDGE.

No.	Surgeon, Reference, etc.	Age of Patient.	Mode of Violence and Form of Displacement.	Treatment.
1	Mr. Welling, of Hastings.—Sir A. Cooper's Work, page 197	..	The bone was turned on one edge between the condyles.	Reduction was effected with some difficulty, by pressing the bones with the fingers, the limb being extended.
2	Mr. Mayo.—*London Medical Gazette*, vol. ii., page 754.	A muscular young soldier.	It was dislocated in riding by striking the knee of a comrade. The displacement was outward, the inner edge resting on the outer surface of the external condyle, and the under surface looking outwards.	All efforts at reduction with the limb extended failed. It was next (after a rest of some hours) forcibly flexed to the utmost, so as to disengage the patella, which at once slipped into its place.
3	Dr. Woolf.—*Rust's Magazine*, vol. xxvii. page 476.	A powerful young man—a soldier.	The dislocation occurred in riding (without stirrups) by suddenly striking the knee of a comrade. The inner edge was fixed between the condyles; the under surface looked outwards.	All efforts at reduction failed. (Forcible bending not tried.) The ligamentum patellæ and tendo quadriceps were severally cut through, but finally the bone could not be reduced. Destructive inflammation of joint followed. The man died eleven months later.
4	Mr. Key.—*Guy's Hospital Reports*, vol. i., page 260.	A young woman.	The displacement had occurred from slipping with a pail. "The patella rested on the inner condyle, the outer part of its articulating surface being supported obliquely by the projecting edge of the trochlea of the femur." It is doubtful whether there was decided turning over of the bone.	By gentle pressure on the inner edge, the limb being extended, reduction was effected. Destructive inflammation of the joint followed, and the patient died. The tendon of the vastus externus was partly torn through.
5, 6, & 7	Three American cases, mentioned by Dr. Gross in "System of Surgery," vol. i., page 1134.	In one a man of 35; in another of 21.	....	In one case the ligamentum patellæ was divided, but without good result. Dr. Gross concludes by stating that the flexion plan is the successful one.
8	Mr. Curling (*see* above)	A man aged 50.	The knee had been twisted. The displacement was vertical, between the condyles.	Reduced under Chloroform.

A Piece of French Red-Tape.—Some important alterations having taken place with respect to the fees payable to Medical witnesses in France, the Editor of the *Gazette des Hôpitaux*, having received many queries on the subject, addressed a note to the Minister of Justice, in order to obtain information concerning the matter. He received the following reply:—" Sir,—You have requested in your letter a copy of the circular concerning the fees to be in future allowed to Medical Practitioners when called before the tribunals as witnesses, in order that the same may be inserted in your journal. The communication you ask for, Sir, and the publicity you propose to give to it, would be entirely contrary to the practice of the Administration, and I regret not being able to accede to your request."

Prize Questions.—The Academy of Sciences of Bologna proposes as the subject for the Aldine Prize the investigation of the existence and laws of the Muscular and Electrical Currents as observed in the Frog. The prize is 1000 lire, the essays to be sent to the Secretary of the Academy by December, 1862.—The Medico-Chirurgical Academy of Turin has published the conditions for the Riberi Triennial Prize of 20,000 lire, embracing the period from January 1862, to December 31, 1864. For this prize all manuscripts or printed works upon any Medical or Surgical subjects may compete, which have been produced and forwarded to the Academy within this period—the preference, in making the award, to be given to those which indicate a truly important progress in Medical Science.—*Omodei Annali*, January.

Medical Times and Gazette.

SATURDAY, FEBRUARY 22.

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SANITARY WORK IN THE METROPOLIS.

If it were necessary to seek for evidence of the value and practicability of compulsory sanitary legislation, if we were desirous of showing to the House of Commons, for example, that the alarm with which they regard measures of an imperative character proposed in the interest of the public health, is unfounded, that these may be put into operation without creating a panic, that they may be carried on without difficulty, noiselessly, and effectually, we doubt if we could point to a more complete success than has attended the institution of Medical Officers of Health in the Metropolis. It can never again be said that the British public will not brook official interference, when it can be shown that such interference is exercised for its benefit.

We have endeavoured in a former article to represent in a comprehensible form one important work which has been accomplished by the Medical Officers of Health in the abolition of the innumerable cesspools which contaminated the soil and poisoned the atmosphere of the metropolis. For the facts which are adduced, we are indebted to the Annual Reports which these gentlemen make to the Vestries and District Boards in conjunction with which they act. Notwithstanding that the statute entitles every ratepayer to a copy of these Reports on the payment of a nominal fee, we doubt if even among the members of our own Profession practising in London they are known as they deserve to be; while the mass of the public regard them, if they ever hear of them at all, as documents which only concern those in authority to whom they are immediately addressed. We desire this oversight to be rectified. With few exceptions, they are precisely what they ought to be; they exhibit the excellent qualities of precision of statement, lucidity of style, and moderation in tone. Although differing in form and arrangement, the same general character pervades them as to their contents. Each furnishes thus a statement of the mortality of the district, and in some instances, of the sickness which has been observed to prevail during the year, as shown in the books kept by Parochial Surgeons and the records of Hospitals, Dispensaries, and other public institutions for the relief of the sick. To this is added a statement of the localities where diseases of an acute or epidemic nature have been especially dominant, the causes of this ascendancy being pointed out, and throughout the whole are interspersed not only official recommendations for the removal of obvious causes of disease, but suggestions as to matters of private hygiene naturally issuing from the facts which it falls within the duty of the Medical Officer of Health to lay bare. When we consider the amount of ignorance and prejudice, the latter very much the offspring of tradition, noticeable even among the more educated, in relation to subjects of health and disease, we cannot regard such suggestions as misplaced. We need only refer to the common preference of sparkling and nitrated well-waters, everybodies' own well (like everybodies' own barometer) being the best ever known, to the popular notion of "scarlatina" being a mild and uninfectious form of a fearful and fatal disease, to the euphemistic use of such a term as "decline," to the popular dread of night air entering by the open window of a bed-room, to the reputed salubrity of the atmosphere of cow-houses, and so on, as examples of what we mean. To the local Practitioner, the truths unfolded by these Reports, however, possess a special interest, inasmuch as they will frequently furnish an explanation of protracted sickness in individuals and families, and prepare him to anticipate such occurrences as the unfavourable progress of parturient women, as well as of most forms of serious acute disease. We repeat that we should be glad to see these valuable Reports more studied by Medical men, and also a more complete and active co-operation on their part with the Health Officers of their several districts. We know that in some parishes such co-operation does, to a certain limited extent, exist, and that in times of special epidemic sickness, information of its whereabouts has been forwarded. This was the case, we are happy to say, in the late epidemic of small-pox, when the energetic action taken by the Health Officers throughout London was no insignificant element in the arrest of this disgusting plague.

There is, lastly, in all these Reports a statement of the sanitary work effected during the year. Placed in a tabular form a few lines frequently suffice for the purpose, but these are pregnant with meaning to all who can read them aright. As might have been expected, they mostly refer to improvements in habitations, calculated to render houses more healthy, and chiefly, though by no means entirely, to the habitations of the poor. House drainage, the conversion of privies into water-closets, the provision of dust-bins, the paving of wet and ill-drained yards, the cleansing, repair, and limewashing of tenements, the supply of water for domestic use, and lastly, though not least in importance, the provision of sufficient ventilation, and the carrying out of the law as to the overcrowding of houses, and the occupation of cellars and kitchens, are the topics most universally dwelt upon. Eighty-eight of these Reports are now on our table, and from those which refer to twenty-six districts we construct, as an example of what has been effected in this single direction in all the parishes in London, the following summary:—

District or Parish.	Number of Annual Reports summarised for number of years specified.	Houses Drained into Sewer, or Drainage Amended.	Cesspools Cleansed and Disinfected.	Privies Amended, converted into Water-closets.	Dust-bins Erected or Covered.	Paving of Courts, Yards, and Cellars, carried out or Amended.	Water supplied to Houses.	Houses Cleansed or Limewashed.	Over-crowding of Tenements abated, or Cellars and Kitchens disused.	Ventilation of Houses carried out.	Total of House Amendments.
St. George, Hanover-square ..	5	2001	..	1075	960	265	75	622	56	48	5107
Whitechapel....	5	4683	2581	3738	2029	1307	97	2836	62	27	17360
Marylebone	5	9695	..	3832	300	1257	1161	1680	..	59	17984
St. Pancras	5	5878	329	2065	906	823	98	833	19	118	11669
St. James's, Westminster	5	873	..	1255	552	16	166	766	78	27	3733
Bethnal-green ..	5	6038	561	3085	1044	..	..	12	1	..	10741
Strand	5	1373	..	2032	303	258	87	1678	274	281	6286
Islington	5	6366	18	3802	3524	2539	1055	1244	40	266	18854
Paddington	4	1204	68	1165	1015	54	52	467	..	9	4034
Wandsworth ..	4	1277	1095	941	793	..	735	68	..	..	4909
Holborn........	4	767	9	547	39	128	82	268	..	56	1896
St. Giles's	4	1768	6	1452	346	292	456	1407	183	105	6015
St. Giles's, Camberwell	4	2026	975	1363	182	307	199	1015	..	..	6067
St. Mary, Newington	4	1366	567	41	..	..	46	..	..	..	2020
St. Margaret's and St. John's, Westminster..	3	386	..	1500	606	325	214	791	12	..	3834
Bermondsey....	3	360	12	529	..	30	..	72	..	..	1003
Hackney	3	475	883	47	..	..	..	404	..	..	1809
St. George the Martyr, Southwark	3	417	267	151	238	227	161	111	36	18	1626
Clerkenwell	3	392	..	..	..	..	..	..	..	..	392
Plumstead	3	165	190	..	..	..	..	..	..	..	355
Fulham	2	248	209	416	..	..	..	33	..	..	906
St. Olaves, Southwark	2	469	..	403	286	310	151	78	..	15	1712
Mile End Old Town	2	647	759	476	..	..	..	33	..	..	1915
Greenwich	2	1372	..	1330	..	..	..	..	..	..	2702
St. George's-in-the-East......	2	..	154	..	..	..	..	170	3	..	327
St. Luke's, Middlesex	1	..	..	22	14	9	25	..	..	..	70
	..	50246	8683	31867	13137	8147	4860	14588	764	1029	133326

We must leave our readers to calculate what these numbers would amount to if the five years' work in each district had been included in our summary, and if we had been able to embrace within it the whole of the thirty-nine districts into which the metropolis is distributed.

But house improvement, with the abatement of overcrowding and cellar occupation, constitutes but a portion of the work undertaken by our Health Officers. On the removal of Smithfield Market to Islington commenced a practice of licensing of private slaughter-houses, each of which must now receive the sanction of the District Board before application for a licence can be made to the Quarter Sessions. The sanitary condition of these places consequently came immediately under the supervision of the Medical Officers of Health. Throughout London these gentlemen undertook a personal investigation of their state, and at a meeting of the Association a systematic inspection was agreed upon, and a series of requirements drawn up as recommendations to the Local Boards, without an acquiescence in which it was felt that public health would demand that the granting of licences ought to be opposed. These recommendations were so agreeable to common sense, that they have practically become the guide of the Middlesex Magistrates in their determinations in this matter. They relate mainly to drainage, cleanliness, paving, and water-supply; they discountenance the devotion of cellars or any portion of an inhabited building to slaughtering purposes; and direct attention to the law which provides that a proper distance shall be maintained between the slaughter-house and any neighbouring dwelling-house. In many districts these houses are regularly visited every quarter, in all once a-year, and there can be no question that private slaughtering is now carried on with far more decency and with far less risk to public health than it was before the passing of the Cattle Market Act.

From slaughter-houses to London cow-sheds the transition is a short one. The Health Officers were not long in discovering the damage which these establishments were inflicting upon their several neighbourhoods, and a Committee of the Association again undertook a systematic inquiry, which resulted in a Report which the Association printed. Most of the Health Officers contributed to this report the results of their investigations in their respective districts; and so universal was the opinion that, if cow-houses are to be permitted in the metropolis at all, they should be placed under similar restrictions to those imposed upon slaughter-houses, that when the Bill for the Amendment of the Local Management Act was drawn, they succeeded in getting a clause to this effect introduced into it. This Bill, however, fell through, but the licensing of cow-houses cannot fail to become an important addition in any future enactment. Independently of this, however, much has been effected in their improvement. Advantage has been taken of the powers given by the Nuisances Removal Act, in respect to the keeping of animals, to bring about improved paving, cleanliness, and ventilation, conditions which commended themselves to the cow-keepers themselves as calculated to maintain the health of their stock and to prevent the ruinous losses they were suffering from lung and other diseases. Wherever the sanitary state of the sheds was neglected, there it turned out that the losses of the cow-keepers were largest, and the efforts of the Health Officers in the improvement of the sheds not only tend thus to the lessening of palpable nuisances, but strike at one root of an evil of no small magnitude, the supply of diseased meat to the London markets.

And this brings us to notice another of the good works of the Health Officer, namely, the carrying into efficient operation of that clause of the Nuisances Removal Act, which empowers the Officers of Sanitary Boards to examine all kinds of food exposed or preparing for sale, and to confiscate all such as appears to be unfit for human consumption. It is well known that the Corporation of the City of London has long exercised a power of this sort in the large dead meat markets, but notwithstanding all the alacrity shown in these quarters, the shops in poor districts, especially in the suburbs, were largely supplied with unwholesome meat, which, offered at low prices and sold by gas light, was greedily purchased. Much too which was evidently unsaleable was converted into sausages, a form in which its unwholesome nature could be readily disguised. There are few districts where seizures of meat, fish, game, fruit, and vegetables, have not been made under the direction of the Medical Officers of Health. In one of the Reports of the Health Officer of St. Pancras we read of the seizure of 500 putrid rabbits, and of thirteen quarters of stinking veal, preparing for conversion into sausages, and in another, that there had been seized three quarters of beef, 39 joints of meat, and 3 cwt. of meat from butchers' shops; 250 mackerel, 10 lots of soles, 191 red-herrings, 3 barrels of herrings, 2 of periwinkles, 7 lots of plaice, 165 rabbits, 39 hams, and a large quantity of rotten oranges, crabs and lobsters. The liquid sold as milk has also been inquired into. In one of the Reports for the district of St. George's, Hanover-square, we find the result of sixteen analyses of milk:—"Nine of the samples contained more water than milk, and one of them would be best described as coloured water, with a little milk in it." In other districts similar endeavours have been made to obtain an amendment in the adulterating practices of the bakers, and the threat of exposure at the hand of one Health Officer, well known as an experienced chemist, has produced the desired result in his district, without having recourse to any legal proceedings whatever. It was hoped when the Act for Preventing Adulteration of Food was passed, that the hands of the Health Officers, in this department of their labours, would have been strengthened. But this being a permissive Act, but little notice has been taken of it by the Vestries and District Boards. The City of London, Marylebone, and Islington, are, we believe, the only localities in which an Analyst has been appointed.

But we should be doing an injustice to our Health Officers did we not mention a branch of operations which involved their engaging in a line of study which was entirely new to most of them. We refer to the suppression of what may for brevity be termed trade-nuisances. The keeping of cows and horses, and the slaughtering of animals for food are, indeed, capable of being brought into this category, but it is chiefly to the various processes of manufacture that we now allude. With these processes they had to acquire some technical acquaintance, for very early in their career complaints of such establishments were brought under their notice, and their opinion was demanded as to the influence which they exerted upon the public health in their vicinity, and they were required to point out methods by which, at any rate, the nuisances they occasioned might be abated, independently of the complete removal of the works. We doubt if we could state any difficulty which they set themselves to overcome more manfully than this. The fact that expense would be entailed for alteration upon the proprietors of such works, for the most part precluded any assistance or information being given by the manufacturers themselves. Some of the more enlightened among them, however, happily took a different view of the matter. To their honour it may be stated that, without exception, the Directing Boards of the various Gas Companies not only acceded to the request of the Association to permit an inspection of their works, but the Committee of the Association which was formed to acquire and impart the necessary information to the general body of members, and which visited, we believe, every one of the London gas-works, was afforded every facility in its inquiries, and in each instance accompanied over the works by a responsible and superior officer of the Company. The nuisance arising from the manufacture of varnish, again, had in some districts become so grievous that measures for its abatement were absolutely imperative; and the demand on the part of the Health Officer so successfully stimulated the ingenuity of the manufacturers that at the present moment this material may be prepared without the least offence to the inhabitants of the nearest houses. Formerly the presence of a varnish factory could be discovered at the distance of a mile or more; there is now one of the most extensive in London, fully employed, near a thronged thoroughfare, in the neighbourhood of King's Cross, which no one would be aware of but by the notice over the gateway; and this is not a solitary example. To show the variety of the knowledge which the Health Officers found it needful to acquire, we may enumerate some of the trades with which they have been called upon to interfere by way of suggestion, and respecting some of which they have been examined with credit, in support of prosecutions, in various courts of law:—boiling of putrid and condemned meat; knackeries; gut scraping; lucifer-match making; the manufacture of blood and other artificial manures, such as superphosphate; of glue; of morocco leather prepared with the excrement of dogs (ludicrously enough termed "pure"); the manufacture of potato farina for adulteration of tapioca, arrowroot, etc.; the frying of fish; roasting of chicory; manufacture of quinine; fur dressing, and preparation of seal skins; glass crushing; brick and ballast burning; manufacture of printers' ink; of paper for curing damp walls; the smelting of antimony; dust sifting; the trade of the marine store dealer; fat melting for the preparation of tallow, Ostend butter, etc.; the re-burning of animal charcoal, etc. How far all or any of these and such like nuisances, with the emanations from gas-works, damage public health is a question which demanded careful and logical investigation. In some of those we have enumerated evidence of the most convincing nature was readily forthcoming, but in most the Health Officers have wisely suspended their opinion, until they may have acquired a sufficient mass of facts to warrant them in giving it without fear of successful contradiction.

Nor have we, even now, exhausted our subject. We will merely add that all this work has been carried on quietly, unobtrusively, unostentatiously. The openness, sincerity, honourable feeling, and tact of the educated gentlemen to whom these duties, many of them very delicate in their nature, have been entrusted, have done good service to the public. The Medical Officers of Health have acquired the confidence even of the suspicious manufacturers. At the outset it was necessary to assert the authority of the law by frequent appeals to the decision of the magistrate. Much of this arose from ignorance or misconception, but as the provisions of the statute became better known, and as the firmness of the Medical Officers of Health became recognised as a reliance in accurate knowledge and faith in a good cause, so the occasion for forensic contests have become yearly more rare. The law is now better understood, and the sanitary powers of local authorities are usually admitted without dispute.

THE WEEK.

THE LEEDS INFIRMARY.

We have heard with much pleasure of the great success which is attending the project of making a new Infirmary at Leeds. The subscriptions now amount to very nearly £60,000. An ample site has fortunately been found within the precincts of the town, on high and sloping ground; and it is intended that no trouble shall be spared to make the new building as perfect as human ingenuity can devise it, with the aid of the resources of modern sanitary science. The stagnation of trade by which the whole of the North country is at present affected, makes the noble energy with which this project has been taken up, not only by the merchant princes who give their thousands, but by all classes in and about Leeds, the more conspicuous. The workmen actually intend to raise £10,000 among themselves, those of one firm having already given nearly £300. It must be remembered that the subscription was commenced no longer ago than November last, with a contribution of 1000 guineas from the Medical staff. Since that time, the work has been pushed forward in earnest, and evidently in the right way. A Committee of local men of business, in which are included two of the Medical staff, Dr. Chadwick and Mr. Teale, has been giving its time, as well as its money, most liberally to this noble object. We need scarcely add, that it has our most hearty good wishes.

SANITARY STATE OF WINDSOR.

Dr. Robinson, Surgeon to the Scots Fusileer Guards, writes to the *Times*:—

"In 1858, the children of married soldiers, lodging behind the Guards' barrack at Windsor, were affected with a low form of fever, which a brief examination of the locality satisfied me had its origin in defective sewerage, decayed vegetables, and other refuse matter scattered about.

"A block of model cottages erected by his Royal Highness the late Prince Consort were situated in the same neighbourhood and contiguous to a field through which I passed daily in my visits to the Hospital. There was a deep ditch a few feet from this building, a receptacle at all times for cabbage stalks, worn out tin pots, etc., the former contributed by a market garden adjacent. The smell from this pool was offensive enough at all times, but when spring showers, succeeded by a hot sun, acted on it; when, moreover, a dead cat was added to its festering contents, and the flies had performed their work on its carcass, the ill-odour was indeed intolerable, and I marvelled much each day at the strange anomaly thus presented to the passer-by.

"I mentioned the circumstance to various gentlemen, through whom I thought it likely the subject might reach the ear of the illustrious Prince whose beneficent design was being thus perverted and rendered worse than futile in result. My purpose was not fulfilled, and the evil was suffered to remain. I, however, addressed a letter to my commanding officer, in which I alluded to the epidemic, and its probable source, as well as to the existence of cases of mumps and scrofula in barracks, attributable partly to the unhealthy state of the neighbourhood, in part to the deficiency of light and air in the rooms occupied by the sick children."

APOPLEXY MISTAKEN FOR DRUNKENNESS.

The horrors of a mistake such as the following are unspeakable. No one can be considered exempt. Surely it would be right to direct the police to ascertain in every case whether a person charged with drunkenness really smells of spirits:—

"Mr. Brent, the Deputy-Coroner for West Middlesex, prosecuted an investigation at Paddington on Monday into the circumstances attending the death of Mrs. Susanna Bayford, aged 60, wife of a cabman, residing at 2, Stanley-street, Paddington. The husband said, he last saw the deceased on Saturday morning. She was then rather unwell, being subject to fits. She had occasion to pay a visit to relations in Holborn. The conductor of an omnibus, plying from Notting-hill Gate to Whitechapel, deposed to having taken up the deceased at the corner of Fetter-lane, Holborn. On arriving at the Royal Oak the passengers complained that deceased was offensive from intoxication and vomiting. He found her lying along the seat, to his mind evidently drunk, and at the urgent request of his passengers he took her out of the omnibus, and placed her on a door-step in Westbourne-grove, at the corner of Monmouth-road. Police-constable 366 A stated that he found the deceased, apparently drunk and incapable, on the pavement. A man was trying to get her up. He took her to the station-house with the assistance of another constable, she walking there staggeringly with their help. Sergeant Rouse, 15 D, deposed that at nine o'clock on Saturday evening deceased was brought to the station, and charged with being drunk and incapable. She exhibited the strongest symptoms of drunkenness, and was unable to give her name and address. He saw her put into one of the cells, and he himself placed a pillow under her head, and had a fire lit to warm the cell. He gave instructions to the constables that it was a drunken case, and she must be carefully looked to. She was visited throughout the night every half or three-quarters of an hour. He saw her himself but three-quarters of an hour before she was discovered dying. Medical assistance was obtained within twenty-five minutes after her condition became known, and by that time she had expired. Mr. Brown, Divisional Police Surgeon, of Kensal-green, made a *post mortem* examination of the body. The condition of the brain showed that the deceased had been subject to fits. He could not detect any spirits. Death was wholly caused by apoplexy. If she had been conveyed to her home and received every attention her life could not have been saved. The symptoms spoken of by the several witnesses were just as much signs of apoplexy as drunkenness. It was a very difficult thing even for a Medical man to distinguish intoxication from apoplexy. Bayford, the husband, assured the deputy coroner and jury that he had been credibly informed that she had drunk but a glass of stout during the whole of Saturday. The deputy coroner, in summing up, said it was a most unfortunate mistake of the police, but just such a mistake as was likely to happen in such a case. It was very difficult, indeed, as the Medical gentleman had stated, to distinguish drunkenness from apoplexy, and therefore he did not see that any blame could be attached to the police. After a protracted inquiry, a verdict was recorded to the effect that the deceased was found insensible in a public road, and died in a certain police-cell from a natural cause."

COOKERY FOR THE SICK.

The culinary art formerly occupied more of the attention of Physicians than at present. Not long after the revival of Medical learning in England, we find erudite Doctors of both the Universities publishing treatises on the mysteries of kitchen and larder. Such books as Cogan's "Hauen of Health," and Mouffet's "Health's Improvement; or, Rules Comprising and Discovering the Nature, Method, and Manner of Preparing all Sorts of Food Used in this Nation," are chiefly curious to the antiquary for the insight they afford into the domestic manners of the Elizabethan period, but they also forcibly illustrate the importance which the Physicians of those days attributed to a study of the art of dining. In these modern times cookery books no longer quote from Galen, and Soyer's Treatises have replaced the *Schola Salerni.* It is a question, however, whether a little more attention on the part of the Profession to the subject of the scientific preparation of food would not, even now, bear good fruit. But, be this as it may, an incalculable advantage which the rich patient has over the poor, is the benefit he derives from a careful adaptation of his bill of fare. In our large towns purely medicinal treatment of the best kind lies equally within the reach of both. It is the diet, or rather the want of diet, which mainly in the case of the Hospital or Dispensary out-patient reduces his chance of recovery so much below that of the wealthy fee-payer. We are aware that something has been done to meet the exigencies of the case, by the establishment of Industrial Kitchens in various districts of the metropolis. In Grosvenor-mews, for instance, in the district of St. George, Hanover-square, there is an excellent institution of this kind where girls are trained in the art of cookery under an experienced *artiste.* We have also received an Annual Report of a Charity known as the "Invalids' Dinner Table," which is carried on in Duke-street, Lisson-grove. This establishment during the past year has supplied 3415 dinners to 540 convalescents and invalids at the cost of something under £150. It is not our wish for a moment to criticise the details of so admirable an undertaking, or we might suggest to the management that five ounces of cooked meat is hardly sufficient animal food for the principal meal of an adult recovering from acute disease. Six members of the Medical Profession have undertaken the inspection of the Invalids' Dinner Table, and visit it in monthly rotation. The Report clearly shows that the main motive which has influenced the founders of this charity has been a religious one. It is a patent fact that the present development of religious benevolence is becoming daily more practical. We hear less of the purely æsthetic, and more of feeding the hungry and clothing the naked. Since the suppression of monasteries there have been no efforts at all comparable to those now making to ameliorate the bodily condition of the poor, and through the medium of material charity, to arrive at and influence their psychical nature. The principle is a true one,—founded not less on a sound physiology than on an enlightened interpretation of the teachings of Christianity.

A NOTE ON MEDICAL CHARITIES.

Very lately we called our readers' attention to the Village Hospitals which are now being dotted about in different parts of the country. Since the publication of that article, three Annual Reports of the Cottage Hospital at Middleborough and North Ormesby have reached us. These papers give a very favourable impression of the Institution, both in its charitable and scientific aspect. The iron-works and railways appear to have afforded a large proportion of Surgical cases, and the results of operations speak well for the skill of the Surgeon, and for the working of the voluntary system of nursing on which the Hospital was established. The mortality after amputations of limbs was two in fourteen cases. In one case of secondary hæmorrhage the femoral was successfully ligatured. We have already expressed our hearty sympathy with these Institutions; but in advising their establishment, we would reiterate the recommendation that they should be founded on a broad and liberal policy. The co-operation of every qualified Medical Practitioner in the immediate neighbourhood should be sought, and everything like a semblance of the operation of party or personal interest in the management should be sedulously avoided. It is only by such a course that these charities, in themselves admirable, can receive the support of the Medical Press and Profession. The principle we are advocating might with advantage be extended to many of the Dispensaries and Hospitals in our large towns.—The Exeter papers have lately contained a Report of a meeting of the Governors of the Dispensary in that city, at which the question of an augmentation of the staff of Physicians was discussed. Several of the Governors considered that such a change would be beneficial, and would remove a cause of complaint that the poor were in many instances detained an unreasonable time in their attendance. The Medical staff had been consulted on the advisability of increasing its numbers, and had reported that no change was necessary. Without in any way offering an opinion on the merits of this particular case, which is to receive further consideration from the Governors at a special meeting, we would decidedly express our conviction that in very many instances the interests of both charity and science would be served by a more equal division of the fields of unpaid Professional labour.

O'REILLY *v.* CARTER — DISPUTED CLAIM FOR SURGICAL ATTENDANCE—IMPUTATION OF WANT OF CARE.

A case was tried on February 12, before W. Gordon, Esq., Judge of the Bishop Stortford County Court, in which Dr. O'Reilly, of Bishop Stortford, sued Mr. Carter, publican, of Thorley, for the sum of £12 10s. 6d., for Surgical and Medical attendance and medicines. Mr. Carter suffered a comminuted fracture of the leg in 1858, and found, on his recovery, that his leg was shortened an inch and a-half, through overlapping of the bone. He refused to pay Dr. O'Reilly's bill, and was summoned before the County Court in October, 1861, when he pleaded, first, that he did not receive all the articles for which he had been charged; secondly, that the charges were not fair and reasonable; and, thirdly, that by the unskilful treatment and want of due care on the part of the plaintiff he had become lame, and that plaintiff had never set the limb for which he had charged. After the Court had been occupied nearly four hours in investigating the facts, the Judge gave his verdict for the defendant. With this decision the plaintiff was much dissatisfied, and applied for a new trial. The Judge, after a long discussion, granted the application, but on the following conditions, viz.:—

"On payment of all costs up to and inclusive of to-day.

"That the plaintiff should pay the costs of the defendant and his attorney to take the opinion of an eminent London Surgeon to be named by the Court, whose certificate or answers to the following questions should be received as evidence in the future progress of the cause, if required by either party.

"First Question: Does the bone overlap?

"Second Question: Is the overlapping, in your opinion, the result of want of care on the part of the Surgical attendant?

"The plaintiff to pay also the fee of the London Surgeon.

"That a paper shall be delivered to the London Surgeon with the two questions as above stated and the usual heading, 'Your opinion is requested in writing to the two following questions.'

"The plaintiff's attorney to be at liberty to accompany the defendant and his attorney to the London Surgeon at plaintiff's cost.

"That if a new trial should take place, to be before a jury."

The London Surgeon to whom the case was referred was Mr. W. Fergusson, who gave the following certificate:—

"1st Question: Does the bone overlap? Answer: Yes.

"2nd Question: Is the overlapping, in your opinion, the result of want of care on the part of the Surgical attendant? Answer: No, in my opinion it is not.

"Note.—These questions have been answered briefly at special request, and for the same reason I have put no question on the subject to Carter or any one else. The fragments of the tibia distinctly overlap, and hence the shortening of the leg; besides overlapping there is a distinct projection of the lower end of the upper fragment forwards and inwards, such as is most likely to accompany overlapping.

"The answer to the second question is given on this ground,—that I have seen overlapping and shortening occur where every attention and the best skill had been devoted towards a satisfactory result. The general symmetry of the leg convinced me that there had been skill applied in this instance, and it is a fact, familiar to all Surgeons of experience, that there are many causes which may render it impossible to prevent overlapping and shortening in such cases.

(Signed) "Wm. Fergusson,
"Professor of Surgery in King's College, and
Surgeon to King's College, London.
"16, George-street, Hanover-square, London.
"January 15, 1862."

At the commencement of the new trial, on the 12th inst., Mr. Pearce, plaintiff's Counsel, was proceeding to read Mr. Fergusson's certificate, when (as we learn from the report in the *Bishop Stortford Observer*)

"The Judge asked if Mr. Fergusson was present?

"Mr. Pearce replied that he was not, but that he had Mr. Fergusson's certificate.

"The Judge said that could not be received, because the certificate was only obtained from Mr. Fergusson for the purpose of guiding him (the Judge) as to whether he would grant a new trial.

"Mr. Pearce drew the learned Judge's attention to his own order, as to whether he was not entitled to use the certificate in evidence.

"The Judge evinced some hesitation in acceding to the learned Counsel's desire, but ultimately did so, and then apologised, and ruled that the certificate was admissible as evidence."

Dr. O'Reilly's case was supported by his own evidence and by that of Mr. Bowden, of Ware, Dr. Brett, of Clavering, Dr. Hooper, of Hoddesdon, and Mr. Welch, of Stanstead-Mountfitchett. The defendant's case was detailed in his own evidence, and supported by the opinions of Mr. Moore, of Much Hadham, Mr. Hawkes, of Hockerill, Mr. Brickwell, of Sawbridgeworth, and Mr. Hodson, of Bishop Stortford. The chief points on which the defence rested were these. Defendant said that he frequently complained of *pain* during the three weeks following the fracture:—

"He frequently complained of suffering much pain, and on one occasion the plaintiff gave him some very strong medicine which made him sleep, and also produced afterwards, when he awoke, loss of mind. In consequence of suffering so much pain, about three weeks after the accident, *his wife told the plaintiff that unless he loosened the bandages she would call in another Medical man*. When I told him of the pain, he said that it was nothing, and that it would be all right in time."

A second point was, whether the overlapping might not have been prevented had plaintiff removed the plaster bandages, so as to examine the leg; and a third was whether he should have used splints, or an inclined plane and foot-board. There was also a dispute whether the plaintiff had tied defendant's legs, or toes together, and whether he had done right or wrong in so doing. We may give one or two extracts from the evidence:—

"Dr. John Hooper, (called on behalf of the plaintiff,) said that he had been in practice upwards of forty years, for the last four years as a Physician, and he had been a Demonstrator under the celebrated Liston. He had had considerable practice in Surgical cases, and overlapping of the bones often occurred. He entirely approved of the treatment which Dr. O'Reilly had stated in evidence he had given in this case.

"Cross-examined: The shortening of the leg would not indicate any want of skill or care. If there had not been much swelling, I could have discovered overlapping if it had existed to the extent of an inch and a-half. In my opinion the defendant's pain arose from muscular action; and was no proof of the overlapping of the bone.

"Re-examined: I must have discovered the overlapping if it had been an inch and a-half; but with an irritable patient it might then have been desirable to let the limb alone.

"Dr. Thomas Brett stated that the overlapping of the bone in Carter's leg was no indication that there had been any want of skill on the part of the plaintiff; for he had seen cases where the most skilful Professional men had been engaged, even in cases of the late Sir Astley Cooper, and yet overlapping had occurred. He had heard Dr. O'Reilly's evidence of the mode in which he had treated the case, and in his opinion, they were the proper means to pursue.

"Cross-examined: They were not obliged to measure the limb, the eye would detect anything if it had been going wrong. The temperament of a patient, of course, had much to do with the recovery. The Medical adviser was not bound to attach much to what a patient said about suffering pain. In this case, in his opinion, it proved that favourable symptoms were going on—it proved vitality. It often happened that when pain had ceased mortification set in, and then it was beyond the power of human aid to afford relief—therefore, to Professional men, it gave them cheering hopes when the patient complained of pain; then they were satisfied of vitality.

"Re-examined: It was a common thing for persons to complain, but then it was no proof of illness. In comminuted fracture, when pain presented itself, it was a sure sign things were going on well.

"On behalf of Defendant: Mr. Stephen Clayden Hawkes had been in practice for thirty-seven years, and examined the defendant's leg. He said he thought the overlapping might have occurred even if due care and diligence had been given. Many such cases had occurred; but he believed that *he would have discovered it in a few days*. He did not agree with the treatment of Dr. O'Reilly, for he should have used a foot-board and inclined plane to support the limb.

"Cross-examined: I never had any case of comminuted fracture. I do not remember that I have had in my life more than one or two cases of dislocation to set. I never had a case where overlapping of the bone occurred, but I should have removed the splints when the patient complained so frequently of pain.

"Re-examined: I spoke ironically, of course, when I said that I had had only one or two cases of dislocation to set in my life; for I have had many.

"Mr. Charles F. Hodson, M.R.C.S. Eng., of Bishop Stortford, disagreed with Dr. O'Reilly's treatment, and stated what he should have done had it been a case of his own. He most certainly would have used the foot-board, as it was generally admitted to be the best means to obtain extension, which was required in Carter's case. If the patient had complained so much of pain, had he been attending the case, he would have removed the bandages."

In cross examination by Mr. Pearce, the following curious conversation occurred. The witness said he had had cases of comminuted fracture,—one of a person at Farnham.]

"Mr. Pearce: Now, Sir, was that person's name Savill?

"Mr. Hodson: It was not; his name was Latchford.

"Mr. Pearce: I ask you, Sir, whether in that case there was not an overlapping of the bone?

"Mr. Hodson: I cannot say.

"Mr. Pearce: I want an answer, Sir; simply Yes or No.

"Mr. Hodson: I will not swear that there was not an overlapping.

"Mr. Pearce: Well, Sir, I again ask you, if it was not so?

"Mr. Hodson: To the best of my belief there was not."

In further cross-examination, Mr. Hodson said if he had had such a case as that of Carter's he would have examined the leg daily.

"The learned Judge in summing up said that it would be for the jury to determine whether *due care and diligence* had been used by Dr. O'Reilly in attending Carter. He wished them to understand that the question as to the plaintiff's *skill* was not any part of the case, for there was no doubt of that having been exercised. The defendant had raised the issue that the plaintiff had not shown that care and diligence he should have done. It rested with him to prove it, and if he did so the plaintiff could not recover.

"The Jury retired and on their entrance into Court

"The Judge said—Gentlemen, I shall put two questions to you—Do you think there was any want of care on the part of Dr. O'Reilly?

"The Foreman: We do.

"The Judge: Do you consider the amount of £3 7s. 11d. sufficient for the medicine supplied by the plaintiff for the other illness of the defendant?

"The Foreman: We consider that sum amply sufficient.

"The Judge then said that the verdict would therefore be entered for the defendant.

"On the application of Mr. Naylor, taxed costs were allowed to the defendant."

It would be out of our province, with the imperfect details before us, to enter on the merits of this case. We all know that overlapping and shortening will sometimes follow fractures, even those treated by London Surgeons in the largest Hospitals. But let us suppose the worst; let us suppose that Dr. O'Reilly, whose skill was not questioned, had not shown proper care; it is a miserable thing to see half-a-dozen Practitioners coming into Court and exposing their neighbour's errors; subjecting themselves, too, to that kind of impertinent cross-examination to which Mr. Hodson submitted, in which it is evident that some unlucky case, or some case supposed to have been unlucky, was raked up against him. We have given the affair fully, not merely as a curiosity in the history of our Profession, which we hope will become rarer every year, but because it bears an obvious moral. When will Medical Practitioners be neighbourly, and learn to trust each other? Observe that Mrs. Carter *threatened* Dr. O'Reilly with a consultation! filled with the vulgar notion that such a proceeding is equal to a vote of want of confidence. Why, if she had carried out her threat, or if Dr. O'Reilly had taken her at her word, what a world of petty vexation and annoyance it would have saved him! Supposing he had met one of these Professional brethren who "disapproved of his treatment;" that he had heard all he had to say, and taken any reasonable hints,—why, his own responsibility would have ceased; even if he had made over the ungrateful patient to a rival, he would have been a gainer! We pray our brethren, then, as they value their peace of mind, not to shun consultations. Before you object to meet one neighbour at your patient's bedside, think that you may have to face half-a-dozen bearing witness against you in the County Court.

ST. THOMAS'S HOSPITAL.

The following Memorial has been addressed by the Medical and Surgical Officers and Lecturers of St. Thomas's Hospital to the President, Treasurer, Grand Committee, and other Governors of that Institution:—

1. We, the undersigned, the Physicians, Surgeons, and other teachers of St. Thomas's Hospital, respectfully desire to address the Governors of the Hospital on the approaching crisis in the affairs of this noble charity. 2. We learn that, before the end of next July, the ground now occupied by the Hospital will have become the property of a Railway Company, and be applicable to other than its present uses. 3. We may be excused for referring with pride to the history of the Establishment which is to be displaced. Not merely from three centuries ago, when King Edward the Sixth enriched it, but for more than six centuries ago, St. Thomas's Hospital, standing on its present site, has been a source of incalculable good to the suffering poor of the neighbourhood, and of the metropolis, and of the nation. The vast direct services which it has rendered to the sick, treated within its walls, are not the only benefits which it has conferred on mankind. It has always been a School—and, in latter times, a most influential School, of Medical and Surgical Science. In its wards, profiting by its almost unsurpassed materials for study, thousands of Medical Practitioners have acquired their qualifications for practice; and, among our official predecessors, trained and ripened in the same School, there have been, in large proportion, men whose names are still honoured throughout the Medical Profession, and whose discoveries and achievements have been a blessing to the human race. 4. Having these recollections, we cannot without deep concern be aware, that the present time-honoured edifice is to make way for other establishments; that a new St. Thomas's Hospital is to be raised in some yet undetermined place; that, where the new Hospital shall stand, and on what plan and scale it shall be constructed, are issues which the Governors now have open for decision. 5. We feel indeed that, in the impending change, there is a singular and splendid opportunity for increasing the usefulness of the Institution. We see that our Hospital may be made the very first Hospital, and our School the very first School, in England. Knowing that, since the beginning of the present century, the income of the Hospital has (mainly through the falling-in of leases) increased from about £12,000 to about £32,000 per annum; knowing that further increase at the same rate is still in constant progress, and that soon the annual income of the Hospital must be very largely in excess of the present scale of expenditure,—we are glad to believe that, within reasonable limits, considerations of cost will not be an obstacle to the desired result. 6. On the other hand, we feel that the occasion has its dangers. And the fact which, above all, impresses us, is, that the course which must now very speedily be decided upon will be one from which there can be no return. If, unhappily, any considerable error were made in the placing or planning of the new Hospital, the consequences of that error would remain for many generations beyond remedy. 7. Especially, the intentions of the Founders and Benefactors of the Charity would be almost irreparably defeated, and the priceless public boon of a great School of Medicine and Surgical Science would at the same time be sacrified, if the new Hospital were to be planted in any locality where Physicians and Surgeons of high metropolitan standing could not be expected to serve it with assiduous attention, or where masses of the labouring population would not have easy access to it for the relief of all their emergencies of sudden illness and injury. 8. Appointed by the Governors of the Hospital to the offices which we respectively fill, we venture to hope that, without presumption or impropriety, we may submit these considerations to those who have honoured us with their confidence, and may earnestly entreat each individual Governor to give his time and attention to the subject. 9. We of course refrain from anticipating in detail the questions which will come before the Governors for decision. We would merely beg leave to assure the Governors that, if they should deem it expedient to ask our opinion, either on the sites which are offered for their choice, or on the plans of Building and Establishment which are proposed for their approval, we should feel it our duty to consult conscientiously with one another and to lay before the Governors the results of our most careful joint deliberation. 10. One general suggestion

however, we would venture, even now, most respectfully, but most earnestly, to submit. We feel it to be of paramount importance that everything possible should be done, to ensure a free and full discussion of the important issues which will be raised. And it seems to us that this object cannot be attained unless the several issues are made public for some reasonable time before the day when the General Court of Governors will have to decide on them. 11. With this view, we would beg leave to express to the Governors our unanimous and earnest hope,—that, when the Grand Committee reports to the Governors on the several tenders which shall have been made of land for the site of the new Hospital, the Governors, before deciding on the choice of a site, will cause the Report of the Committee to be printed and published, and will then allow an interval of at least a month to elapse, during which the merits of the respective proposals may be open to public criticism; and similarly, that, when the Governors have it in view to determine on what plan the new Hospital shall be built, they will, for at least a month before they purpose to decide this question, permit public exhibition to be made of all plans which shall have been proposed for their acceptance. 12.—Finally, we trust that the Governors of the Hospital, knowing us, and knowing the urgencies of the circumstances, will excuse whatever irregularity there may be in the manner of our present address. That the large resources which they, by our hands, administer for purposes of charity and of science, should be made, in the utmost possible degree fruitful is, to our minds, an object of supreme interest. And we hope that the Governors, having made us their instruments for such important functions, will receive with favour the considerations which we have ventured to submit.

T. A. Barker, M.D.
James R. Bennett, M.D.
R. H. Goolden, M.D.
Thomas B. Peacock, M.D.
J. S. Bristowe, M.D.
William Brinton, M.D.
John F. South.
Gilbert Mackmurdo.
Samuel Solly.
F. Le Gros Clark.

John Simon.
Albert J. Bernays, Ph. D.
Edward Clapton, M.D.
Sydney Jones, M.B.
Henry Gervis, M.D.
George Rainey.
William M. Ord, M.B.
William H. Stone, M.B.
Edmund Montgomery, M.D.
John Croft.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, February 12.

DEATH IN THE HOSPITALS.

The discussion in the Academy of Medicine on the difference in the mortality in the London and Paris Hospitals, has very much startled those who flatter themselves that everything is better managed here than elsewhere, and that "perfidious Albion" is far behind "*la belle France*" in the march of civilisation. The true cause of the unfavourable results obtained in our Hospitals has not yet been exactly ascertained; some believe them to be due to deficient ventilation; others think that the food given is insufficient, and the water bad; or that the constitution of the French is, on the whole, less vigorous, and more liable to depression, than that of the English. Dr. Moffat has even been heretical enough to contend, that the London Physicians and Surgeons are more clever in their treatment of diseases than their Parisian *confrères*. It is probable that several causes are at work in determining the high rate of mortality as it actually exists in the Paris Hospitals; but there can be no doubt that certain Surgeons here are too ready to make capital operations even under unfavourable circumstances; and that the treatment after operations is, at least in some Hospitals, radically faulty. On the other hand it seems, that our Hospital men generally attain a higher age than yours; there are at least a great many sexagenarians and septuagenarians amongst them, such as Cruveilhier, Moreau, Rostan, Piorry, Paul Dubois, Velpeau, Andral, Bouillaud, Jobert de Lamballe, Trousseau and others; while successful London Physicians die proverbially fast.

WATER FOR PARIS.

Although the artesian wells of Grenelle and Passy furnish a very considerable amount of water, it still appears that this does by no means suffice for the wants of the population, and several proposals have of late been made in order to supply this deficiency. The Municipality are inclined to derive the supply from the Champagne, while others are of opinion that it had better be taken from the rivers Somme, Soude and Dhuis. The people in the Champagne are very much averse to having water abstracted from there for the benefit of the Parisians; besides which the expense of an aqueduct from that province would be very large, and in case of a foreign invasion, the whole supply of water to the capital might be easily cut off by the enemy, the Champagne being the most exposed province of France. Baron Ernouf, who has discussed this subject in an able article in the "Revue Contemporaine," is inclined to believe that a large reservoir of gravel close to the Seine above Paris would best answer the purpose.

THE HOLY MAID OF MONTMIRAIL.

More than six months ago a girl of 18 years fell suddenly down on leaving the church at Montmirail, apparently in a deep fainting fit, and had to be carried to the house of a relative. Soon afterwards the rumour spread that the girl had visions of all the saints, and had received wounds in the hands, feet, and the side, as token of her community with the Saviour. Thousands of patients then began to throng round her house, asking for her blessing and Medical advice. The fees given to this unqualified maiden-Practitioner were by no means trifling. At last the scandal became so great that the authorities interfered, when the girl confessed that she had herself caused the wounds on her body; upon which she was fined 25 francs (which she was well able to pay from her previous professional earnings) and committed for one month's imprisonment.

SUICIDES IN FRANCE.

The average number of suicides in France amounts to 3899 annually,—3057 men, and 842 women. They are most frequent in the months of April, May, June, and July, and in the ages from 40 to 60. Amongst the number just mentioned there were 2833 suicides by hanging and drowning, 271 from asphyxia by charcoal fumes, 395 by firearms, 153 by cutting instruments, 110 by falls from heights, 98 by poisoning, and the remainder by a variety of other means.

THE HÆMOSTATIC EFFECTS OF CLARET.

Dr. Fauve had recently a woman under his care who suffered for a fortnight from hæmorrhage from the gums and the lungs, and ecchymoses of the skin. A large number of astringent medicines had been administered, amongst which were the perchloride of iron and the aqua Rabelii, but without the slightest benefit; and, as death seemed imminent, Dr. Fauve ordered a glass of old claret to be given every quarter of an hour. Towards evening the woman had become quite intoxicated, but the administration of wine was nevertheless persisted in throughout the night. By the next morning the hæmorrhage was completely stopped, nor did it again return. The oppression on the chest, the cough, the sleeplessness, and the ecchymoses also disappeared within the next few days. The whole amount of claret taken within the twenty-four hours was about four bottles.

THE PHYSICIAN'S REWARD.

The ungratefulness of the sick towards their Physicians has always been a subject of comment; but it is seldom that patients, in their rage against Doctors by whom they believe themselves to have been improperly treated, have resorted to such extremities as the man who recently murdered Dr. Havin. That gentleman had ordered him copious venæsections; but, as the patient grew worse instead of better, he consulted another Practitioner, who told him that his sufferings were entirely due to loss of blood. Incensed by this, the man watched his opportunity and killed Dr. Havin by means of a hatchet, and when brought before the magistrates he said that he had wanted blood for blood!

Fossil Man.—Professor Huxley, says the *Critic*, is preparing for the press a work in which he will discuss the Origin of Species and the Age of the Human Race. The book will be an amplification of the lectures he has recently delivered in Edinburgh and at the Royal Institution, and which he is engaged to repeat in Dublin. This, with Sir Charles Lyell's forthcoming "Geological Evidences of the Antiquity of Man," and Mr. Darwin's treatise on "Intercrossing," will sure enough provoke some very lively discussion.

GENERAL CORRESPONDENCE.

◆

PROMPTITUDE IN CLAIMING FEES UNDER THE POOR-LAW.

LETTER FROM W. G. LUMLEY, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am desirous of calling the attention of Medical Officers and Medical Practitioners who render Medical or Surgical services to Boards of Guardians to the necessity of applying for payment of their fees with promptitude. A late Act of Parliament, while it enables Boards of Guardians to pay all claims and demands within three months after the expiration of the half-year in which they are incurred, prohibits them from paying them afterwards, and, though the Poor-Law Board can give an additional time, they cannot extend the period beyond twelve months from the date of the debt.

From inattention to this statute, many Medical Officers are constantly losing their vaccination and other extra fees. I have, therefore, to advise that the account for what may be termed the ordinary extra fees,—such as Midwifery cases,—should be sent in at the close of every quarter, and that the claim for every extraordinary service should be made as soon as it is rendered. The Guardians will have no ground for delay, and the Medical Officer who now complains of a harsh rule will hereafter reap a beneficial result in the speedy discharge of his claims. I am, &c.

Regent's-park, February 10. W. G. LUMLEY.

THE BOURTON-ON-THE-WATER VILLAGE HOSPITAL.

LETTER FROM MR. JOHN MOORE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to thank you for bringing the subject of Village Hospitals before the Profession. As, however, some of the conclusions you arrive at are, I think, founded on erroneous ideas of the position of country Practitioners, and may prove prejudicial to the cause which we are both anxious to further, I shall feel much obliged by your publishing the following remarks:—

The village towns of this locality are from four to nine miles apart, and are each (with their surrounding population) capable of supporting one or two,—seldom more,—Medical men. If, therefore, "all the respectable qualified Practitioners of the district ought to be enrolled as Medical Officers, and should succeed each other in attendance in regular rotation," there would be a staff of eleven Medical Officers to the Bourton-on-the-Water Village Hospital, who would average somewhat less than three cases each per annum.

I have just operated upon a case of impermeable stricture in the Bourton Hospital; it has required the attendance of my partner and self several times in the day. Now, supposing that the Medical Officer in rotation had lived only four miles from the Hospital, he would have had to travel, to this case alone, thirty-two miles per diem, to the serious detriment of his private practice, or the patient would have suffered much additional discomfort, perhaps danger.

If the proposed subdivision of labour and responsibility would seem to be useful in the country, how much more so would it appear likely to prove in town, where a greater amount of Medical skill is available, within a few minutes' walk of any of the large Hospitals, than would be procurable in as many hours in the rural districts. And yet, I question if the staff or supporters of St. George's would consider that the benefits conferred by that Institution upon the public and upon the Profession would be enhanced by distributing its patients, in infinitessimal proportions, amongst the surrounding Practitioners. As the Medical Officers receive no salary, subscribe to the Institution, and find medicines gratuitously, and as there is no other Practitioner in the village, the Bourton Village Hospital can interfere with no Professional rights, and the only way in which it can subserve their "private ends" is by bringing serious cases of illness or accident under their more immediate inspection, for the treatment of many of which cases, moreover, they would have been paid had they been attended out of the Hospital. The objection to our rule which excludes epidemic and contageous diseases is, doubtless, well founded. The Rev. C. W. Crawfurd and myself, who originated the Hospital, had to consider the prejudices of the inhabitants of Bourton, who objected to the "introduction of infection from the neighbouring villages." Had we not obtained a goodly list of home subscribers, we could not reasonably have solicited the support of the neighbourhood for a measure which we ourselves had practically ignored. I yet hope to see the day when a Fever Ward may be added to our Hospital, and to many more such around us. I am, &c.

Bourton-on-the-Water, February 13. JOHN MOORE.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 11.

DR. BABINGTON, President, in the Chair.

A Paper, by Dr. C. RADCLYFFE HALL, was communicated by Dr. JENNER

ON PULSE-BREATH.

Dr. Hall applies the term "pulse-breath" to an audible pulsation communicated to the breath as it issues from the mouth. It is unconnected with any cardiac murmur or abnormal pulmonic sound. The sound is that of a gentle gushing of the breath, synchronous with each pulsation of the heart. The degree of audibility varies in different cases, and in the same case under varying circumstances. Dr. Hall has heard it at a distance of fifteen feet, and so subdued as to have to listen close to the patient's face to hear it. The Author relates the details of three cases in which he met with this phenomenon. In two there were tubercular cavities; in the third, cardiac disease, with enlarged liver and anasarca. From these cases Dr. Hall infers that pulse-breath is due either to the impulse of the heart communicated directly to an empty pulmonic cavity, or to the same impulse conveyed through the blood-vessels to the air-cells and passages. In the excavation variety he regards the essential conditions to be, that a cavity of sufficient size and firm walls shall be situated sufficiently near to the heart to receive its impulse directly, and that the cavity shall be sufficiently empty to throw the air which it contains into a sonorous pulse, which becomes audible if the mouth be kept open. Just as an india-rubber bottle, with a tube in it might be made to expel its contained air in rhythmical gushes if struck on the outside in rhythmical order. In the non-excavation variety Dr. Hall accounts for pulse breath by the regurgitation of blood from the hypertrophied left ventricle into the lungs during systole, owing to the defective state of the mitral valve. At the same time that the blood was thrown back by the left ventricle, blood was being urged onwards by the hypertrophied right ventricle into the pulmonary arteries. The result of the habitual engorgement of the entire circle of pulmonic vessels would be, either that such a refluent pulsation from the left heart would meet the onward pulsation from the right heart, or that the congestion of the pulmonary veins checked the circulation so as to render the pulsation of the pulmonary arteries sufficiently manifest on the air-cells and tubes as to produce a sonorous pulse in the air which they contain. Dr. Hall also suggests that the explanation of the non-excavation variety may be given thus:—An habitually distended condition of both auricles, augmented at each ventricular systole, might impart the impulse of the heart directly to a densified upper lobe of the left lung, and, by so doing, occasion a vibration of the air contained in its tubes, at the same instant that the pulse is communicated through the blood-vessels.

A paper, by Dr. WILLIAM MARCET, F.R.S., was read

ON A SIMPLE AND EFFICIENT METHOD OF PERFORMING ARTIFICIAL RESPIRATION.

In the year 1854, the Author communicated to the *Medical Times and Gazette* an account of a new instrument for performing artificial respiration. Since that time he had continued inquiring into the best means of conducting the operation in question, and now requested leave to bring forward the result of these investigations. The instrument which was the subject of the above communication resembled in appearance an air-pump, and its mechanism was such that the air present in one of the cylinders could be propelled into the lungs, producing thereby an inspiration, while at the same time a vacuum was prepared in the other cylinder; as soon as the inspiration was completed, a communication was established between the cylinder free from air and the lungs, when the expiration took place. This instrument answered well its purpose, and Dr. Marcet frequently used it successfully for restoring animation in cases of animals asphyxiated by drowning or poisoned by chloroform. It was open, however, to two objections: firstly, it was expensive, and on that account could hardly be expected to become of general use; secondly, it was too heavy and bulky to be sufficiently portable. When experimenting with it, he met moreover with a difficulty common to all instrumental means of performing artificial respiration, from the want of a proper contrivance to establish an air-tight connexion between the instrument in question and the lungs. This difficulty was insuperable in the case of the human individual; with animals, he overcame it by performing tracheotomy, introducing a canula through the wound, and securing it to the trachea by means of a ligature. Since the publication of the paper alluded to, the Author had gradually felt more and more alive to the defects of this instrument, and was now able to offer another, which is open to none of its objections. Moreover, after many experiments and failures, he had at last succeeded in devising a means, extremely simple and effectual, of perfectly securing a tube in the human larynx or trachea, into which it has been introduced through the mouth. Dr. Marcet's new instrument acts on the same principle as that invented by Dr. Sibson. It has the form of a bellows. He has adopted for its shape that of a cylinder, although any other would be equally eligible—as, for example, that of a common fire-bellows. It must be capable of containing thirty or forty cubic inches of air. On the inferior plate of the bellows, in addition to the leather valve of a common fire bellows, is a round aperture, exactly closed by a little brass cone. This cone forms part of a brass rod, which projects to a given extent in and out of the bellows. The cone is forced into the aperture, and kept *in sitû* by means of a small coil spring, which is disposed in such a way that when the operator presses on the end of the rod which is inside the bellows, the aperture is opened. On releasing the pressure, the little cone returns to its former position, and closes the hole. The method of using this instrument requires but little explanation. After the air has been driven out of the bellows into the lungs, a slight pressure on the upper plate is required to depress the conical valve, and establish thereby through the instrument a communication between the lungs and the external air, when, of course, the thorax will contract by its own elasticity and the expiration take place. On expanding the bellows, it is filled with fresh air to be used for the next inspiration. The present instrument differs, therefore, from that of Dr. Sibson, inasmuch as instead of a syringe and tap, or valve which is opened with the fingers after each successive inflation of the lungs, the Author has adapted a bellows and the conical valve described above, which is opened by the very motion required to blow out the air contained in the bellows, and shuts of its own accord on discontinuing the pressure. This instrument has the advantage of great simplicity in its construction. It is of a cheap description, which will place it within reach of every Medical and Surgical Practitioner; it is very light and portable, and may be carried about in a coat pocket; its application requires no practice or experience, as anybody can use a fire-bellows; only a little attention will be wanted to allow the expiration by pressing on the upper surface or plate of the bellows after each inspiration. Having found a good method for inflating the lungs, Dr. Marcet endeavoured to discover a means of connecting this instrument with the larynx or trachea by some process calculated to ensure the passage of air from the bellows into the lungs, without any being lost by its escaping upwards. The necessity of overcoming this difficultu appeared to him as accounting for the slight degree of favour which instruments for artificial respiration have hitherto received. Indeed, he observed, what is the use, except as a means of experiment, of an instrument constructed so as to imitate exactly normal respiration when tied to the trachea of a dead body, if there be no means of ensuring the passage of air from this instrument into the living human lungs? Anybody who had performed artificial respiration by instrumental process would testify to the truth of this objection. On some occasions, when attempting to restore animation in animals, he had himself been unsuccessful from the canula not being properly fixed in the trachea, or from its becoming accidentally loosened just as the first signs of returning animation appeared. In order to solve this difficulty, it was necessary to devise a canula so constructed that when introduced through the mouth into the larynx, it pressed on its sides with a sufficient degree of force to prevent air under pressure from finding its way between the instrument and the mucous membrane of the wind-pipe. The following contrivance answered perfectly this condition, and was executed under the Author's directions by Messrs. Whicker and Blaise, of St. James's-street:—A tube or canula of German silver, plated, about thirteen inches in length, and five-sixteenths of an inch in diameter, is bent into a shape not unlike that of a catheter. This tube is grooved transversely at its bent extremity, and a piece of sheet caoutchouc is very tightly fastened round the margins of this groove by means of a fine silver wire. A second tube, of a very small diameter, likewise of German silver, and nearly of the same length as the other, is soldered to it, on its concave side, and opens into the minute chamber existing between the sheet caoutchouc and the metal. At its free extremity the small tube turns off from the main pipe or canula, and its orifice is ground so as to admit the nozzle of a small india-rubber bottle similar to those used as syringes; the small tube is, moreover, supplied near its free end with a stop-cock. The main pipe has also a stop-cock near its straight end, which is constructed in such a way as to establish at will a communication between the lungs and the bellows, or between the lungs and the open air, so that as soon as natural respiration appears to be returning air may be admitted into the lungs without disconnecting the apparatus. It is advisable to have in readiness two or three canulæ of different sizes. The extremity of this canula is to be introduced into the larynx, and the sheet caoutchouc at once expanded by applying the india-rubber bottle to the end of the narrow tube, and compressing it with the hand. By closing the stop-cock, the sheet-caoutchouc remains permanently dilated, forming a round ball, which fills up perfectly the diameter of that part of the windpipe into which it has been introduced, acting as a soft cushion, which prevents the contact of the hard metal end of the canula with the delicate lining of the larynx; at the same time, the communication between the lungs and the external air remains open through the canula. This instrument is so effectually secured in the larynx as to admit of a certain amount of traction without being displaced, which is an important element for the successful performance of artificial respiration by the method in question. In a case of suspended animation where artificial respiration alone was capable of saving life, the first thing to be done would be to adopt some ready method until the canula and bellows the Author had described could be applied. It was advisable to begin with the Ready Method in order to lose no time, and keep up the spark of life until it might be kindled by appropriate means. The canula should be introduced into the larynx as rapidly as possible. The Author said he could not presume to give advice as to the best method of inserting a tube into the larynx through the mouth and glottis during life, but when experimenting on the dead body he had acted as follows:—The shoulders and neck were slightly raised, the head being allowed to fall backwards; next, the larynx was pushed backwards against the spine, the tongue drawn forwards, and the canula introduced into the mouth with its concave side downwards; the end of the instrument was pushed forwards in the median line of the tongue, being kept in contact with this organ, when it found its way through the glottis into the larynx. On inflating the sheet caoutchouc now within the larynx, the canula would be found to resist a slight effort made to withdraw it; should it, on the contrary, give way, this would show that the end of the canula was in the œsophagus, and not in the larynx. The Author believed that this method, which he had practised also on living dogs, might be available for introducing the tube into the human larynx during life; probably, however, the *modus operandi* recommended by Dr. Sibson, to introduce a tube into the larynx, might be preferable. This gentleman, instead of carrying the point of the instrument along the upper surface of the tongue, pushed it backwards, keeping it in contact with the posterior wall of the pharynx; by this means the epiglottis was avoided, which must by the other method interfere with the free entrance of a tube into the windpipe. The laryngeal tube is fixed in the windpipe by expanding the sheet caoutchouc with the elastic india-rubber bag, and closing the stop-cock on the narrow pipe. The bellows should be at once connected with the canula by means of a piece of caoutchouc tube, about eighteen inches long. Artificial respiration is now commenced by distending the bellows more or less, according to the amount of air required, and then compressing it, when the air it contains is introduced into the lungs. As soon as an obstacle is felt to the further compression of the bellows, the inspiration is at an end, and, by making a slight effort to overcome this obstacle, the lungs will be allowed to empty themselves, much in the same way as they would during natural inspiration. The expiration may be assisted by external pressure on the chest. This operation can be continued for any length of time. In order to test the efficiency of the present method of performing artificial respiration, Dr. Marcet gave an overdose of chloroform to a dog, and when respiration had quite ceased, he succeeded perfectly in restoring animation with the instrument described above; indeed, animation was suspended twice in the course of a few minutes, and restored twice without the slightest difficulty. The subject of this experiment was none the worse for the operation. Finally, the Author remarked, that the laryngeal tube is equally applicable whatever be the instrument used for inflating the lungs; and, moreover, that it will prove of great utility for all experimental inquiries connected with suspended animation where artificial respiration is resorted to. It will save putting animals to a great deal of pain by doing away with the necessity of performing tracheotomy (a). At the conclusion of the meeting, Dr. Marcet exhibited the action of his bellows and canula by securing the latter in a human larynx excised from a body, connecting the bellows with the canula, and inflating a caoutchouc ball, the inside of which communicated with the trachea by means of a short glass tube, secured in the trachea with a cork. Although a strong pressure was required to dilate the caoutchouc, not the slightest escape of air took place between the canula and the larynx, the ball expanding and then contracting by its own elasticity, imitating thereby the motions of the lungs during respiration.

Dr. **Harley** especially complimented the Author of the paper on the invention of the laryngeal tube, which he considered to be the most novel as well as the most important part of the apparatus described. He had very often performed artificial respiration by different kinds of bellows, and although they were all more or less perfect in their way, they, nevertheless, laboured under the great disadvantage of possessing no means by which a perfect communication could be established between them and the lungs without the performance of tracheotomy. Nor was this all; for if the difficulty consisted solely in the necessity of tracheotomy, that obstacle was not insurmountable. Unfortunately, however, a much more severe operation than tracheotomy was required, and one, too, which no enlightened practitioner would think of having recourse to in the human subject, except in the most hopeless cases. In fact, besides tracheotomy, it is necessary to tightly ligature the tube in the trachea, and this operation might ultimately be attended with disastrous consequences. The instrument exhibited to the Society was obviously free from these great objections; for, 1st, it can be applied not only without ligaturing the trachea, but even without tracheotomy; 2nd, its application can involve but little loss of time; 3rd, almost any one can employ it; 4th it may not only be adapted to any instrument, but even prove of service in the non-instrumental methods of resuscitation by affording an easy means of keeping up a free communication between the lungs of the patient and the external atmosphere.

Dr. **Sibson** was glad to have the opportunity of thanking Dr. Marcet for his valuable invention. The tube connected with the larynx was a most important part of the instrument. He (Dr. Sibson) had tried it, and found that not an atom of air escaped. He had no doubt but that when the Committee investigated this subject, they would report most favourably on it. The bellows, too, was an improvement on the usual method of inflation of the lungs. The dangers of inflation were that the lungs might be overloaded, and rupture of the air-cells ensue. Dr. Sibson then spoke of experiments he had performed, in conjunction with Mr. Waterton. A donkey was poisoned with woorara, and restored by artificial respiration after seven and a quarter hours' trial. In these experiments the tube required to have its connexion broken sixteen or eighteen times in a minute, but in Dr. Marcet's instrument this difficulty was obviated. He concluded by saying that he conceived that the instrument introduced to the Society by Dr. Marcet was far the best of the kind, and would be extremely valuable in case of poisoning by woorara, etc.—cases in which the heart's action is not suspended—giving time for the elimination of the poison.

Mr. **Curling** said that he believed it would have been easier for the Society to have followed the Author's description if he had, at the time when the description was read, pointed out the parts of the instrument, and explained the peculiar action of each.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 21.

Dr. Copland, President, in the Chair.

Dr. **Harley** exhibited (for Dr. **Roome**)

NUMEROUS CALCULI REMOVED FROM THE KIDNEY.

The calculi weighed five ounces and a-half, and were all taken from one kidney. The patient died of cancer of the pylorus. The interesting feature in this case was that the patient had never had any renal symptoms.

Mr. **Partridge** exhibited a specimen of

FRACTURE OF THE STERNUM.

It was not as usual between the first and second parts of the bone, but across the second; several ribs also were broken. There were other and severe injuries of which the patient died. Mr. Partridge wished to ask the opinion of the members of the Society, if a person after fracture of the sternum and of eight ribs on one side and eleven on the other, could breathe easily for some time afterwards. He asked, as this had been asserted at a recent trial for manslaughter.

Mr. **Partridge** brought forward a recent specimen, which he had dissected, of

COLLES' FRACTURE OF THE RADIUS.

In this instance the styloid process of the ulna had been broken and the interarticular cartilage was also lacerated. The distal fragment of the radius was separated into four portions by longitudinal fissures. Some of the lower fibres of the pronator quadratus were torn.

Dr. **Dickinson** exhibited a specimen of

RENAL TUMOUR WHICH DURING LIFE HAD BEEN DIAGNOSED AS OVARIAN.

It was taken from a lady, who died at the age of seventy-three. In this case ovariotomy had been proposed by one Surgeon, but it was not acceded to by the patient. The other kidney was quite healthy. The tumour was a multilocular cyst containing colloid matter.

Dr. Dickinson, Dr. Hare, and Dr. Bristowe were requested to make a report on the specimen.

Mr. **Haynes Walton** exhibited a specimen of

URETHRAL CALCULUS.

The interest in this case was that the stone had probably been encysted in the urethra for more than forty years. The patient was a gentleman, seventy-three years of age. He first came under Mr. Walton's notice in 1858 for symptoms of gouty bladder. There was then found a hard lump in the perineum. The patient would not allow a catheter to be passed. He, however, recovered; but, in a subsequent attack, he had extravasation of urine. The bladder was punctured, and, on passing the catheter, the stone was detected. It was removed. The patient, however, died.

Dr. **Harley** then showed specimens of tyrosine and leucine taken from the urine of a dog, who died of

JAUNDICE ARTIFICIALLY INDUCED BY THE INJECTION OF BILE UNDER THE SKIN.

In a case of jaundice narrated in our report of the last meeting of the Pathological Society, Dr. Harley found tyrosine and leucine in the urine. He was desirous of knowing if these substances would be found in the urine of animals in whom jaundice had been artificially produced. The usual method of producing jaundice was either to tie the bile duct, or to inject bile into the veins. But neither of these methods was satisfactory, as when the bile ducts were tied, the operation soon proved fatal, and when the bile was injected into the veins, it also quickly produced death as a poison. He, therefore, thought it would be best to introduce bile so that it would be absorbed slowly. He collected the bile of three healthy dogs, and injected it under the skin of another dog. At first the animal did not suffer, appearing quite well the next day, and on the second day no bile was found in the urine. On the third day the animal was sickly, grew gradually worse, and died on the sixth day. On examining the urine it was found in the same condition as in the case alluded to, there being crystals both of tyrosine and leucine. There was also sugar in the urine shortly before death.

(a) The price of the bellows and canula is about £2.

Dr. Crisp exhibited (for Dr. Williams, of Norwich)

TWO CASES OF ARTERIAL DISEASE.

The first was a specimen of extensive, soft, atheromatous deposit of the ascending portion of the aorta, with an incipient aneurism, from a man aged 58, who died of cancer of the pubes, prostate, vesiculæ seminales, liver, lungs, and kidneys. The second specimen was one of supposed aortitis, from a man aged 39, who some time before his death, which was sudden, had constant and severe pain in the region of the heart, of so severe a character that he begged his wife "to open his chest with a knife." The aorta was of a dull brown colour, somewhat like liver sodden in water for a week or ten days. There was no lymph on its lining membrane, but it was corrugated and puckered in consequence of semi-cartilage-like deposit, which contained no calcareous matter, forming a remarkable contrast with the other specimen.

Dr. Gibb exhibited (for Dr. McOscar) a specimen of

PRIMARY EPITHELIAL CANCER OF THE LARYNX,

communicating with an abscess in the neck, taken from a man aged 43, whose laryngeal symptoms dated twelve months back, with complete aphonia for four months. A swelling formed in the neck at the left side of the thyroid cartilage, which nearly produced suffocation on two occasions from its size ; it was opened, and half a pint of pus flowed out. The opening was found to communicate with the larynx. Death ensued after an attack of pleuro-pneumonia. The autopsy showed a cancerous state of the left half of the thyroid and cricoid cartilages, and upper three or four rings of the trachea at their inner surface, with a fistulous opening at the posterior part of the left side of the crico-thyroid membrane, which lead into the sac of the abscess in the neck. The trachea and larynx were compressed laterally by a bronchocele, which had the physical appearance of colloid disease. The left ascending cornu of the thyroid cartilage was absent, supposed to be congenital. Dr. Gibb found the disease in the larynx to be epithelial cancer, and had no doubt that it had primarily commenced in it. The pharynx was healthy.

Mr. Curgenven exhibited a specimen of

CANCER OF THE OVARIES AND STOMACH.

An unmarried female, 34 years of age, had for four years suffered from constipation, relieved only by constant recourse to purgatives. Twelve months since, when he first saw her, she had pain and sickness after taking food ; of these symptoms she was relieved, and he saw nothing of her until November last. She was then, and had been for two months, suffering from intense pain in the right lumbar region darting down the course of the crural nerve to the inside of the thigh and knee—pain in the left hypochondrium and a sense of weight at the chest, also constant vomiting of mucus and any food that she took. It was considered at first that gravel in the pelvis of right kidney was the cause of many of her symptoms, others considered she was labouring under hysteria, and displacement of the womb. Obstinate constipation suggested an examination per rectum, when a tumour was discovered about the size of an orange lying between the rectum and uterus. The appearance about the same time of five or six nodules in the abdominal walls decided the diagnosis in favour of cancer, certainly of the stomach, but of what organ or tissue in the pelvis it was not quite clear. The post-mortem examination revealed the existence of cancer diffused between the muscular and peritoneal coats of the stomach throughout nearly their whole extent. The ovaries were enlarged to about the size of oranges, with cancer rather soft in consistency, and in parts considerably softened. The lumbar glands were not affected, nor was there any deposit in the liver.

FRAGMENTS OF A VERY LARGE STONE, BROKEN UP IN A SACCULATED BLADDER, AND REMOVED BY LITHOTOMY.

Mr. Henry Lee showed a bladder containing several remarkable pouches. One of these, sufficiently large to contain a small orange, was situated at the neck of the bladder, and occupied the position of the prostate gland. The patient from whom the preparation was taken had for years passed pieces of stone resembling mortar, but it was during the last two months of his life only that he had complained of any great inconvenience, and even then his principal complaint was that his urine passed from him involuntarily. The fragments of stone which had been collected, displaced ʒxviij. and xxxiij. grs. of water. They were of a light material, and weighed ʒxxxj. and xvj. grs. It was found during the operation that the pouches and the contracted cavity of the bladder were all filled with stone, and that this adhered to the mucous membrane in different parts. The bladder, therefore, could never have been distended during life, and consequently never contracted to any great extent. This, probably, together with the loss of elasticity, in consequence of the dilatation of the prostatic portion of the urethra, was the cause of the absence of pain, together with the constant escape of the urine. The operation performed had been the median ; but when the size of the stone was ascertained, this had been converted into the bilateral. But even then, the bulk of the stone was such, that ordinary lithotomy forceps would not grasp it. It was consequently broken up in the bladder, and removed piecemeal. Portions of the fragments of the outer layer of the stone were roughened in a very peculiar manner and stained red. These roughened portions probably indicated the parts at which the stone had been adherent to the bladder. Mr. Lee alluded to another remarkable specimen of calcareous matter, which had been deposited upon, and taken a cast of, portions of the lining membrane of the bladder. This specimen was in the possession of Mr. Charles Hawkins. Mr. Lee also referred to the particulars of a case lately under the care of Mr. Hearne, of Southampton. In this the stone weighed upwards of five ounces, and was successfully removed by means of a scoop (the lithotomy forceps not being sufficiently large to grasp it). Mr. Lee considered that the stone in his patient's case might have been removed in the same way, had it not been adherent to the lining membrane of the bladder.

OBITUARY.

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THE LATE DR. JOHN HUTCHINSON

Possessed great intellectual powers, and was a man of varied accomplishments. He was well known to the Medical Profession from his researches into the Physiology of Respiration ; his account of the action of the intercostal muscles is the theory now generally adopted and taught in the Schools ; while by means of the "Spirometer," of which he was the inventor, the "vital capacity" of the lungs was estimated as it had never been before, and he discovered that capacity to bear a definite relation to the stature in the healthy individual.

These and other contributions to Science, he has embodied in the article on the "Thorax," in the *Encyclopædia of Physiology*, and they entitle him to be placed in the foremost rank of Physiologists of his day. None but those who had the privilege of his intimacy can have any conception of the labour and perseverance these researches cost him ; he examined with his instrument more than three thousand persons—of the army, navy, police, firemen, watermen, giants, dwarfs, prize-fighters, and men in all positions and grades of life, from peasants to princes of the blood ; in addition to his having many curious and interesting experiments on the same subject upon the bodies of healthy men, suddenly deprived of life. The spirometer is now used in our Hospitals on land and sea.

The subject of this notice was also gifted with an exquisite ear for music ; his execution on the violin was masterly. He had great ability as a draughtsman ; sculptured admirably in basso relievo ; and painted in oils. His taste was of a high standard.

Having been born in a mining district, his inventive faculty of mind was early directed to mechanics and engineering, of which he made many ingenious constructions at an early age. He was in the habit of descending the coal mines on the Tyne, and had acquired such a store of knowledge in Natural Philosophy, as served him in later years when examined for long periods, in Committees, before the House of Lords on mining investigations.

He gave gratuitous Lectures on Natural Science, both to the Metropolitan Institutions, and afterwards in his native town (the Literary and Philosophical Society of Newcastle-on-Tyne), as well as in other cities. During his residence in the colonies, he continued his geological pursuits, and made, after years of toil, a collection of rocks in the gold regions, which he valued at £200, and which he destined for the British Museum.

His mind was carried into constant researches on vital statistics and meteorology. Besides volumes of diagrams connected with the spirometer, even his study walls were daily hung afresh with charts, tables, diagrams, and instruments relative to these subjects, executed and constructed by his own indefatigable hand. On ventilation, he has left proofs of his ceaseless ingenuity in mechanical contrivance applied to the habitation of man, on which subject he also wrote.

In private life, he was noted for his dramatic and conversational powers, which were original, humorous, brilliant, and of varied matter. He was born at Newcastle-upon-Tyne in 1811, and received his Medical education at University College, London. For some years he was an Assistant Physician to the Hospital for Consumption at Brompton, and also one of the Physicians to the Britannia Life Assurance Company. His office there was kept vacant by the Company for three years after his departure from England, in hopes of his return.

He left England in September, 1852, and resided in Victoria until last March, when he went to the Fijee Islands. He was expected to return shortly to this country; and it is believed that he had in contemplation a history of his experiences of Colonial and Savage Life.

How few there are who can leave any useful results of their labours behind them! The labours of Dr. Hutchinson are a legacy to his country. And though his authority is quoted in every Physiological treatise on that great subject to which he devoted his energies, and his name referred to in many other works besides, yet he breathed his last on a foreign shore, unconscious of the increased weight his name had acquired,—one that had continued daily increasing as years rolled by. Though his life was extinguished at the farthest extremity of the globe, like that of his boyhood's favourite, the great circumnavigator, who met his untimely end in those savage islands, the name of John Hutchinson will not sooner be extinguished than that of the great Cook, nor his kindly actions to his fellow-men sooner be forgotten!

THE LATE DR. WALLER.

Charles Waller, M.D., M.R.C.P., was born at Guildford, on February 2, 1802, and received his education at the Guildford Grammar-school. He was apprenticed to Mr. Hooper, a well-known Quaker Practitioner, of Queen-street, Cheapside. Having prosecuted his Medical studies at Guy's and St. Thomas's Hospitals, where he distinguished himself as a diligent student, he began practice, at the age of twenty-three, in Aldersgate-street. He early directed his attention to the Obstetric branch of Medicine, and commenced delivering a course of Midwifery Lectures at his own residence. At the same time he, in connexion with Mr. Doubleday, established a Maternity Charity, which enabled him to supply his pupils with clinical instruction. His first publication, a little work entitled "Outlines of Midwifery," appeared during his career as a private lecturer. It was a favourite with the student, and ran through several editions. On the establishment of Chairs of Midwifery in the Medical Schools, Dr. Waller became connected, as Lecturer on that subject, with the Aldersgate-street School. Subsequently he was invited to assist Dr. Cape as Assistant-Physician-Accoucheur and Lecturer on Midwifery at St. Thomas's. On the resignation of Dr. Cape he was appointed to the full chair, and was elected Physician-Accoucheur to the Hospital. These appointments he retained at the time of his death. In the year 1832 Dr. Waller published his edition of Denman's works. Besides the addition of valuable notes which fully connected the text with the then state of science, he appended a memoir on the subject of Transfusion of Blood in cases of Exhaustion from Hæmorrhage. Dr. Waller had been associated with Mr. Doubleday in assisting Dr. Blundell in his experiments on transfusion in the horse. He afterwards gave a special lecture on the subject to his class at Aldersgate-street, the substance of which appeared in the edition of Denman. The operation was performed by him on several occasions with success. He was also one of the first Obstetricians who described and advocated the use of the long forceps. Dr. Waller enjoyed the honour of being one of the first Vice-Presidents of the Obstetrical Society; and in the opening volume of their *Transactions* appears a revision of his memoir on Transfusion. He was also a contributor of several valuable papers to the Medical Journals. At the time of the lamentable accident which led to his death, although sixty years of age, he was in a full career of Professional activity. He will be regretted by a large circle of private and Professional friend as an honourable and conscientious man as well as an able and diligent cultivator of Medical Science. The Obstetric Department of St. Thomas's Hospital has been, indeed, unfortunate in losing within so short a period two such Physicians as the late Dr. Samuel Griffiths and Dr. Waller.

MEDICAL NEWS.

◆

Royal College of Physicians of London. — At the Comitia Majora, held on Saturday, February 15, the following gentleman was duly admitted a Member of the College:—

Purdie, Robert, M.D., Blackheath.

At the same Comitia, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Agar, Frederick, Tottenham
Buszard, Frank, M.B., Lutterworth
Campbell, Robert Lyons, Inverness
Muscroft, Henry, Pontefract
Sandford, Horace Vavasour, M.D., Hatfield, Yorkshire
Walford, Walter Gilson, Sittingbourne.

The following passed the first part of the Professional Examination for the Licence of the College on the 7th inst.:—

Bartlett, Joseph James Henry, University College
Bottle, Alexander, University College
Carter, Frederick, London Hospital
Steward, Joseph Septimus, Medical School, Newcastle-upon-Tyne.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, February 13, 1862:—

Brumwell, Joseph Cownley, Burnley, Lancashire
Brumwell, George Murray, Mossley, near Ashton-under-Lyne
Meggy, Frederic, Park Crescent, Stockwell.

The following gentlemen also on the same day passed their First Examination:—

Corbett, Thomas, St. Thomas's Hospital
Rayner, William, Uxbridge
Vines, Frederic Castell, Reading

APPOINTMENTS.

Beauchamp.—February 13, Henry Coulson Beauchamp, of Dublin, A.B. and M.B. Univ. Trin. Coll., Dub., L.K.Q.C.P. Irel., M.R.I.A.

Carter.—Graham Atherley Carter, M.D. Mar. Coll. Aberd, L.R.C.S. Edin., L.M., Edin., has been elected Medical Officer for the Parish of Chudleigh, in the Newton Abbott Union, Devonshire, *vice* Charles Caulfield Moore, M.R.C.S. Eng., L.S.A. Lond., resigned.

Clement.—January 26, at Parkmaclurg, Minnigatt, Kircudbrightshire James D. Clement, M.D. Univ. Edin., L.R.C.S. Edin., and L.M., aged 27.

Fernie.—Henry Mortlock Fernie, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident Medical Officer to the Dover Hospital, *vice* Richard Charles Southby Stocker, M.R.C.S. Eng., L.S.A. Lond., resigned.

Goodeve.—Recently, William James Goodeve, of Clifton, Gloucestershire, M.R.C.S. Eng., Senior Surgeon to the Clifton Dispensary.

Hamilton.—Daniel Edward Hamilton, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Dispensary, Clifton, Gloucestershire, *vice* William James Goodeve, M.R.C.S. Eng., deceased.

Hitchins.—Charles Vernon Hitchins, M.R.C.S. Eng., L.S.A. Lond, has been elected Surgeon to the Dispensary, Weston-super-Mare, Somersetshire, *vice* Richard Alford, F.R.C.S. Eng., L.S.A. Lond.

Hulke.—John Whitaker Hulke, F.R.C.S. Eng. (exam.), Assistant-Surgeon of King's College Hospital, has been appointed Assistant-Surgeon at the Middlesex Hospital, in the vacancy caused by the appointment of William Henry Flower, F.R.C.S. Eng. (exam.), as Conservator of the Museum at the Royal College of Surgeons, England.

Morton.—William Aikman Morton, L.F.P.S. Glasg., has been appointed Medical Officer for the Norwich District of the Bolton Union, Lancashire.

Pearce.—John Wortham Pearce, M.R.C.S. Eng., L.S.A. Lond., has been elected Consulting Surgeon to the Infirmary and Dispensary, Peterborough, Northamptonshire.

Walker.—Thomas James Walker, M.B. Lond., M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Infirmary and Dispensary, Peterborough, Northamptonshire.

Wambeck.—Mr. Wambeck, the late Superintending Officer of the Lunatic Asylum, Ceylon, has been appointed Assistant Colonial Surgeon superintending Civil Medical duties at Jaffna.

Way.—J. Way, M.D., has been elected Honorary Attending Medical Officer to the Royal Pimlico Dispensary, in the room of C. J. B. Meadows, M.D., resigned.

Wood.—February 17, at Newcastle-under-Lyme, George John Wood, M.D Univ. Edin., Officer of Health to the Local Board of Health of that town

DEATHS.

Caparn.—February 8, John Caparn, of Banbury, Oxfordshire, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., Hon. Assistant-Surgeon 3rd Oxfordshire Rifle Volunteers, aged 34.

Frowd.—February 12, from disease of the heart, John Speed Frowd, Montpellier Lodge, of Clevedon, Somersetshire, M.D. Univ. Edin, aged 52.

Garner.—December 26, of apoplexy, on board the *St. Lawrence*, Calcutta, Robert Cotterill Garner, M.R.C.S. Eng., L.S.A. Lond., formerly of Stoke-upon-Trent, Staffordshire, House-Surgeon at the North Staffordshire Infirmary, Etruria, aged 23.

Lawrence.—February 10, suddenly, Benjamin Lawrence, of Weston-super-Mare, Somersetshire, aged 34.

Mortimer.—February 13, Llewellyn Parry Mortimer, of Fishguard, Pembrokeshire, formerly of the Swansea Infirmary, M.R.C.S. Eng., L.S.A. Lond., aged 51.

Stewart.—February 13, of typhus fever, caught in the discharge of his duty as one of the House-Surgeons of the Royal Infirmary, Glasgow, George Marshall Darley Stewart, of No. 33, South Portland-street, Glasgow, aged 21 (son of James Stewart, M.D. Univ. Glasg., F.F.P.S. Glasg., exam.)

Zinzan.—February 18, Robert Comport Zinzan, of Hindon, Salisbury, L.S.A. Lond., aged 47.

Académie des Sciences.—The election of a Member of the Section of Anatomy and Zoology has just resulted in the choice of M. Emile Blanchard, who numbered 32 votes to M. Charles Robin's 25.

New Hospital for Operations near Paris.—Bellevue, in the spacious avenue of Meudon, is celebrated for the beauty of its site and the purity of its air, and is much sought for as a country residence by the Parisians. The Hospital administration has just hired one of the country villas there of Dr. Bourguignon, the Director of a large Hydro-therapeutic Establishment, of which the house is a dependence. It has been prepared for the reception of patients intended to undergo certain operations, the issue of which would be likely to be rendered unfavourable by overcrowding in Paris. There can be no doubt that this is an excellent step, one of the first fruits of the discussion now going on at the Academy on Hospital Hygiene.

Queen Charlotte's Lying-in Hospital.—At the Election of Physicians on Monday, January 17, the result of the ballot was as follows:—Dr. Routh—Votes, 9, proxies, 18; total, 27. Dr. Mackenzie—Votes, 21, proxies, 41; total, 62.

The Milan Foundling Hospital.—The condition of this Establishment calls loudly for reform, inasmuch that the number of children abandoned is rapidly increasing. During the sixteen years 1845-60 the number of children admitted amounted to 64,824, of which number 33,977 were left at the wicket. At the beginning of the year 1845 there were 7993 foundlings in the Hospital, and at the commencement of 1860 there were 10,694. During the sixteen years 31,259 children died, 24,627 were restored to their parents, and 6091 were provided for by the Institution. A symptom of the corruption of the times is the number of legitimate children sent to the Hospital. Thus, in the ten years 1844-54, this amounted to 10,969, while that of the illegitimate was 7681. It is natural that a greater number of legitimate than of illegitimate children should be re-claimed by their parents; and so in the above space of time 13,063 legitimate, and 818 illegitimate children were re-claimed. Out of a total of 24,789 children re-claimed during the eighteen years 1843-60, 1205 were so during the first year of life, 5448 during the second, 6818 during the third, 3656 during the fourth, 1701 during the fifth, and 1059 during the sixth. From the seventh to the fifteenth years the numbers re-claimed diminished from 719 to 238, and there were 1810 re-claimed at various ages above 15. Of the 24,789 reclaimed, 22,606 were legitimate, and 2183 illegitimate. The mortality during the first year of life was 45·94 per cent. in 1839, but in 1853 it was but 39·94 per cent. In France it amounts to 60 per cent.

The Militia Surgeons of Guernsey.—At the conclusion of the proceedings of the Medical Board, held at the Arsenal, Guernsey, on the 10th inst., the Medical Officers then present drew up the following protest, which has been forwarded to the Adjutant-General of Militia:—"The Arsenal, February 10, 1862.—Sir,—We, the undersigned Medical Officers assembled in conformity with the G.M.O. of the 28th January, 1862, consider it due to ourselves and to our Profession to request you respectfully to inform His Excellency the Lieutenant-Governor that, so long as the grievances under which the Medical Department of the Royal Guernsey Militia is at present suffering, remain unredressed, we perform under protest all the duties of the commissions we have not been permitted to resign. M. A. Bazille Corbin, Surgeon, R.G.M.A.; F. C. Lukis, Surgeon, 1st Regiment R.G.M.; F. E. Carey, Assistant-Surgeon, 1st Regiment, R.G.M.; G. H. Thurston, Assistant-Surgeon, R.G.M.A.; Colonel White, Adjutant-General, R.G.M."

Medical Department of the United States Army.—The Sanitary Commission which has done such excellent service in the United States army, as the result of its investigations, comes to the conclusion that urgent necessity exists for the modification of the Medical Department, the organization, which was suitable enough for the wants of a few thousand men, not meeting the exigencies consequent upon the presence of half a million in the field. Among the resolutions passed are the following:—"Resolved,—That the existing organization, in which *seniority* is the sole law of promotion, and a colonelcy the highest grade of assimilated rank attained, is incompatible with the due importance of the department, destructive to that spirit of emulation essential to great services, fatal to the rise of merit and high qualifications in the control of affairs, and deadening to the efficiency of the department." "Resolved,—That this meeting earnestly urges upon Congress the passage of a Bill for the re-organization of the Department, raising it more nearly to the level of the position now enjoyed by the Medical Department in England and France, securing to it the full reliance of the Government and the hearty confidence of the public, and enabling it, by the invigoration it would acquire under the administration of men of middle age, proven qualifications, and first-rate energy, to meet the humane expectations of the nation, and secure the largest amount of health and efficiency among our troops."

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 15, 1862.

BIRTHS.

Births of Boys, 1018; Girls, 948; Total, 1966.
Average of 10 corresponding weeks, 1852-61, 1768·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	672	673	1345
Average of the ten years 1851-60	622·7	629·4	1252·1
Average corrected to increased population..	..	..	1377
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,373	..	1	11	4	10	5	6
North ..	618,201	1	1	10	3	7	23	..
Central ..	378,058	..	1	6	2	8	8	1
East	571,129	2	3	7	2	16	20	1
South ..	773,160	2	7	15	5	8	20	4
Total.. ..	2,803,921	5	13	50	16	49	76	12

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

H. H.—The advertisement is inadmissible in our columns.

Germination of Wheat in the Eye.—We are informed by Mr. Furneaux Jordan of a case where a man employed in threshing became the subject of a severe ophthalmia. At the expiration of several weeks the patient, while pressing his finger on the lower eyelid, suddenly ejected from a comfortable bed of warm pus a grain of wheat which had shot forth a vigorous green sprout.

Hare-lip in Cyanosis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—May I ask, through the medium of your Journal, whether any of your Surgical readers have met with cases of cyanosis, coincident with hare-lip in infants? I have happened to meet with several cases recently, and as the question is interesting in various ways, I am desirous of collecting evidence.
I am, &c.
27, India-street, Edinburgh, Feb. 18. A. M. Edwards, F.R.C.S.E.

Provision in Sickness.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—For the information of your correspondent "Breakers a-head," I beg to say that the Norwich Provident Society, St. Giles-street, Norwich, and the British Prudential Assurance and Provident Society, Ludgate-hill, are both adapted to meet his requirements. A Medical Provident Society is a real and obvious want.
I am, &c.
February 19. M.D.

The late Dr. Bainbridge, of Doncaster.

A Correspondent writes:—Henry Bainbridge, M.D., died at Doncaster on the 31st January, aged 93. and has bequeathed the bulk of his property towards the erection of an Hospital for Medical and Surgical Cases and Accidents at Doncaster, where he had resided for the last eighteen years of his life on retiring from the practice of his Profession elsewhere. So little is known respecting his history—where he took his degree, or his previous residence—that information on these points by any who knew him in early or middle life would be welcome to those who are charged with the duty of carrying out his benevolent design.

How to Build a School that shall be Sickly.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Going to see a patient in St. German's-terrace, Harrow-road, I passed a plot of ground, close to a gingerbread Gothic edifice, on which a huge placard informs the passers by that a school is to built as soon as "voluntary contributions" can be raised. Meanwhile the ground is being raised, by contributions of every kind of filth. Oyster-shells, broken crockery, and cinders are the most innocent ingredients; but all sorts of vegetable refuse, including cabbage-stalks in a state of decomposition abound there. Over this abominable quagmire the school is to be built. If this place were within the metropolis, no doubt the Medical Officer of Health would interfere.
I am, &c.
A Grumbler.

Paccini's Preservative Fluid.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can any of your correspondents inform me whether the solutions (exp. i., ii., vi., vii.,) described in the account of Professor Paccini's micrographic preparations, in the number of your Journal for January 25, would be equally applicable to larger preparations in comparative physiology, more particularly of the delicate structures of radiate animals, in place of the usual spirits?
I am, &c.
University College, London. A Student.

Sulphuric Acid in Cholera.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you allow me to state, for the information of your readers, that sulphuric acid, in combination with compound tincture of cardamoms, and infusion of roses (according to Curtis's Treatise on Indian Diseases) was successfully employed from 1800 to 1810 in the West Indies. Mr. Curtis says, "I have been informed by a Medical friend who practised many years in the West Indies, that he found large doses of the sulphuric acid, in combination with compound tincture of cardamoms, and infusion of roses to abate the irritation of the stomach more readily than even opium."

The *modus operandi* appears to me to be that it effectually arrests the fermentative process in the *primæ viæ*. The appearances generally to be observed on dissection, where cholera terminates fatally, are an accumulation of bile in the stomach and intestines, particularly in the duodenum, relaxation and distension of the biliary ducts and choledochus, and a removal of many of the viscera from their proper places, occasioned probably by the violence of straining in vomiting.
I am, &c.
James Bruce.

Forged Diplomas.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Should any of your readers wish for an M.D. diploma of Giessen, they can purchase such a diploma in Tooley-street, Borough, for £5; they are very nicely made by a man who was formerly a rat-catcher, but now manufactures diplomas. Surely it is high time a stop was put to these proceedings, and really nothing is more simple. Why has not the Medical Act a clause something to this effect in it?—"That anyone calling himself Doctor, Physician, Surgeon, Apothecary, Surgeon-Accoucheur, or any other title implying the same, unless such person shall have obtained by examination a diploma or degree, or licence, from some recognised University or College, or such place as have lawful permission to grant diplomas, degrees, or licences, in either England, Ireland, or Scotland, which shall entitle him to either of the aforesaid appellations, shall, for the first offence, be fined £50; and that any person without a diploma, degree, or licence, obtained either in England, Ireland, or Scotland, who shall be found visiting a patient on his own account for gain, shall be fined a similar sum of £50."
I am, &c.
M.D. Univ. Rostock (Exam.), M.R.C.S. Eng.

[See Medical Act, Clause xl.—Ed.]

The Hartley Colliery Accident.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Nobly has the British public responded to the appeal for sympathy and for aid which so loudly cried from the desolate tenements of Hartley, and a sum, which will, I believe, nearly double that which was asked for by those who so kindly interested themselves upon the spot for the bereaved widows and orphans, has been raised. And justly has the meed of praise been given to those gallant men who, at the risk of their own lives, worked with pickaxe and shovel during the long long hours and days of uncertainty which shrouded from their vigorous endeavours the fate of their fellow-labourers; and for them some more lasting tribute than that of mere praise will be, and, I believe, has been, to a certain degree awarded.

But there is another class of men, fewer in number, but not less resolute in spirit, who, day after day and night after night, watched around the pit's mouth, unsustained by the excitement of manual labour, exposed to the bitter wind which blew across that dreary moor, but who shrank not from exposure and cold, from hunger and weariness, in the sustained hope that some poor sufferers might be brought within the reach of their skilful aid. Bravely and nobly did this little band perform their wearying duties,—duties which, alas! were unavailing; but had Providence willed it otherwise—had some or all of that ill-fated group been permitted again to see the cheerful light of heaven—we may know with what freshened zeal, with what untiring energy, the continuous efforts of these Christian and undaunted men would have been given to their succour and relief.

Foremost among these were Mr. Davison, of Seaton-Delaval, and Mr. Ward, of Blyth.(a) Of Mr. Davison I read that, "by night and day, he stood patiently on the platform, exposed to all the bitterness of the weather, ready to attend to the badly wounded, or, by his soothing and cheering conversation, to revive the hopes of sinking hearts. The greatest credit is due to him for the general arrangements which he made." "Mr. Davison was nobly aided by Mr. Ward, of Blyth, who placed himself at the mouth of the shaft, and, for two days and two nights successively, amidst storm and hail, he never left his post, except to administer relief to one or other of the heroic sinkers, who were continually being brought up more dead than alive, from the obnoxious gas they had inhaled in their endeavours to extract the buried miners."

Such disinterested labours, such self-denying philanthropy—ought not to be allowed to pass away unrecognised by those of their Professional brethren whose circumstances will enable them to join in offering to each and all of these gentlemen, some lasting testimonial of the high sense which the Profession throughout the country entertain of their conduct,—so far above all praise.

Mr. Ward I know not at all personally; I once had the pleasure of meeting Mr. Davison in consultation, not very long, indeed, before this melancholy event occurred; and he will pardon me, I am sure, for saying that after having thus made his acquaintance, I was quite prepared to receive the testimony which is now so publicly borne to his goodness, and his inflexible determination to do his duty at any sacrifice and at any cost.

I now, Sir, commit to your charge my appeal to the Medical Profession throughout the country; and I trust that numbers will be ready to join, according to their means, in showing—first to these gentlemen, and then to the world, that we are—as a Profession—united together, and united to give honour where such honour is due! I am &c.
Harrogate, February 12 George Kennion, M.D., M.R C.P.

[Dr. Kennion has intimated to us that he will be happy to receive and publish subscriptions for the object which he so warmly advocates. He himself sets the example by a contribution of £5.—Ed.]

Medical Remuneration.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I forward you some correspondence between myself and the Secretary of the London Life Association, 81, King William-street, E.C., from which you will learn, that on receipt of a printed form I gave the Office my opinion of the state of health of a patient of mine, expecting, of course, to be paid for that opinion, or to have a fuller form sent to be filled up. Mr. ——— was compelled to go to London, at great expense and inconvenience to himself, where, he says, he was asked a few questions by some clerks, one of whom gave him a few punches in the ribs. Now, could not the Office have obtained any information in the country for much less than was paid by Mr. ——— for railway fare, etc.? With Mr. Docker's letter came down a prospectus of the Company, opened at the "Rules," where I read as follows:—"Every person, at the time of proposing an assurance with this Society, is required to name two or more referees, one of whom is to be the usual Medical attendant of the party proposed for assurance, from whom the Society may receive, free of charge, the requisite information," etc. I need not say, that, had I known this, they might have whistled for my opinion, or that, knowing it, "I will never do so again."
I am, &c.
Evesham, February 17. Marten Perry, L.R.C.P. Edin. (Exam.)

(Copy of Correspondence.)

[No. 1.] "Evesham, February 12, 1862.

"Sir,—As about two months have passed since I gave my opinion as to the soundness of the life of Mr. ———, and no fee has been sent me, I now beg you will, by return of post, forward the customary fee of one guinea.
"I am, Sir, your obedient servant,
"To the Secretary of the "Marten Perry.
"London Life Assurance."

[No. 2.] "London Life Association,
"No. 81, King William-street, E.C.
"February 13, 1862.

"Sir,—Referring to your letter of the 12th inst., I beg to say that this Society has made no application to you for an opinion as to the health of Mr. ———, and therefore is not liable for the payment of the fee you desire. "I am, Sir, your obedient servant,
"Marten Perry, Esq., Evesham." "Edwd. Docker, Secretary.

(a) It may seem, perhaps, invidious only to mention these two gentlemen, but they were, I believe, both officially and actually, the foremost.

[No. 3.] "Evesham, February 14, 1862.

"Sir,—I have received a letter from you which rests the matter on legal grounds. Let me ask whether it is customary for lawyers to work for nothing? and whether the Office expects to have certificates from Medical men unless they pay a fee for information which may influence them in declining to assure the life of, it may be, a valuable patient? However, as you decline to forward my fee, there is nothing further to be done but to expose the conduct of the Company in all the Medical papers. I shall hope the Medical Profession, as a body, will refuse to give you that opinion for which you refuse to pay.

"I am, Sir, your obedient servant,
"E. Docker, Esq." "MARTEN PERRY.

NEW METHOD OF OBTAINING MONEY UNDER FALSE PRETENCES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Last Friday I received a letter of which the following is a copy:—

"59, Wilson-street, Finsbury-square, London, E.C., February 13.

"Dear Sir,—Can you accommodate a nervous lady not requiring certificate? Terms inclusive, £400 per annum quarterly, in advance. My terms are 10s. 6d. for registration, 5 per cent. on first year's, and 2½ per cent on every other year's remuneration, as long as patient remains with you. If by the above outline you will take the lady, please enclose Post-office order on the General Post-office, or stamps for 10s. 6d., when I will at once place you in treaty with my principal, and guarantee you the patient.

"Yours truly,
(Signed) "ALFRED NEEDES."

As I am not acquainted with Mr. Alfred Needes, I think his proposal that I should send him a Post-office order, or stamps for 10s. 6d., tolerably cool, to say nothing of the probability of a lady able to pay £400 a-year being sent to a County Asylum. I therefore wrote to a friend in London, begging him to make enquiries, and I learn that 59, Wilson-street is occupied by a hair-dresser, who takes in letters, but declines to give any information regarding the gentleman (?) who is my correspondent. As probably similar letters have been and may still be sent to other Medical men. I think it only right to make this public. I am, &c.

A MEDICAL OFFICER OF A COUNTY LUNATIC ASYLUM.

FEES OF DISTRICT VACCINATORS.

A Correspondent has sent us the following reply to "An Old Subscriber" on the subject of Vaccination:—

You can recover for "any cases of vaccination" performed in the Union, provided you are "one of the District Surgeons appointed by the Board of Guardians," but not otherwise. "The Board" do not recognise any but those specially appointed by them for the office. You must enforce the payment from the party vaccinated, as the Guardians will not entertain your claim.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A public vaccinator can charge for any cases vaccinated out of his district, provided the parents of the children so vaccinated reside in a parish or district of the same Union as that which pays his vaccination fees. I am, &c.

Newcastle-on-Tyne, February 15. A SUBSCRIBER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of the *Medical Times and Gazette* "An Old Subscriber," of Tadcaster, asks if he can claim for vaccination cases done out of his district, consequently in another Medical man's district. Having had experience in these matters, I answer, Certainly not. Surely it ought to have struck this gentleman that he was poaching on his neighbour's district, and how the matter would have been had his neighbour vaccinated several cases in his district and claimed them. If the Medical Profession would only act courteously and truly one towards another, there would be no occasion for questions or disputes of this kind; and as an elderly Practitioner of some standing I would advise "An Old Subscriber" to follow the rule which I did when a Medical Officer of a Union, to send a list of all the cases I vaccinated out of my district to the Medical men to whose district they belonged, and they did the same to me; I was not a loser by it, neither would he be. It is the omission of such little courtesies as these in our Profession which engenders so much jealousy and ill-feeling. I am, &c.

London, February 18. EX-UNION MEDICAL OFFICER.

PODOPHYLLIN IN CONSTIPATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Touching your correspondent's inquiry last week respecting the use of podophyllin in constipation, permit me to make a few remarks. My experience proves to me that it must not be given in the doses stated by your correspondent, owing to the pain it gives; it also has a strong nauseating tendency.

The doses which I employ are from the tenth to the sixth of a grain, in combination with extract of belladonna, or nux vomica, or lactuca.

Podophyllin is in most respects similar in its action to hyd. chlor. or bichlor.; it is a decided alterative, and not so much an aperient as has been stated, except by its alterative action. It is principally soluble in the enteric secretions, which may account for the agonizing pain it produces in the small intestines. Combined with some more aromatic and speedily-acting cathartic, just as is customary with calomel, followed by the haust. rhei, it serves very well. As a corrector of habitual constipation, its combination with zinci sulph., ext. belladonna, nux vomica, or lactuca, in small doses, is its better mode of administration. Podophyllin, like aloes, acts better with alkalies, I suppose being rendered more soluble.

Permanent good can only result in the use of any of the "active principles" by their steady employment over a period of time, in small doses, and as soon as beneficial effects are produced the dose to be diminished and the interval greater, say from night and morning to once a day to twice a week. It is a valuable and reliable medicine in the hands of the Homœopaths, who profess to know its peculiar pathogenesis. I find it useful in clay-coloured evacuations; with children its action is very beneficial.

For my own part, I am rather fond of prescribing "active principles;" to my mind it is more scientific, the drug is purer, and the action more certain and savours much less of the shop. In country practice you may almost take a complete shop with you in a small compass.

Belladonna has itself a very decided operation in constipation, and serves well to be given with podophillin in hard and scanty evacuations. Infallibility must not be looked for in the action of any medicine.

I am, &c. OMICRON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I like your "Notes and Queries" column, as people may say their say there in plain English. So let me ask, what, in the name of absurdity, is meant by proposing podophyllin as a cure for habitual constipation?—a drug which, according to some of your contributors, purges almost too much in grain doses, and gripes horribly without purging in smaller ones. The notion is enough to give a man the cholera morbus. No doubt podophyllin will move almost any bowels, and a valuable drug it is; but it is scarcely superior in this respect to croton oil, colocynth, scammony, and other drugs simple or combined. But then does it remove the *habit?* There is the pinch. Will it remove the laziness, the horror of early rising and cold water, the bad diet, the mental anxiety, and the sedentary life which create the habit? I suspect that men who parade the virtues of new remedies are a little too hasty sometimes. Love at first sight is very delicious, but not very lasting. I am, &c.

London, E., February 15. AN UNPAID CRITIC.

ARMY MEDICAL CANDIDATES AND THE INCOME TAX.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am one of those who underwent their final metamorphosis at Chatham a few months since, and came forth a fully-developed Staff Assistant-Surgeon, with cocked hats, swords, etc., complete. During the pupa stage of my growth at Fort Pitt, I, in common with my fellow chrysalids (swordless things yclept "Medical Candidates") received the liberal allowance of 5s. per diem. This, of course, we all thought little enough, but it sufficed to cover our mess-bills, and so we "ate our biled mutton without capers," and didn't sigh for mustard as long as our beef was provided for us. At the same time we could not help longing for the glorious day when we should lose the odious appellation of "Medical Candidate," and feel that at last we had acquired a recognised position in the army as well as in society. The long wished-for day dawned at length, and we were immediately placed on half pay, in which condition many of us still remain.

In the meantime the "five bob a-day" was quite forgotten as a thing far in the past, but as usual—*medio de fonte lessorum.*

Surgit amari aliquid,—to wit, a slight reminder from the Staff-agent, Sir John Kirkland, in the shape of a receipt requiring signature, for the amount of pay drawn at Chatham minus income tax charged at 9d. in the £1. Upon writing to the agent on the subject, under a visionary impression that 5s. per diem would amount to £91 5s. per annum, I was informed that if my pay for five and a-half months at Chatham were added to my half-pay (6s. per diem) for the remainder of the year, my income would amount to upwards of £100, and that, consequently, I should remain liable to tax as above—a *sequitur* that I confess myself altogether at a loss to comprehend.

If you or any of your readers can help to dispel the fog in which I am enveloped, you will oblige Yours, &c.

February 12. ROBERTI QUINQUE INDIES.

COMMUNICATIONS have been received from—

Professor LAYCOCK; Mr. LUMLEY; Mr. MOORE; Mr. F. JORDAN; Dr. KENYON; A STUDENT; Mr. HUNT; Mr. H. SMITH; Mr. W. ADAMS; Dr. MOORE; Dr. WAY; Dr. GARDNER; M.R.C.S.; Dr. M. PERRY; Dr. HARPER; Mr. SYKES; Dr. KENNION.

APPOINTMENTS FOR THE WEEK.

February. Saturday 22 (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Rev. A. J. D'Orsey, "On the English Language."

24. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Lettsomian Lectures.—Henry Thompson, Esq., F.R.C.S., "Practical Lithotomy and Lithotrity.—Lithotrity: Its Practical Application. Appreciation of all the Mechanical Methods for the Removal of Stone from the Male Bladder."

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

25. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. H. V. Carter, of Bombay, "On the Connexion of a Local Affection of the Lymphatic System with Chylous Urine." Dr. A. T. Waters, "On a Case of Chylous Urine."

26. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 7½ p.m. Council Meeting.

SOCIETY OF ARTS, 8 p.m. Meeting.

27. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

28. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. A. E. Durham, Esq., "On Sleeping and Dreaming."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day):—

By Mr. Fergusson—Removal of Tumour from Breast; Removal of Tumour from Parotid Region; for Recto-Vaginal Fistula.

ORIGINAL LECTURES.

◆

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

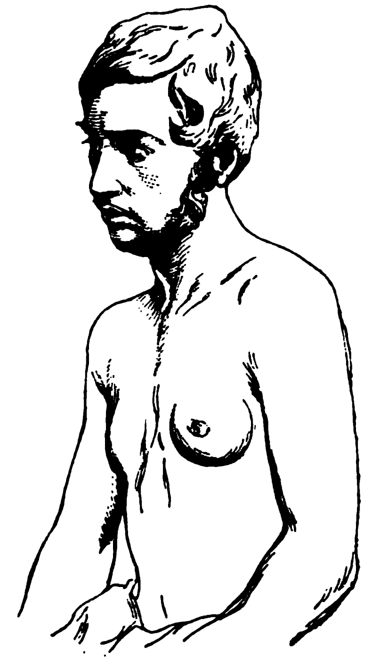
ROYAL INFIRMARY, EDINBURGH.

By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine;
and Lecturer on Medical Psychology and Mental Diseases in the
University of Edinburgh.

Lecture V.—Diagnosis of Degenerations.—*A Microcephalic Patient—Degenerations Defined—Standards of Comparison—Old Age—Diagnosis of Health and Longevity—Fallacies.* **Degenerations of Nervous System.**—*Poverty and Luxury Degenerations—Degenerations in Men of Genius—Physiognomy of Luxury-Imbeciles—Swiss Cretin as a Type of Poverty-Imbecile—Degenerations of Nervous System from Disease—Morbid Tendencies.*

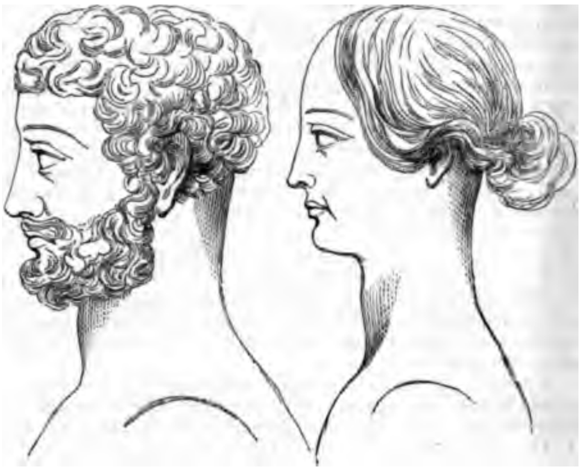
Gentlemen,—We have for some time had under observation a case of icterus in a youth, aged 20, a painter's labourer. After the most careful examination and inquiry, we were still in the dark as to the primary causes of the icterus, and treatment had failed to do good. Suddenly, however, erysipelas of the face came on, with smart fever; then, on the next day, bile appeared in the stools for the first time for five or six weeks, and the patient speedily recovered from both icterus and erysipelas. It was a curious subject for speculation how all this happened, but it was not less interesting to note the subjective condition of the patient. He never complained of indisposition while icteric, and almost always answered, when asked how he was, that he was "fine." Sensorial sensibility was at a low point. There was no reason to think this was due to drunkenness, or any fever poison, or to the retained biliary matters; but it was rather traceable to the constitution of his nervous system. He is the sort of cretin termed a microcephale—his head being small, flattened in the occipital and frontal regions, and rising at the vertex. He has also a peculiar development of the mammæ, so that they resemble those of a girl of 15 or 16 years of age, and which, from his mother's account, began at puberty. His intelligence is imperfect; he never could learn to read or write, and he has only sufficient mental capacity to grind colours and clean the painters' brushes. In short, he is an imbecile, and a good example of a numerous class of human beings known as *degenerate*, and the pathology of which our advancing civilisation will render more and more interesting to the Physician (a). For it is not only mentally that in this class there is imperfection; but also as to the nutrition of viscera like the lungs or skin, and as to the duration of life. Hence the physiognomical diagnosis is one of both special and general interest. Before entering upon this, it will be well, however, to fix the meaning of our terms.



Male Microcephalic Imbecile, aged 20—Mammæ developed at puberty. Clinical wards. (Kindly photographed by Mr. Macfarlan.)

Degenerations Defined.—We have hitherto considered temperaments and diatheses as generalisations of the *tendencies* to forms or modes of degeneration, involving particular tissues or groups of tissues; and in some, as the melancholic and lymphatic temperaments, we noted something more than a tendency, when compared with others. But degeneration is defect or actual disease. Now it may be of two kinds, namely of form of body or its parts, or of function and structure of viscera and tissues, and which do not necessarily imply defective form. You will meet with good-looking imbeciles everywhere. Our icteric imbecile is not, in truth, bad-looking. On the other hand, deformity is not necessarily degeneration. This is sometimes the result of various accidental circumstances, which have only temporarily influenced the powers of nutrition and development, as, for example, mechanical injuries, infantile diseases, or even acute intra-uterine affections.

Standards of Comparison.—Degeneration implies, however, departure from a type of form or structure, or function, and therefore a standard of comparison. Now, what shall this standard be? The type of human beauty of the ancient Greek artist is, perhaps, the truly scientific type. My friend, Mr. D. R. Hay, has worked out the laws of a Science of the Beautiful most admirably, and has, I think, proved conclusively in numerous works, that the principles which he has so laboriously evolved were applied by the Greek artists (as by him) to the construction of the Beautiful in all materials. His application of these principles to the human form have a deep physiological interest, being available to the laws of development (b). His geometrically evolved male and female heads will serve very well as standards of comparison for Europeans. I think you may rely upon these as being truly scientific.



Geometrically-evolved Heads. (D. R. Hay.)

But imperfection as to the beautiful is compatible with perfection as to the healthy; a Negro may not compete with an Apollo as to form, but he may as to health, and he has even beauty relatively, as Mr. Hay establishes. You have, therefore, in truth to adopt several standards of comparison with reference to the physiognomical diagnosis of degenerations. First comes genus, then race, then sex, then age. An adult European male is degenerate if he has the faculties,

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(a) This was probably a case of congenital imbecility, due to an hereditary syphilitic diathesis of the mother. She is a dwarf, with well-marked sequelæ of corneitis in the right eye, the dirty sallow hue of the diathesis, and one or two stumps of syphilitic teeth.

(b) *See* "The Science of Beauty as Developed in Nature and Applied in Art." By D. R. Hay, F.R.S.E., etc.

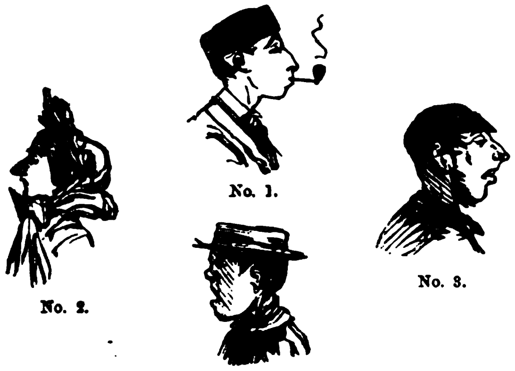
form, or features peculiar to an ape or a Bosjesman, or a woman, or a child, or an aged person. And equally an adult European woman is degenerate if she resemble a man in her faculties, features, or form, and a child if it resemble an adult or aged person, and both if they are like a lower race of mankind, or a lower order of animals, in any essential respect. There are, however, different kinds of degeneration comprised under these general heads. Degeneration as to race or sex may imply only defective form or faculties, but degeneration as to age implies a morbidity of function or structure. The period of life between the ages of 25 to 35, or 40, comprises the period of perfection of function of organs and nutrition of tissues; after 40 decline sets in. A man of 45 is not equal to one of 25 or 30 for duties requiring perfect bodily vigour, as the military service, although his mental powers may be unimpaired. But it is also doubtful whether he can even work so long mentally as a younger man. With the decline of life a whole series of structural degenerations commences,—as fatty formations and transformations, uric acid formation, atheroma and calcification, fibroid and cancerous growths. Now, this class of degenerations will occur prematurely, or even any one of them; lithiasis or atheroma as may be seen occasionally in very young children. What, then, is the principle to be adopted in reference to these premature tissue-degenerations? I think that the simplest and best mode of viewing them is to connect them with the epochs of evolution of organs. Certain periods of life are marked by evolutional changes, and with these there arises a more active demand for nutrient materials and nutrient forces, as at puberty, for example. If the supply at these epochs is not equal to the need, nutrition and functional activity become imperfect. The successive dentitions very conveniently mark epochs in development, and of these you have *three;* the first of infancy, extending from the seventh to the ninth month, and completed before the age of four years; the second commencing, at six or seven years, is completed by the age of fourteen; and the third, or evolution of the *dentes sapientiæ,* extends from about the seventeenth year to the twenty-first. Dental development has been made available to the physiognomical diagnosis of the age of children employed in factories; it is equally available in connexion with dental nutrition to the diagnosis of tendencies to degeneration and disease. I do not enter, however, upon this here; what I wish you to note now is that either an arrest of development at any of these ages, or a premature development equally constitutes degeneration; as, for example, if puberty occurs at the age of three or of seven years, or if development be not advanced beyond these ages, and it never occurs at all, as is seen in the most complete cretins. So is it with the evolution of the teeth; intra-uterine dentition is as much a mark of degeneration as retarded dentition. The extent of imperfect development varies greatly in individuals. In some it modifies the whole mental character as well as the corporeal characteristics, so that a woman of twenty-five will be like a female child of ten or eleven; or a youth of twenty like a lad of nine or ten. In others it is only shown as a defect in the intellectual or moral nature, the man remaining at the stage of youth and never reaching maturity in these particulars. The physiognomical diagnosis of these minor degrees of imperfect development is not easily given in words, and requires experience, but it is sometimes of considerable practical importance.

Standard of Health.—Given symmetry of form, what points in the physiognomy indicate a good state of health and constitution of whatever temperament the person may be? 1. The skin should be healthy; this is indicated by a freedom from dry epithelial scales or scurfiness, both of the skin and scalp; a certain suppleness, the result of due secretion of sebaceous fluid; a firmness of texture equally removed from transparent thinness and coarse thickness; a freedom from chronic congestions, patches of varicose vessels, vascular nævi, or any skin diseases, whether parasitic or diathetic. 2. The skin products, whether appendages,—as hair, nails, and teeth,—or secretions, as the pigmentary, sebaceous, or perspiratory, should be normal and healthy. The expression of the eye should be free from peevishness or irritability (for these often mark a tendency to shortness of life), there should be no *arcus senilis,* or infiltration of the lower eyelid, or marked vascularity of the upper lid. The complexion may be of any temperament, but should be good of the kind; there should be no signs of unhealthy blood, as a peculiar pallor, or icteric tint, or duskiness of hue. Perhaps the best single criterion of a sound, enduring constitution, is to be found in the character of the hair and teeth. Persons tending to longevity have usually sound, well-enamelled, well-set teeth, continuing free from decay into old age; and their hair is thick, not soon grey, nor falling early. In such persons the general powers are vigorous, and it is only some visceral disease or acute fever which shortens life. If to the signs of good health you can add good conduct, and the fact of longevity being hereditary in the family, the individual has a good chance of long life.

Fallacies to be Avoided.—The appearance of the patient may be fallacious as to the formation and deposit of fat, whether in the cavities or the adipose tissue. This occurring beyond the healthy mean is not a mark of strength, but of degeneracy. It constitutes the popular sign of advancing age in the "decreasing leg and increasing belly" of Shakspeare; and an early or excessive fat deposit is not unfrequently indicative of premature old age. Scrofulous children and youth are apt to be very fat before tuberculosis comes on; very fat men or women rarely reach sixty, and all the fat infantile monsters die early. Polysarcia, as this fatty condition is termed, is to be distinguished from atheroma, which is a fatty degeneration limited to the arterial tissues, and also from fatty deposit in the muscles. It is a general mode of degeneration of nutrition arising from constitutional tendencies, often hereditary, and apt to show itself at epochs of evolution or decline, especially of the sexual glands. Another commonly-received sign of a good constitution is a clear, florid complexion; and it may be received as such, with reservations. But it not unfrequently is a sign of a dangerous tendency to serious diseases of the heart and blood-vessels and to rheumatic affections in persons otherwise of a vigorous habit, and should never be accepted as a good sign without cautious inquiry, more especially into the morbid tendencies as to the nervous system.

Degenerations of the Nervous System.—Man as compared with other animals is peculiarly predisposed to degenerations of the nervous system; and civilised man, as compared with the uncivilised. By civilisation I mean the higher development of the social instincts of humanity, and not the greater power of enjoying and obtaining luxuries, which civilisation brings with it, and which is commonly mistaken for it. In proportion as society becomes complex, in the same proportions the causes both of varied activity and evolution of the nervous system and of degeneration and defect arise. Poverty comes with civilisation as well as riches for a defective supply of air, water, shelter, and clothing, as well as of food, is the fate of the poor in cities. The uncivilised man has often these in abundance; and is, therefore, really rich in comparison with the poor civilised man. The degenerations of the nervous system may, therefore, be examined accordingly as they result from poverty in the sense stated, or from luxury, refinement, over-stimulation, and over-work of the nervous system, with an ample supply of pure air, water, food, shelter and clothing. It is from these two kinds of causes that the greater proportion of idiots, imbeciles, incorrigible criminals, and insane persons in modern civilised populations arise. You must not, however, expect to find what we might term luxury-imbeciles exclusively amongst the rich and educated classes, although the poverty-imbeciles are almost exclusively amongst the poor. There is from generation to generation a constant interchange going on between the upper and lower portions or strata of society, in virtue of which men of vigorous intellects find their way, from a state of poverty, to the higher or wealthy and governing ranks; while, on the contrary, those whose intellects are impaired by over-culture, luxury, and self-indulgence, transmit their feebleness and incapacity to their offspring, so that their descendants are at last sunk to the lower strata of society. These may sometimes be discriminated physiognomically from the other poor and degenerate individuals around them; they bear the traces of "gentle" birth. The writings of our caricaturists afford interesting illustrations of these two kinds of imbeciles or cretins, they being so common in towns, and such obvious subjects for ridicule.

It must be remembered, however, that there is a large class of persons who are pathologically degenerate, *i. e.,* as regards their tendencies and their capability of transmitting hereditarily disease or disorder of the nervous system, but who are not intellectually or morally degenerate. The degrees are so nicely graduated, and the lines of demarcation so subtle, that

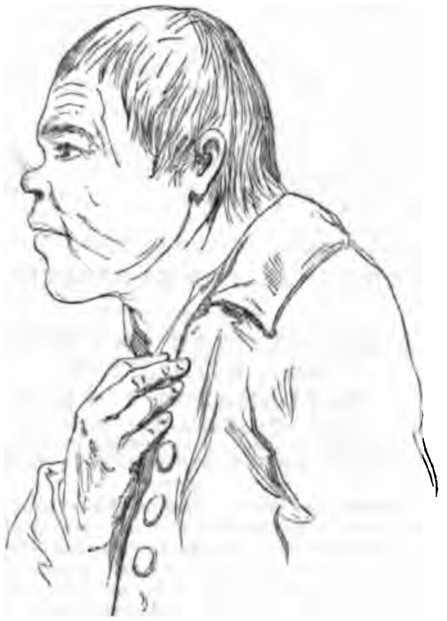

No. 1.
No. 2.
No. 3.
No. 4.

Group of Heads, from *Punch*. Rich Luxury-imbecile, No. 1, "An Unhappy Sub;" No. 2, On the Way to St. Barnabas. Poor Luxury-imbecile, No. 3, "Muffins!" Poverty-imbecile, No. 4, "Shrimps!"

it is very difficult to lay down general principles as to these. Some of the most illustrious examples of intellectual power and genius in every walk of life the world has seen were men with some imperfection of this kind. Indeed, so generally is this the rule, that a French writer has lately written an interesting work to show that genius and morbidity are inseparable. His conclusions have been much controverted, but all experience proves that the principle is true. And paradoxical as it may appear, it rarely happens that a man with a well-balanced brain and a thoroughly healthy nervous system attains to the highest distinction or fame. But the explanation is not far to seek. Surpassing excellence in any one thing can only be reached by exclusive devotion to it; or a special bias for it. This exclusive devotion stunts the other powers and faculties not occupied in the pursuit. Hence a one-sidedness of mental activity which is perilous to the perfection and integrity of the whole man, for those consist in a harmonious development of all the faculties, and not in a special activity of one or two. It would be curious to determine what proportion of Medical Practitioners become insane, in comparison with other Professions, for it is one of our great professional advantages, and one which counterbalances many disadvantages, that our objects of study are so varied as to exercise necessarily all our faculties, if we would be *totus teres atque rotundus* as Professional men.

In considering, therefore, these minor shades of degeneration of the nervous system, as Physicians, you do not lay much stress upon the fact that the patient is a great thinker, or poet, or writer, or philosopher, as a proof of vigour of the nervous system, for it may be the contrary. Greatness is thus achieved too often at the cost of healthy vigour of the nerve-centres; and if the individual escape serious disease therein, the morbid tendencies thus developed are apt to be transmitted to a degenerate offspring and manifested very strikingly in them, as irregular development, hysteria, imbecility, eccentricity, and the like.

The etiology of these degenerations is all-important in practice. Those resulting from poverty involve the blood and nutrient forces more especially, and it is consecutively to defective nutrition, in the large sense of the term, that defects in the form and in the mental faculties arise. On the other hand, when the nervous system is the starting point, there is often every requisite for good nutrition, as abundant food, pure air and water, sufficient clothing, and the like. And the physiognomical diagnosis corresponds with the etiology, as is shown when we compare the physionomy of the two classes, taking for this purpose typical forms. In this head and face (c) you have that of a luxury-imbecile; it is that of a woman who died in an asylum in a state of chronic dementia. Note the retreating forehead, the receding chin, the projecting midface, the square, lobeless ear, the short upper lip, the long nose, the atrophied alæ nasi. To this type belong Nos. 1, 2, 3, in the group from *Punch*. Such are wholly different from the typical poverty-imbeciles to be found in the poverty-stricken districts of large towns (as No. 4), in wretched districts of the country, as remote parts of Ireland, or in certain localities where cretinism is endemic, as the Swiss Alpine valleys. Such an one we have here from the pencil of the late Sir Robert Carswell. You will notice that, as compared with the other, there is more of the animal nature manifested, and less of the sentimental or æsthetic; the forehead retreats, but not the lower jaw; the upper lip is comparatively long, the nose flattened and sunk; the cheeks broad, the ear defective but lobuled. Small or irregular cranial development is not necessarily manifested in either class of cretins, but it is very common. In particular the occiput is badly developed as well as the forehead, giving the whole head a sugar-loaf shape, or as if compressed at front and back. This bad occipital development is quite as noteworthy as the bad frontal; it is always more or less significant of defect in force of character and vigour of function in the hemispheres. Pass from these to the geometrical models which Mr. Hay's law evolve, and note the differences; or take the head of some man remarkable alike for his intellectual power, his capacity for mental labour, and his *vital* vigour; such a man, *e. g.*, as our Chancellor, Lord Brougham, or our Vice-Chancellor, Sir David Brewster, and you will see how near the proportions of his cranium resemble those of the perfect type, and how they differ in all essential respects from the imbecile heads of either class.



Swiss Cretin (Carswell).

Diagnosis of Degenerations the Sequelæ of Diseases.—Degenerations of form and function are often connected with diseases occurring at an early period of life, or at epochs of development. Such are intra-uterine or infantile hydrencephalus and mania, or other vesaniæ occurring at puberty. In the latter class of cases there is imperfection of development in varying degrees. When the disease occurs at puberty or shortly after, and leads to idiocy or imbecility, the form of the head and face may be normal, or only somewhat modified as to size or expression. In this class the physiognomical diagnosis is mainly dependent upon the expression of the features, for you may have even a certain beauty of form, both in the head and face; these are pretty idiots, but totally blank as to expression.

The influence of infantile diseases, as convulsions or meningitis, may often be traced in a bulging, large cranium, in chronic paralytic, or spasmodic affections, as strabismus, club foot, club hand, unsymmetrical features from slight facial paralysis, or one limb larger than another from hemiplegia. Nor must unsymmetrical or one-sided development of the head be overlooked as a physiognomical sign of some importance. Great regularity and fullness of cranial development is seen, however, in persons with a tendency to mania and general paralysis, so that even this unsymmetrical form of cranium is only a relative or conditional mark.

General Predispositions.—Persons with a tendency to degeneration of the nervous system as to structure and functions, or those actually degenerate, tend to die especially of diseases of the nervous system; next in frequency to these are diseases of the heart and lungs. It thus happens that the causes of death in lunatic asylums are predominantly cerebral, pulmonary, and cardiac. It is, perhaps, the tendency to pulmonary and cardiac diseases which most concerns the general Practitioner; for the defect of pneumogastric innervation, consequent upon defective cerebro-spinal power, is a very common predisposing and exciting cause of phthisis, and less directly of other diseases of nutrition, as cancer, secondary syphilis, atheroma, etc. So that the physiognomical diagnosis of degenerations of the nervous system help indirectly to establish the diagnosis of diathetic tendencies to degenerations of nutrition in general and of pulmonary tuberculosis in particular. I shall call your attention to the meaning of special peculiarities in the features at our next meeting.

(c) See case of Dementia, Lecture I.

ORIGINAL COMMUNICATIONS.

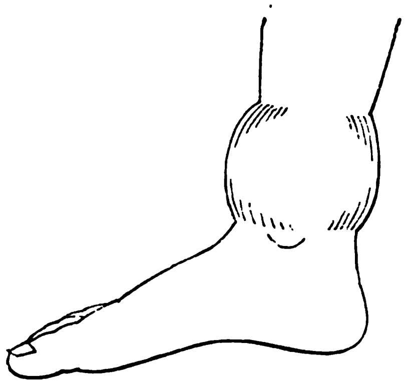
◆

ON FIBRO-CELLULAR ANNULUS OF THE LEG, WITH CASES.

By FURNEAUX JORDAN,
Assistant-Surgeon to the Queen's Hospital; Consulting Surgeon to the Birmingham Eye and Ear Dispensary; Professor of Descriptive and Surgical Anatomy at the Queen's College, Birmingham.

In the *British and Foreign Medico - Chirurgical Review* for January, 1861, I have given a short account of a peculiar disease, under the title of "An Undescribed Affection of the Leg." The importance and interest which attach to so singular a malady have induced me to make further observations on its history, diagnosis, and pathology—the more so as I am enabled, by the kindness of Mr. C. Williams, of the Norwich County Hospital, (a gentleman whose courtesy I the more highly appreciate because I am personally unknown to him,) to append the reports of two well-marked cases.

The most characteristic form of the disease presents a circular enlargment surrounding the lower part of the leg above the malleoli. From above downwards the enlargement is convex, projecting mostly at the centre and gradually becoming less prominent upwards and downwards as will be seen by the accompanying engraving.



The annular formation is about three inches wide and one inch thick at the centre. The margins, which are thinner, are not imperceptibly lost on the surface of the leg, either above or below. An enlargement, possessing apparently similar structural characters, of a form irregularly round at the circumference and convex on the surface is found between the outer ankle and the heel. The latter form of the disease is far from being uncommon. It may exist alone or in conjunction with the supra-malleolar ring. Both varieties are soft, elastic, and painless, both are free from tenderness. The skin is perfectly healthy. There are no varicose veins—in short, the only other local deviations from health are coldness and a livid colour of the surface—a condition affecting not the legs and feet only, but the arms and hands. The coldness and lividity, however, are not invariable symptoms. In one of the appended cases there was œdema. In no case that I have seen was œdema present under my observation. Very probably at an early stage of the affection a limited amount of serum had infiltrated the connective tissue, but a palpable œdema, as indicated by pitting, is certainly not an essential concomitant of the connective tissue annulus of the leg. The history, as obtained from the patient, records no doughiness, or pitting, or tenderness, or integumental discoloration.

The general health is not seriously impaired. There is usually, however, unmistakeable evidence of feeble circulatory power. In one case which fell under my observation there was marked mitral regurgitation without a history of acute rheumatism, or any other acute disease. The observed cases justify the affirmation that pronounced valvular disease is not an essential feature of the disease. The catamenial function is usually impaired. All the known cases have occurred in women, and for the most part in young women.

During a period of six years, from 1854 (before which time I took no special notice of the disease) to 1860, I saw four or five cases of the annulus of the leg. In five years Mr. Williams has met with four cases. As two observers have seen nearly ten cases in a few years, it is surprising that the literature of Surgery contains no reference to the disease. The cases are undoubtedly rare, less rare, however, than many Surgical affections of which we are supposed to possess an accurate and extensive knowledge.

What is the pathology of the supra-malleolar annulus? In attempting to discover what the affection is, our first step shall be one of elimination. We will endeavour to ascertain what it is not.

It is not elephantiasis Arabicum. In elephantiasis the skin is greatly thickened, hard, rough, nodulated, of dark colour, and diminished sensibility. The bones, areolar tissue, fat, and all other structures (the muscles excepted), share in the enlargement. The feet and toes are implicated, and severe pain is usually present.

It is not a cutaneous out-growth. Here, also, the cutaneous structure is exaggerated, as well as the connective tissue. Cutaneous outgrowths, moreover, are mostly pedunculated, and attached to the parts in the vicinity of the vagina and the rectum.

It is not a fibro-cellular tumour, properly so-called, for, independently of the circumstance that the fibro-cellular tumour resembles in its sites the cutaneous out-growth, the structure of the annulus of the leg could not, I think, be separated or enucleated from the surrounding tissues. The fibro-cellular tumour, moreover, is rarely found before middle age. It has been remarked that this formation is rarely, if ever, traceable to inflammation. Is it not reasonable to suppose, however, bearing clearly in mind the cellular character of inflammatory products, that we require a more extended and closer observation of the origin of both cutaneous outgrowths and fibro-cellular tumours before we are justified in saying that the origin of such tumours is altogether independent of all inflammatory phenomena?(a)

It is not hypertrophy of a ring-like portion of the subcutaneous cellular tissue, if we adopt the ordinary acceptation of that term. I cannot do better than receive Mr. Paget's views as representing those most current in this country. Hypertrophy, then, implies either (1) increased function or (2) increased accumulation in the blood of the particular materials appropriated by a part in its nutrition or secretive action, or (3) an increased afflux of healthy blood. It is improbable that any one will consider that these conditions, singly or combined, are present in the collar of connective tissue which surrounds the lower third of the leg. At least no theory, touching the question of hypertrophy, can be advanced which would not require "over nourishment" in the skin and other contiguous structures. The skin and the muscles are more highly vascular than connective tissue (b), and all derive their nutrition from the same arterial sources.

Erythema nodosum sometimes leaves irregular bulky masses on the leg; its history, however, is clear and unmistakeable, and the enlargements which it leaves have no uniformity of configuration or locality. I need scarcely say that the affection is not phlegmasia alba dolens, the very name of which is too characteristic to need further comment.

I have some hesitation in alluding to so vaguely described phenomena as "solid œdema" and "fibrinous dropsy." "Solid œdema" is a phrase at once meaningless, paradoxical, and untrue. Those who have used the term have applied it to inflammatory and never to dropsical productions. It also implies, if so absurd an expression can be said to imply anything, that the inflammatory product is an exudation, a homogeneous exudation which without histological elements, and independently of them, can spontaneously generate within itself morphological products, can transform itself into a living organised, histological structure. At this eventful period in the history of pathology, such an implication is not very readily allowed.

(a) Much might be said in a proper place on the affinity between tumour developing and inflammatory processes. Very recently two exostoses came under my observation (one of which, in the case of a Medical gentleman, I removed); both had a distinct, even a classically, inflammatory origin. Slight (though, in results, potent) injuries and non-classical inflammations are too frequently overlooked.

(b) All pathologists admit that cellular tissue is the most susceptible of inflammation. The fact of the lower vascularity of this tissue may surely be commended to those pathologists who consider that the process of inflammation belongs pre-eminently to the vascular system.

"Fibrinous dropsy," in a limited area, is so purely a chimera of pathological romance, and so little likely to be proposed as an explanation of the disease under consideration, that further remark is almost superfluous. I will leave the hypothesis with two remarks: 1. If the possibility of fibrinous dropsy can be granted for a moment, it can only be with the understanding that the obstruction is extreme, and the preceding effusion of serum enormous in degree. 2. The supposition that the fibrine effused under such circumstances can become organised, is liable to every objection that can be brought against the doubtful hypothesis of a doubtful spontaneous generation in a doubtful fluid.

What then is the character of the enlargement? I believe that the annulus consists of connective tissue, though differing essentially, as I have endeavoured to show, from the fibro-cellular tumour and the cutaneous out-growth. An examination of its external properties does not indicate the existence of a capsule or of palpable discontinuity with the subcutaneous connective tissue above and below; it is soft and elastic. There is no pain or tenderness or fluctuation. It is not doughy, and lateral pressure produces no dimples on the surface. I shall shortly attempt to demonstrate that the circular disease of the leg has its origin in an inflammatory process. If I succeed in doing so I may affirm (even though the argument be in anticipation), that the proposition of the connective tissue character of the annulus is further illustrated by pathological analogy. Inflammation has its origin for the most part in connective tissue. The tissue which is produced by formative inflammation is also mainly connective tissue. This is a fact admitted by all pathological schools. It is a truth, moreover, altogether apart from the question of exudation and its spontaneously generated forms on the one hand, and the question of cell-parentage or continuous development of histological elements on the other hand.

The fibro-cellular annulus of the leg is the result of an inflammatory process, having its seat in the connective tissue of the lower part of the leg. The inflammation eventuates in the formation of new tissue.

The eliminative process of reasoning which I have adopted renders it unnecessary for me to dwell at great length on the origin of the disease, the pathological history of which we are now investigating. Feeble circulation has at all times and everywhere been acknowledged to hold a constant relationship to inflammation. The young women afflicted with the supra-malleolar annulus, are, as far as it is at present known, invariably persons of weak circulation and debilitated systems. That they are sometimes fat is a confirmation of the presence of debility. The feebleness of the circulation is, by its local effects, the indirect cause of the annular disease; the direct, or local, cause I believe to be one of the two following:—Either there is, 1st, a retarded and stagnant circulation in the smaller veins of the lower third of the leg—the stagnant or coagulated blood being the irritant or cause of a local inflammation; or, 2nd, there is a continued presence in the connective tissue of a limited quantity of serum—the result also of a retarded circulation. The serum from its protracted or frequently recurring presence becomes an efficient cause of inflammation; both causes are intrinsically efficient. The varicose-indolent ulcer proves the efficiency of the first. It is significant too that the varicose-indolent ulcer appears in the lower part of the leg, and that it is associated with, and caused by, a stagnant state of the smaller veins; I use the term varicose-indolent, or indolent-varicose, ulcer designedly, because, after a careful and an extended practical investigation, I have no hesitation in saying that the ordinary indolent ulcer of the leg is really a varicose ulcer. Indolence is present in the ulcer because varix is present in the veins. It appears also on the lower third of the leg from precisely the same agencies which determine the site of the connective tissue annulus; that serum in the connective tissue is also an efficient cause of inflammation, the observation of a dropsical leg abundantly testifies. The amount of inflammation in such cases is far from being invariably proportionate to the amount of effused dropsical fluid.

Which of these causes is the true one, or whether both may operate in equal or unequal degree is a question where dogmatism may easily merge into pragmatism where both are undesirable.

Varicose veins were not observed in any of the cases of annular disease. This fact, however, does not forbid the supposition that the smaller veins may be obstructed. I am very strongly of opinion that dilated veins are not, as is commonly taught, the result of obstruction by pressure in the pelvis or by position. Obstruction from any cause may exaggerate the condition of a large and thin-walled vein, which again may be followed by other untoward results. Varicosity of the venous system is a physical indiosyncracy. It is frequently a congenital and a hereditary peculiarity, and is not at all unusual in persons otherwise strong and healthy. Nevertheless, if we meet with stagnation in the smaller veins as a result of obstruction, we should in a certain number of cases meet with dilatation of the larger trunks. I therefore, with diffidence, however, give preference to the causal agency of the protracted presence of a very limited quantity of serum in the connective tissue. In one of the subjoined cases œdema was a marked symptom, but it probably became a prominent phenomena subsequently to, or coincidently with, the development of the annulus. Whatever may be the precise historic value of this symptom in the cases alluded to, its presence is tangible evidence in favour of the irritation which may attach to the presence of serum in the cellular tissue. Here is a cause. The cause is efficient. It is the only known cause.

The interest of the pathology I have outlined lies in the absence of the principal classical symptoms of inflammation. It cannot be rejected on that account. The inflammation which eventuates in the annulus of the leg is slow in its progress, slight in its character, formative in its results. In these characters it may be compared to a certain form of inflammation in an allied tissue. We occasionally observe an osteitis which gives no evidence of its existence, save in the large formation of new bone.

The last question which it behoves me to ask and to answer is, perhaps, the most important. Why does this product (whatever may be its structure or origin) assume the form of a complete circle around the lower third of the leg? The reasons appear to me several and satisfactory. They explain, too, the peculiar form and site of the disease equally well whatever view be adopted of its pathology.

It is considered by many physiologists that the pressure resulting from muscular action materially assists the flow of blood in the veins. Doubts have been urged by others. I venture, however, to affirm, that there is stronger ground for the belief that the pressure of muscular action essentially operates in the following modes:—1. In the prevention of extreme dilatation of venous trunks, and all the ill results of such dilatation. 2. In the prevention of the effusion of serum. 3. In the promotion of its absorption when effused. 4. It prevents, or limits the formation of inflammatory products. 5. If inflammatory products are already present muscular pressure is a most important agent in their removal. It is a remarkable and a significant fact that muscular fibre, and, therefore, muscular pressure is almost entirely absent in the lower third of the leg,—certainly for a greater or less distance above the malleoli. Here are tendons only which have no contractile, and, therefore, no expansive power. The tendons of the deeper layer of muscles at the back of the leg have muscular fibres joining them at a lower level than is the case in the superficial layer, but they are so tightly held down to the tibia and fibula by the deep fascia as to exercise by their contraction no influence on the more superficial veins. On each side of the tendo-Achillis there are large spaces filled with loose areolar and adipose tissue, which afford the most favourable opportunity for the inaction and dilatation of veins and other tubular structures, and for the action of cell tissues. In exceptional cases the soleus muscle sends muscular fibres to the under aspect of the tendo-Achillis, almost to its insertion. Such cases we may reasonably infer would be little liable to varicose-indolent ulcer, or to the circular enlargement of the leg. Again, a third of the tibia is subcutaneous in the whole leg. In no other part of the body is there so large a surface of bone uncovered by either muscle or tendon. Thus, then, many circumstances conspire to show how any lesion of the nature I have described is prone to show itself in the lower third of the leg. From altogether similar causes arises the rounded convex mass, which I have referred to as appearing below and behind the outer ankle. We cannot point to a similar combination of anatomical peculiarities in any other part of either the upper or lower extremities, or of the trunk. I have indirectly hinted at a new pathology for the varicose indolent ulcer, I hope, ere long, to fill up the outline, and to describe a new treatment more analogous to muscular pressure than any method now in use, and which I have successfully adopted in practice.

Appended are two cases reported by Mr. Williams who has seen four cases, all of which occurred in women, and in all there was more or less catamenial derangement. Of the two cases not recorded one occurred among the out-patients in 1859. On the other case Mr. Williams, in a letter to me, makes the following observation:—"While spending the Autumn vacation at Farnham I remember seeing a well-marked case in a woman, and thought it singular. On reading your paper in 1861 the case instantly recurred to my mind."

Mary Ann A., aged 16 years, a servant, very stout, catamenia appeared about a year since, and have been very irregular. Never had rheumatic fever nor any other illness. She noticed the circular swellings on her legs about two years ago; they have not altered since. They give rise to no pain or inconvenience, and she can work very well. There is no ulcer or eruption on the surface. They have a soft and elastic feel. They are about three inches in depth—the lower border being one inch above the malle li. The feet and arms are of a livid colour, and are generally very cold both night and day. There is no œdema anywhere. The heart's action is feeble and slow, but no bruit is audible. The pulmonary phenomena are normal.

This patient is still (January, 1862,) in the Hospital.

Elizabeth H., aged 19, a servant, and apparently robust. The catamenia have been very irregular for many months. With this exception she considers herself to be in good health, and there is no history of past illness. The feet are livid in colour but are rarely cold. The hands are neither livid nor cold. The heart sounds are normal. The respiratory phenomena are also perfectly natural. There is a very characteristic swelling around the left leg—similar in every respect to those described in the previous case. She has noticed it several months. There is no circumscribed swelling on the right leg. There was slight œdema of both feet and legs, but by keeping the patient in bed and bandaging the feet and legs the circular swelling became apparent.

This patient has just left the Hospital (January, 1862.)

The following summary recalls the principal points which have been considered:—

1. The affection has not been previously described.
2. It is not extremely rare, as two observers have met with nearly ten cases in six years.
3. The disease is not any form of skin affection, or elephantiasis Arabicum, or cutaneous outgrowth, or fibro-cellular tumour, or hypertrophy, or erythema nodosum, or phlegmasia alba dolens, or solid œdema, or fibrinous dropsy.
4. It is the result of a slow, slight, and formative inflammatory process, generally attacks both legs;
5. And probably consists of connective tissue.
6. The cause of the inflammation is probably a protracted or frequently recurring presence of serum in the connective tissue.
7. The disease occurs in women.
8. It is attended with marked feebleness of the circulation and catamenial derangement.
9. The site of the disease is determined by many anatomical peculiarities which are found in the lower third of the leg only.

ILLEGITIMACY AS A CAUSE OF IDIOCY.

By ARTHUR MITCHELL, A.M., M.D.,
Deputy-Commissioner in Lunacy for Scotland, etc.

In the course of my official duties I so frequently found that idiots were born out of wedlock, that I was led to suspect illegitimacy to be a cause of idiocy. I therefore resolved to make inquiries on this point with reference to every idiot coming under inspection. This, for the last fifteen months, I have carefully done, and the results, which confirm my suspicion, I have now to communicate.

My inquiries were confined to the counties of Ross, Aberdeen, Kincardine, Perth, Clackmannan, Fife, Kinross, and Wigton, extending to everyone of the 294 parishes which they contain, and embracing alike those idiots in receipt, and those not in receipt of parochial aid. These counties represent a population of 699,102. As compared with the other counties of Scotland, in respect of illegitimacy, they stand in the following order:—

Aberdeen	2nd.
Wigton	5th.
Kircardine	6th.
Kinross	9th.
Clackmannan	11th.
Perth	13th.
Fife	24th.
Ross.	32nd.

The group appears, therefore, to be a fair average of the country. Exact calculation, however, shows it to be somewhat above the mean. During 1858 and 1859, the whole number of births in these counties was 21,932, and of these 2403 were illegitimate, giving 10·9 per cent., while the average for all Scotland is 9 per cent.

The idiots and imbeciles whom I saw in these eight counties amount to 703. Of 71 of these I was not able to obtain any information, and I therefore exclude them. There remain 632, of whom 108, or 17·1 per cent., were illegitimate. Thus every sixth idiot in Scotland is a natural child. Such, at least, is true of that large portion of it now under consideration.

Supposing the viability of legitimate and illegitimate children to be the same, and that they have the same average lease of life, one-ninth of the community would consist of bastards, and this ninth would give more than a sixth of all the idiocy ($\frac{1}{6}$). From this fact alone we can hardly resist the conclusion that illegitimacy is in itself an important cause of idiocy; but it is satisfactory to find that the more searchingly the accuracy of the inference is tested the stronger it becomes. Thus, it is certain that that section of the community which yields this sixth part of all our existing idiocy is by no means so large as a ninth. For, though it is true that every ninth birth is illegitimate, yet the infant mortality of such offspring being very greatly higher than that of legitimate children, the birth ratio is not maintained, and ceases to be that which would be found in the community, when all ages are included.

The whole history, indeed, of illegitimate conceptions is characterised by abnormalities, and all of these indicate a feeble and imperfect organisation in the offspring. To some of these I beg to draw attention. And first, the number of dead births of illegitimate greatly exceeds that of legitimate children.

For statistics on this subject we are chiefly indebted to Casper. At Göttingen (a), of legitimate births 3 per cent. were still-born, and of illegitimate as many as 15. At Berlin, for the four years from 1819 to 1822, there were born of married mothers 22,643 living and 937 dead children; while there were 4002 living and 317 dead children born out of wedlock. So that every twenty-fifth child of the legitimate and every twelfth of the illegitimate was dead born(b).

It is of importance to have this fact so strongly established, since it goes to prove that the degenerate condition of natural children manifests itself before birth, and is not altogether attributable to the misery and neglect to which so large a proportion of them are exposed in early infant life.

The mothers of illegitimates are generally primiparæ, in whom parturition is more dangerous both to child and mother, and this may account for a part of the dead births; but, even after a deduction for this has been made, there will still remain a large and unexplained excess. On the other hand, the fact that illegitimate births generally give a smaller proportion of boys than legitimate, ought to tell in an opposite direction, since the dead births of the male sex always greatly exceed those of the female, the ratio being about 3 to 2.

This abnormality in the ratio of births of the two sexes, in natural children, appears to be strong in all continental countries (c). Habits which enervate the powers, residence in large towns, occupations which tend to weaken the physical qualities, (d) all lead to a similar result. But the chief agent will probably be found in the relative ages of the parents. Sadler and Hofacker have shown this to be very probable. The begetters of illegitimate children are generally *both* young, and the age of the father seldom much exceeds, and very often does not equal, that of the mother. And it has been found that precocious marriages usually produce a greater number of daughters, (e) and the children of such unions have also less likelihood of living (f).

(a) "Topographie von Göttingen von Marx." 6, S. 238. 1824. And Quetelet "On Man." Translation by Chambers. P. 25.

(b) "Beitrage zur Med. Statistik," von Casper, p. 156. 1825.

As regards the proportion of males to females usually found among illegitimate births, England appears to offer an exception, and Scotland does not show the lessened excess of males so manifestly as other countries. Dr. Stark in his able report to the Registrar-General, which has recently been published, gives valuable information on this subject, and from this I offer the following quotation :—

"As illegitimacy in Britain is not quite the same thing as illegitimacy on the Continent, it might be expected that even in this it would exhibit some difference ; and accordingly in England, though the proportions differ considerably in consecutive years, on the average, while 104·5 males are born to every 100 females among the legitimate births, 104·8 males are born to every 100 females among the illegitimate. In so far as one year can show such a fact, Scotland seems to agree more with the Continent of Europe, inasmuch as, while the legitimate births showed that 104·9 males were born to every 100 females, among the illegitimate births there were 104·5 to every 100 females. The difference, however, in the divisions of Scotland, relative to the proportion of the sexes in the legitimate and illegitimate, was very great. Thus in the Insular Districts, among the legitimate births, there were 105·5 males to every 100 females, but among the illegitimate 107·6 males to every 100 females. In the mainland districts there were among the legitimate births 106·2 males to every 100 females, but among the illegitimate 108·1 males to every 100 females. In the town districts, however, all this was reversed ; for while among the legitimate births there were 103·5 males to every 100 females, among the illegitimate births there were only 98·3 males to every 100 females—being the doubly strange anomaly of the proportion of illegitimate males not only being much lower than among the legitimate children, but being absolutely fewer in number than the female illegitimate births." (g)

But it is not only before birth, and at birth, that we find in the fruit of such conceptions the evidence of deficient strength and soundness. For the first seven years of infant life the mortality of bastard children considerably exceeds that of children born in wedlock. According to Baumann and Süssmilch the mortality presents the following ratio (h) :—

Still births . .	1	legitimate, to	2·0	illegitimate.
1st month after birth	1	,,	2·4	,,
2nd and 3rd do. .	1	,,	2·0	,,
4th, 5th, and 6th do.	1	,,	1·7	,,
Remainder of first year	1	,,	1·5	,,
2nd year . . .	1	,,	1·4	,,
3rd and 4th year .	1	,,	1·3	,,

So that before the age of five for six legitimate children who die, 10·3 of the illegitimate are cut off, and even between the fifth and seventh year the mortality of illegitimate children exceeds that of the average infant mortality for that age by a fourth. Baumann even goes so far as to say that, as a rule, of all illegitimate children only $\frac{1}{10}$th or at most $\frac{1}{8}$th live through childhood (i). We do not believe, however, that so sad a result would be true of Scotland.

Casper again (k) found that of the children, legitimate and illegitimate, who died in Berlin under fifteen years of age, during the ten years from 1813 to 1822, the mortality of legitimates was 1 to 2·5 of the births of legitimates during the same period, and of the illegitimates 1 to 1·9 of the births of illegitimates.

Zillner (l) gives a still more startling illustration of the great mortality of natural children. The figures refer to the town of Salzburg, where out of 1000 living-born children there died during the first year,

Legitimate	Boys . .	301	out of 1000 (m)
	Girls . .	238	,, ,,
Illegitimate	Boys . .	350	,, ,,
	Girls . .	305	,, ,,

These facts are not drawn from places where the system of Foundling Hospitals is in large operation, since, these institutions being open to the charge of increasing infant mortality, objection might be taken to statistics derived from them.

The peculiarities in the history of illegitimate offspring, which I have pointed out and endeavoured to establish, combine to render it certain that very frequently, if not as the rule, they possess an original feebleness of organisation and a deficiency of vigour and viability. This in itself, even under a favourable management of their infancy, would tend to produce a high death rate. But we have further to remember that the great majority of the natural children of our country are exposed in early life to *pinching*, misery, neglect, and ill-usage ; that they are not unfrequently conceived when one or both parents are intoxicated ; that they are liable to injury *in utero* from attempts at abortion, or concealment of pregnancy ; that their mothers during pregnancy are exposed to over-work, and during lactation both to over-work and underfeeding ; that the parents are often immoral and vicious, and transmit a depraved mental and nervous constitution to their children ; and that, in some cases at least, grief and anxiety of mind may interfere with the nourishment of the child in the womb. That women in such circumstances are subject to great depression and remorse, we have one proof in the fact that, given a certain number of men and women living in concubinage, three times as many of the latter as of the former will commit suicide, though the total suicides of a country always show at least twice as many men as women. To the same state we must attribute the greater liability of unmarried mothers to puerperal mania. On this point I give the following quotation from Professor Simpson's Clinical Lectures :—

"This unfortunate latter class of patients (unmarried mothers) are, it will be allowed on all hands, far more under the influence of depressing moral emotions during parturition and the puerperal state, than married females are. They are also, proportionately, much more liable to attacks of puerperal mania, according to most writers on insanity. But the mental emotion and depression in these instances probably acts intermediately on the mind by its morbific agency on the body." (n)

After all these considerations, we cannot be surprised to find a high comparative death rate affecting illegitimate children at birth and continuing through the whole of their childhood. And the same considerations would lead us *à priori* to expect that idiocy and imbecility (both congenital and acquired) would be frequent among them, and it might have been anticipated that my enquiry would end as it has done.

Quetelet says "The production of illegitimate children in a political view ought to become the subject of the most serious researches, since its tendency is to diffuse through society a continually increasing number of individuals deprived of the means of existence, and who become a burden to the State."

We have seen that inherited constitutional feebleness and unfavourable management kill a large proportion on the threshold of life, and leave a considerable number of the survivors as helpless idiots and imbeciles. The other survivors, though escaping a physical or mental death, cannot be supposed to emerge scatheless from the trial. Too many of them carry away in defects of mind or body, the impression of their unfortunate origin, and we are not surprised "to find that they occupy a very prominent position in the annals of crime and poverty." (o) Casper in a footnote has the following remark :—"From trustworthy sources I can here communicate the sad fact that our criminal prisons are chiefly filled with culprits who have an illegitimate origin."(p)

(c) Quetelet, *op. cit.* 122.

(d) "Giron de Buzareignes in Bulletin de Férassac," xii. 3.

(e) Milne : "Traité des Annuités," II. 498.

(f) Quetelet, *op. cit.*, 15, and Sadler and Finlayson.

(g) First Detailed Annual Report of the Registrar-General (Scotland), p. 17.

(h) Quetelet, *op. cit.* 42.

(i) Casper : "Beitrage zur Med. Stat." 167, 1825

(k) Quetelet, *op. cit.* 42, "Beitrage, Casper," 178.

(l) "Zillner über Idiotie mit besonderer Rücksicht auf das Stadtgebiet;" Salzburg, p. 147.

(m) The greater mortality of boys in the first, second, and third year of life holds everywhere, and under all circumstances.

(n) Simpson, *Medical Times and Gazette*, Nov. 10, 1860, p. 446.

(o) Seton, "On the Causes of Illegitimacy," p. 23, 1860.

The opinions expressed in this paper are at variance with those at one time commonly held in society, and which even yet have to some extent a hold on popular belief. Shakspeare has done much to perpetuate, if not to originate this. King John and King Lear abound in praise of bastardy. Mexio in his "Treasurie" (p. 723) discusses the question philosophically, and concludes that because more naturally begotten, therefore natural children should have the superiority in strength of mind and body, and in support of his views he cites a series of distinguished bastards, such as Hercules, Ramires, Alexander the Great, Constantine, William the Conquerer, Erasmus, etc. Every one from his own experience could cite similar cases. They are, however, the exception and not the rule. Facts leave us in no doubt about this. Moreover, the illegitimacy involved in such cases is not the parallel of that, which prevails amongst us. Bacon in his "History of Life and Death," speaking of those things which tend to give long life to the offspring, thinks it an advantage to be the fruit "rather of conjugal than meretricious love," and statistics establish the soundness of the preference.

As the conclusion to this communication I would draw attention to the experience of Dr. Strachan regarding first children among the working classes. He says that 90 out of every 100 were either illegitimate, or *are saved from this reproach by the marriage of the parents within a short period of the birth of the child* (q). These last are not included in the 108 illegitimate idiots, whom I found in these eight counties, but it happens that of all idiots a remarkably large portion is made up of the first-born. Whether or not the two facts are in any way connected I have no means of determining.

Edinburgh.

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

Physician-Accoucheur to the London Hospital, etc.

(Continued from page 156.)

As I have given the whole of the cases of unavoidable hæmorrhage that occurred in my practice from the beginning of the year 1840 to the end of 1844, so I shall proceed now to detail all the forceps cases with which I was concerned during the same interval of five years; and the following nine happened to me in the year 1840:—

Forceps Case.

Case 47.—On January 5, 1840, at 2.30 a.m., I was sent for by a Professional friend to Mrs. H., Jewin-crescent, aged 43, in labour of her first child. For the last ten weeks she had suffered severely from an erysipelatous eruption over the whole abdomen, which had greatly shaken her health. I found the membranes had been broken about twenty hours; that the os uteri had dilated very slowly, and was still to be felt all round tightly embracing the child's head; the face was directed towards the left thyroid foramen; the pains were very frequent and forcing; and the pulse was beating 130 in the minute. She was exceedingly irritable and restless, and appeared much distressed. As it would have been impossible at that time to deliver by the forceps without the risk of doing injury to the os uteri, and as we should not have been justified in perforating the skull while the uterus continued to act so powerfully, and the labour was progressing, however slowly, I contented myself with applying fomentations and lubrications; and I waited in the hope that the head would soon descend within the scope of the forceps, which I determined to use at the earliest opportunity. My expectations and hopes were verified; in an hour the os uteri was entirely dilated, and had retreated out of reach, and the head was sufficiently low for me to feel the left ear high up behind the right groin. I then introduced the blades of my long forceps, one over the left side of the occiput, the other over the right brow, the point nearly touching the eye-brow, and delivered in about half-an-hour, the face turning into the hollow of the sacrum. The rigidity of the soft structures obliged me to be very cautious in extraction, and will account for the length of time consumed in the operation. Although I used considerable exertion, there was no injury inflicted on the soft parts. The child was very large; indeed, it weighed nearly eleven pounds; it was born alive. The placenta passed speedily; the eruption subsided, but returned, on the fourth day after delivery, very vividly over the whole abdomen; it disappeared, however, in three days as suddenly as it had returned, and the lady eventually recovered perfectly; the pelvic viscera performing their functions most satisfactorily, and without pain. The infant was not in the least affected.

Forceps Case.

Case 48.—On February 25, 1840, at 9·30, a.m., a Medical friend sought my assistance to Mrs. H., aged 23, Newgate-street, in labour with her first child. The first stages of the case had gone on quite satisfactorily, and the membranes broke, when the os uteri was very considerably dilated, twelve hours before I saw her. After that the uterus acted very powerfully, and forced the head into the pelvis, with the face behind the right acetabulum. The head was quite wedged in the cavity when I saw her; it was very much elongated, pressing somewhat on the perineum, and had remained precisely in the same position, without the least advance, for six hours. I could just feel the right ear behind and above the pubes. The pelvis was narrow throughout and funnel-shaped, the conjugate diameter at the brim measuring very little more than three inches. The external parts were rigid. The uterus was acting very strongly still, and the lady was very anxious to be relieved. Though there was no distress in the general system, considering how long the head had remained in the same position, I determined on delivery forthwith. After removing from the bladder about a pint of urine, I applied my long forceps, one blade over the forehead, the other over the occiput, and delivered in about twenty minutes. The child was born alive, and has grown up to be a fine young man. There was a very slight laceration of the fourchette, which gave no after inconvenience. The placenta was expelled in twenty minutes, and the lady recovered perfectly. I have attended this patient six times in labour since; they have always been lingering and more than usually painful, and I was obliged to extract her second child also with the forceps.

Forceps Case.

Case 49.—On March 13, 1840, at noon, I was requested by one of the Surgeons of the Royal Maternity Charity to visit Mrs. H., Bermondsey, in labour of her first child. I found that the membranes had broken twenty-six hours; the head, which had originally presented with the face towards the right acetabulum, was fully in the pelvis; and it had rotated in a trifling degree, so that the face was looking directly to the right ilium; the right ear could be felt behind the pubes. The pains were very strong; the woman was much fevered, with rapid pulse, furred tongue, and anxious countenance; indeed, she was suffering considerably from the length of her labour. The soft parts were not preternaturally rigid, and the cause of delay in the child's passing appeared to depend partly on a diminished space in the cavity, and partly on the irregular and unfortunate position of the head. After evacuating by the catheter about two pints of urine, I determined on immediate delivery by the forceps. A blade could easily have been introduced over the right ear, which was behind the pubes; but it would have been difficult to pass up its antagonist anterior to the sacrum, because the point would have hitched against the promontory of that bone. I therefore preferred adapting them within each ilium, so as to embrace the head antero-posteriorly. This I easily effected, caused the head to turn with the face into the hollow of the sacrum, and extracted with very little difficulty in less than a quarter of an hour; the child was alive, the placenta was speedily expelled, and the woman recovered well.

Long Forceps Case.

Case 50.—On June 12, 1840, at 9 a.m. I was sent for by a Professional friend to Mrs. W., Bethnal-green-road, in labour of her ninth child. Her labours had always been lingering, owing to the space in the conjugate diameter at the brim measuring not more than three and a quarter inches. I found that the membranes broke at nine on the previous evening. The os uteri was entirely dilated; the pains were very strong, as indeed they had been ever since the liquor amnii was evacuated; the head was partially within the pelvic cavity, the base of the skull being entirely above the brim, so that neither ear could be felt; the face was directed towards the left sacro-iliac synchondrosis. The woman's face was very much flushed, and there were symptoms of incipient fever. The frequency and violence of the uterine contractions led me to fear that the organ would burst, unless she was speedily delivered; and her having already borne eight children made me tolerably sure that I could deliver her by my long forceps, although both ears were out of the reach of the finger. I therefore introduced the blades within each ilium, one over the left brow, and the other over the right side of the occiput. The head passed through the brim, and came fully into the cavity with three or four oscillating movements of the instrument; the face turned into the hollow of the sacrum, and the principal difficulty was overcome. But it still remained in the cavity, and another impediment to its exit appeared in an anchylosed state of the coccyx. By a continuation, however, of the same backward and forward movement of the forceps the head soon escaped, and the trunk also. The child was alive, considerably larger than the average size. The operation occupied ten minutes. The placenta was soon naturally expelled, and the patient recovered satisfactorily. There was no necessity to introduce the catheter before delivery, as the bladder was quite empty.

(p) Casper, "Beitrage zur Med. Stat.," 167.

(q) Address upon Illegitimacy to the Working Men of Scotland, p. 2, 1859.

N.B.—This is the kind of case in which the long forceps is so peculiarly valuable. As neither ear could be felt, the short forceps could not be employed; and if delivery became necessary, unless we possessed the long forceps, we should be compelled to perforate the skull. I have often used this instrument in similar cases where I feared the uterus would rupture itself from its inordinate action, and have reason to believe I have preserved some of my patients from this fearful accident, or, at least, that I have saved all of them many hours of severe suffering, while at the same time I have brought a living child into the world.

Forceps Case.

Case 51.—On Tuesday, August 11, 1840, at 8 p.m., I was called by one of the Midwives of the Royal Maternity Charity to Mrs. F., in Whitechapel, in labour of her first child. The membranes broke about the same time the evening before. The uterus had been acting very powerfully all the day, and the pains were still frequent, strong, and forcing. The head was fully in the pelvic cavity, very much elongated, pressing somewhat on the external parts; the face was looking towards the right acetabulum, and the right ear could be felt behind the left thyroid foramen. It had not advanced in the least since early in the day, though it was not, properly speaking, closely impacted. The woman's face was much flushed, the pulse full, the tongue furred, and she was calling loudly for relief. After evacuating the bladder, I applied the blades of the forceps antero-posteriorly as regarded the head, over the left brow and right side of the occiput, turned the face into the hollow of the sacrum, and delivered in ten minutes. The child was alive; the head was very conical; the placenta passed soon. On the next day I found the woman had not passed water; I therefore employed the catheter. After that the bladder acted naturally, and she made a good recovery.

Forceps Case.

Case 52.—On the evening of August 17, 1840, a professional friend called me to Mrs. L., Lower-road, Islington. It was her first child. She had been in labour for some days, and the membranes had been broken about twenty-four hours. The chief part of the head was in the pelvis, the anterior fontanelle presenting; the face was looking towards the right sacro-iliac symphysis, and the left ear could be felt opposite to the left sacro-iliac symphysis. The head was tightly impacted. Attempts had been made by two of my Medical friends, to deliver by the forceps unsuccessfully. I passed the blades of my instrument within each ilium without difficulty, so that one lay over the right brow, and the other over the left side of the occiput; and, turning the face into the hollow of the sacrum, I delivered easily in a very few minutes. The placenta passed immediately; and the patient recovered well. I was not in this house half-an-hour in the whole.

Forceps Case.

Case 53.—On August 28, 1840, at 2.30 a.m., a Medical friend called me to Mrs. A., Ratcliffe-highway, her first labour. The membranes broke early the morning before; the pains had been strong all day, and at 9 p.m. the head was low in the pelvis. I found that, having originally presented with the face looking towards the right thyroid foramen, it had turned until the face became opposite the right ilium; it was perfectly impacted, and had made no progress for two or three hours. I applied the forceps, passing one blade over the forehead, and the other over the occiput, and delivered, without difficulty, in fifteen minutes, turning the face backwards. As some hæmorrhage came on, I removed the placenta in about twenty minutes: the discharge was subdued. She remained faint for three or four hours, but eventually recovered perfectly. The child was born alive.

Long Forceps Case under Accidental Hæmorrhage.

Case 54.—On September 30, 1840, at 8 a.m., I was sent for by a professional friend, to Mrs. N., St. George's-in-the-East, the mother of a family. This woman had been originally under the care of a midwife, who requested my friend's assistance about three hours before I saw her, in consequence of an alarming attack of flooding, which supervened in her labour, when the os uteri was almost entirely dilated. Directly he arrived, he ruptured the membranes, and the head came upon the pelvic brim. As the flooding, however, did not cease, he sent for me. I found the patient very faint; the pains regular, but not strong; the head partly engaged in the brim, the base of the skull being quite above the pelvis, and no ear to be felt. The os uteri was perfectly dilated, and out of reach. I applied the long forceps, one blade within each ilium of the mother, so that they lay upon the head antero-posteriorly, and delivered in twelve minutes. The child was dead, having no doubt lost its life through the hæmorrhage which its mother had been the subject of. The placenta passed soon, and the uterus contracted; it relaxed again, however, and filled with blood. Cold and pressure produced a state of permanent contraction; and she did well.

N.B.—This is another kind of case in which the long forceps is of so much value. It was necessary to deliver this woman to save her life. It would have been difficult and dangerous to endeavour to raise the head from the pelvis so as to introduce the hand into the uterus and "turn," because it had already partially protruded through the brim, and taken possession of the cavity; but it had not descended sufficiently low for an ear to be felt, so as to apply the short forceps. Unless, therefore, the long forceps had been at hand, no other means of relief could have been had recourse to than craniotomy. In this particular case, that would have been no detriment, because the child was born still; but its death was not necessarily to be expected, and a fœtus is always to be accounted living, unless there be present evidences of its death.

Long Forceps Case.

Case 55.—On December 3, 1840, at 8 a.m., a Medical friend requested me to visit Mrs. N., living in Spitalfields, in labour with her sixth child. She had always suffered lingering labours in consequence of possessing a narrow pelvis at the brim, the conjugate diameter measuring very little more than three inches. I found the membranes had been broken more than two days; the pains had been regular and tolerably strong throughout, and for twelve or fourteen hours they had been violent and forcing. The os uteri was entirely dilated, and the soft parts well relaxed. The head, which was considerably elongated, occupied a large portion of the pelvic cavity, but the base of the skull was entirely above the brim, and neither ear could be felt. It had originally presented with the face to the right acetabulum, but had rotated in a slight degree, so that the face was then looking directly towards the right ilium. I was informed that it had not advanced in the least for more than eight hours. The patient had borne the fatigue and suffering exceedingly well; there were no symptoms requiring immediate delivery; but, considering how long the head had remained in one position with strong and forcing pains, considering how violent they were at that time without making any impression on it, I feared the uterus might rupture; and therefore I adapted the long forceps each blade within the ilium, passing them over the forehead and occiput, brought the base through the brim, turned the face backwards, and delivered in less than fifteen minutes, without being obliged to use much exertion. The child, which was considerably above the average size, was alive; the placenta was speedily expelled, and the patient recovered without a bad symptom.

N.B.—This case was very similar to Case 50; the same dangers were imminent, and the same means were had recourse to for the purpose of averting them.

It will be observed that in six of the above cases the head was sufficiently low in the pelvis for an ear to be distinctly felt, and therefore were legitimate cases for the use of the short forceps. In the employment of that instrument, I lay it down as a rule, in my Lectures, that the blades should be passed over the ears, and I recommend the same practice to be followed by my junior brethren; because the head is more under command, when embraced laterally, than antero-posteriorly, and there is also less danger of injuring the soft structures during extraction. But I confess that I have myself for many years been accustomed, however low the head may be, to introduce the blades within each ilium of the mother, because they usually pass up more easily in that direction, and because, by practice, I have become perfectly *au fait* to the manipulation of the instrument, and am tolerably well aware how much power I may use without the chance of doing harm.

The other three were truly long-forceps cases; and the blades of this instrument should always be applied within the ilia of the mother, and, therefore, antero-posteriorly upon the head; because, inasmuch as the base of the skull remains above the brim, the head cannot yet have made its turn, with the face into the hollow of the sacrum. When the head has cleared the brim the difficulty in this kind of case is usually over. It is not necessary, though very desirable, to know to which side of the pelvis the face is directed before the adaptation of the instrument; because when the brim is passed the head will of itself turn with the face backward; we have, therefore, only to follow the inclination of the head, without attempting to guide it.

After the head has taken full possession of the cavity three modes of practice offer themselves for our choice; we may either take the instrument off and let the case be terminated by Nature, or we may remove the long forceps and adapt the short pair over the ears, which must now be within reach of the finger; or we may continue to extract with the long forceps applied antero-posteriorly; and a specific rule is applicable to every variety of case—thus, if the external parts are rigid, and the uterus is acting strongly, the blades had better be removed, because under such circumstances natural expulsion is so much less likely to be attended by laceration than artificial extraction;—again, if there be want of space in the cavity, or at the outlet, as well as at the brim, it is desirable to take them off and terminate the labour by the short forceps applied over the ears; but should there be plenty of room in the cavity and outlet, with a relaxed state of soft structures, (as is generally the case, if the patient have borne children before,) we may finish the delivery at once; because, although in extracting through the outlet, we work from before backwards, instead of from side to side, as with the short pair,—we do not run much danger of doing injury in consequence of the laxity existing; and my own practice is almost always to continue to act with the long forceps until the delivery is effected.

I wish to state here, once for all, that I almost invariably introduce the catheter before delivering by the forceps, even although there be but little urine to be detected in the bladder; but that I never think it necessary to throw an enema into the rectum, unless the finger discovers a quantity of hardened fæces lodging in that bowel.

(To be continued.)

Threatened Introduction of Homœopaths into the U.S. Army.—So serious does the attempt appear to induce Congress to recognise Homœopathy in the Medical Staff of the Army, that the Profession finds it necessary to bestir itself, and the New York Academy, at the instigation of the venerable Valentine Mott, has delivered an earnest protest on the matter, in which it is stated:—"That in the countries in which Homœopathy originated and attained its fullest degrees of development, it has not been introduced into the Army or Navy. That it is no more worthy of such introduction than other kindred methods of practice as closely allied to quackery. That the appointment of Homœopaths would dissatisfy and dishearten the Medical Staff of the Army, who understand the true character of Homœopathy, and who have entered the service of their country with confidence that the Government would strive to elevate the standard and promote the efficiency of the Medical Staff—results sure to be defeated by such appointments."

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

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KING'S COLLEGE HOSPITAL.

A CLINICAL LECTURE ON TWO CASES OF TYPHUS FEVER.

By GEORGE JOHNSON, M.D., Physician to the Hospital.

Gentlemen,—I purpose on the present occasion to direct your attention to two cases of typhus fever which have recently been under my care in No. 4 Ward. Both cases, as we shall see, present some features of unusual interest, and I wish to bring these before you with as much distinctness as I can without dwelling with tedious minuteness upon unnecessary details. The following is an abstract of the history of the first case as recorded by my clinical clerk, Mr. Willey.

Case 1.—*Typhus Fever in a Man, Thirty-five Years of age, who for several Weeks had been Subsisting on a very scanty Diet—The Fever complicated with Albuminuria and Uræmia—Complete Recovery.*

C. L., aged 35, a writer by occupation, was admitted into No. 4 Ward on December 10. He states that his habits have been moderately temperate, and that he has had no previous illness. During the last two months he has been out of work and his diet has consequently been very scanty, with little or no animal food. He has been losing flesh and strength, and has gradually felt more and more ill, his memory has become impaired, and he has had a crushing pain in his head. It should be noted that in consequence of the impaired state of his intellectual faculties at the time of his admission, he was unable to give a clear and connected history of the origin and progress of his illness. When admitted, December 10, the general appearance of the patient was that of one suffering from continued fever—there was a look of oppression in the face, a peculiar slowness, hesitation, and indistinctness in his speech, there was, however, no delirium. The pupils were natural. The tongue was dry and the lips and teeth were covered with sordes. The pulse 98, feeble. Heart and lung sounds normal, except a slight rhonchus on the right side behind. There was no cough. The bowels were constipated. The urine was rather high-coloured, acid, sp. gr. 1016, and contained one-fifth of albumen. On standing it deposited a cloudy sediment in which were found numerous tube-casts entangling pus. There were some petechial spots on the legs, and on the chest and abdomen an indistinct rash which excited a suspicion that the disease might be typhus, but as there had been no case of typhus in the Hospital for a period of four or five years, and as the rash, which at the time of his admission was not sufficiently characteristic to warrant a confident diagnosis, had entirely disappeared after two or three days, the opinion which I formed and expressed to you at the time was that the case was one of acute inflammatory Bright's disease with uræmia, but without dropsy. I have met with several instances of uræmia connected in some cases with acute and in others with chronic Bright's disease, the symptoms of which have so much resembled those of continued fever, either typhus or typhoid, that they have actually been mistaken for cases of fever. I shall presently state to you my reason for the belief that, contrary to the opinion which I originally formed, the renal symptoms, in the case now under consideration, were in reality a secondary result of the typhus poison. I will first, however, complete the history of the patient during his stay in the Hospital. He was first ordered to have a Seidlitz powder and to take the following mixture: ℞ Sp. ammon. arom. ʒj., ether chloric ♏x., mist. acaciæ ʒj., aqua ad ℥j. 4tis hôris, brandy ʒvj. in the twenty-four hours, and two oranges daily. To be dry-cupped on the loins every day. On the 14th, the following mixture was substituted for the ammonia:

℞ Quinæ sulphatis gr.j., acid phosphoric dil. ʒj., aqua ℥j. ter die sum. His condition during the first five or six days remained much the same as on admission. On the 17th, it was noted that he was stronger. The dullness of intellect was much less marked, and the pulse had fallen to 74. The urine contained albumen one-sixth. On the 19th, he was stronger and much more intelligent and the albumen was reduced to one-tenth. On the 24th, he had continued to regain his intelligence, and there was a mere trace of albumen in the urine. On the 28th, there was no albumen; but again, on the 31st, a small quantity of albumen was found, and it did not finally disappear until after January 18. Before this, however, all his other symptoms had disappeared, and he was up and about the ward. On account of the coldness of the season we kept him in the Hospital for some days after the urine had ceased to be albuminous, and he was at length discharged on January 25.

Before I make any further comment on this case let me give you a brief history of another which unhappily had a different termination. I shall condense the record which was kept by Messrs. Wood and Axford.

Case 2.—Typhus Fever caught while in the Hospital by a Man, Twenty-two Years of age, who was under Treatment for Acute Bright's Disease, and who occupied the next Bed to Case 1—Sudden and great Aggravation of all the Renal Symptoms—Death, preceded by Convulsions and Coma.

H. T., aged 22, a stone-mason, was admitted into No. 4 Ward on November 30, with general dropsy and albuminous urine, the result of acute Bright's disease, which appears to have been induced by exposure to cold about three weeks previously. The urine was at first scanty, contained a large amount of albumen (one-half), and microscopically was found to deposit oily and purulent casts. He was treated in the usual manner with the hot-air bath, a saline diaphoretic, consisting of liquor ammonia acetatis and vini ant. pot. tart., dry cupping to the loins, and an occasional dose of compound jalap powder. He quickly began to improve: the urine became copious, as it invariably does when a case of acute Bright's disease is making satisfactory progress. The amount secreted in the twenty-four hours had increased from twenty-four ounces on December 3, to ninety-eight ounces on the 9th, and with this free secretion of urine there was a speedy decrease and disappearance of the dropsy. He was then (on December 12) directed to take the following mixture:—℞ Tr. ferri mur. ♏xx., ammon. hydrochlor. gr. x., inf. quassiæ ℥j., ter die.

He continued to improve, and was allowed to be up and dressed. The amount of albumen varied somewhat from time to time, but on December 28 it was noted to be one-seventh. At this time he was considered to be making good progress. On the 31st it was noted that he was not so well; he noticed that yesterday his urine became dark-coloured, as if from the presence of blood. In the evening headache and sickness came on, and these symptoms continue to-day.

On January 2 he was still seriously ill. There was pain in the head and in the loins, vomiting, and coated tongue. The urine was dark-coloured like porter, highly albuminous, and only thirty ounces were secreted in the twenty-four hours. Up to this time we supposed that the aggravation of the renal symptoms was simply a result of a chill which he might have got while he was up and going about the wards, and he was accordingly ordered to have a hot air bath. On January 4, the symptoms were worse, his tongue had become brown, and there was an indistinct rash on the chest. Two days afterwards this rash had become fully developed, it was unquestionably the mulberry-tinted, rubeoloid, typhus rash, and it was thickly scattered over the chest and abdomen. The pulse had risen to 120. The bowels were relaxed; for this he had been ordered an enema of starch with tinct. opii ♏x., and to have brandy ʒvj. January 7.—He appeared somewhat better, the purging had ceased, but he vomited frequently, and no medicine, not even an effervescing draught, could be retained on the stomach. Omit medicine, continue the brandy and iced water. On the 8th the purging returned, and the opiate enema had to be repeated. On the 9th he was delirious, especially during the night. The urine had been passed with the stools, pulse 120. The typhus rash was still visible, though fading. He was sweating profusely. Brandy increased to twelve ounces. In the course of the evening of the 2nd he had two epileptic seizures, then he remained in an unconscious state with his mouth open, the tongue brown and dry, the pupils much contracted. In this condition he continued until the afternoon of the 10th, when he had two more convulsive attacks, in the second of which he died.

On inspection twenty hours after death we found, as we had expected to find, that the kidneys were enlarged and much congested, one weighed 6¾ ounces, the other 7 ounces. The intestines were not ulcerated. The lungs were much congested. The brain was not examined.

Now, I have already told you that the precise nature of the disease in the case of C. L. had been somewhat doubtful. It was a question whether the disease was fever with renal complication, or whether the typhoid condition was a result of primary renal disease. The occurrence of the second case reflected back a light upon the first. No. 2, H. T. was in the bed next to No. 1, and as soon as it became apparent that H. T., after being a month in the Hospital, had contracted typhus fever, it was pretty evident that the case of C. L. had also been one of typhus, and that from him the second patient had caught this infectious disease. The evidence upon this point is still further strengthened by the fact that about the same time that H. T. took the fever, the nurse who had attended upon the first patient fell ill with the same disease. She is now recovering, under the care of one of my colleagues. Here we have a good illustration of the very infectious nature of typhus fever. The first case that is admitted into our large and well-aired wards after an interval of years, quickly imparts the disease to another patient and to a nurse. Typhoid fever is infectious in a much less degree. It seldom happens that we have not one or more cases of this form of fever in our wards; yet it would be difficult to refer to a single instance in which typhoid fever has been communicated to a nurse or to another patient.

If the symptoms in the case of C. L. had been unequivocally those of typhus, I should probably have removed the man H. T. from the neighbouring bed to a distant part of the ward, and so perhaps I might have saved his life. I have long been convinced of the unusual risk incurred by those who, while suffering from Bright's disease, are brought within the influence of the morbid poison of typhus, or scarlatina, or erysipelas. It is a well-known fact that renal disease interferes with the elimination of such drugs as alcohol, opium, digitalis, and mercury, and so renders a patient liable to be injuriously affected by smaller doses of these agents than would act deleteriously upon a person whose excretory organs are healthy. It seems not unlikely from analogy that the system may sometimes be saved from the noxious effects of certain morbid poisons—that of typhus, or erysipelas, for instance—by the eliminative action of healthy kidneys; whereas, the same poison, impeded in its exit, in consequence of degeneration of these organs, would give rise to its usual specific effects; in other words, it is probable that a man with diseased kidneys is, *cæteris paribus*, more likely to contract typhus fever or erysipelas than another man whose kidneys are healthy. You see I am assuming the possibility of certain morbid poisons entering the system, and being again thrown out without giving rise to their ordinary specific phenomena; so that the excretory function of sound kidneys may ward off from their possessor an attack of fever to which, without such aid, he would have been liable. I wish you to distinctly understand that I put this only hypothetically. There is, however, another position in connexion with this subject, which is neither hypothetical nor doubtful; it is this: that the pre-existence of any form of Bright's disease greatly aggravates the symptoms and increases the danger resulting from the acute specific diseases, such as typhus, typhoid, scarlatina, erysipelas. You saw how, in the second case which we have been considering, the renal symptoms were increased in gravity by the supervention of the fever; and you see the practical importance of preventing, as much as possible, the exposure of patients labouring under Bright's disease to the infection of typhus. It is with me a fixed rule never to allow a case of Bright's disease to occupy a bed near a patient who has an infectious fever. In the present instance the diagnosis was doubtful, and the rule, unfortunately, was not acted on. Let me remind you of the chief facts which made the diagnosis a matter of uncertainty. These are,—1. The absence of delirium, which is so commonly present in typhus. 2. The indistinctness of the rash, which was clearly not that of typhoid fever, and only sufficient to excite a suspicion of typhus. 3. The non-occurrence of any case of typhus in the Hospital for a long period (a). 4. The evidence of an acute inflammatory disease of the kidney, such as appeared to account satisfactorily for the cerebral torpor and the typhoid condition of the patient. The case will, at any rate, serve as an illustration of the difficulty which sometimes attends the diagnosis between fever with renal complications and simple uræmia the result of Bright's disease.

Let me impress upon you the importance of a chemical and microscopical examination of the urine from time to time during the progress of typhus and typhoid fever. Renal congestion and inflammation, with albuminuria, are more frequently than is commonly supposed the cause of the early occurrence of drowsiness, and other formidable head-symptoms in the course of these diseases. When, during an early stage of the fever, the urine becomes scanty and bloody or highly albuminous, there are three points of practical importance to which your attention should be directed. First. Give a guarded prognosis, for the complication is a serious one. Second. Give alcoholic stimulants more sparingly and cautiously than you do when the kidneys are unaffected, otherwise you may increase the renal congestion and with it the stupor and other cerebral symptoms. Third. With a view to lessen the congestion of the kidneys, counter-irritate over the loins, either by poultices of one part mustard to two linseed, or, perhaps, better by dry cupping repeated daily, or twice a-day.

For the relief of this renal complication during the progress of fever, whether typhus or typhoid or scarlatina, it appears to me that the practice of packing in wet blankets, carefully and judiciously carried out, is admirably adapted. I have hitherto had but a limited experience of this plan of treatment, but the results in the hands of others have appeared to be so favourable that I have determined on giving so obviously rational a proceeding a fair trial.

LIVERPOOL ROYAL INFIRMARY.

ABSCESS AT THE BASE OF THE HEART.

(Communicated by Dr. INMAN.)

The following case, though somewhat imperfect, deserves a record in the Annals of Medicine:—

A man, aged 35 or thereabouts, having an indescribable look of serious illness, and a sallow jaundiced complexion, presented himself for admission in the usual way. He complained of "ague shakes" for three or four hours every day, which he had experienced for many (seven or eight) months. He was a labourer living in a healthy part of the town—had never been abroad, nor had experienced dysenteric symptoms. Further examination was deferred until I saw him in his ward. He was in bed, but quinine and chloric ether were ordered as medicine. Three days later I found him in "a shake," which closely resembled the cold stage of ague, and he wore the same look of extreme illness which I had noted before. After a series of questions pointing to a malarious origin, to the probability of organic disease of the stomach, liver, lungs, or bowels, as to the occurrence of hæmorrhage, diarrhœa, etc., I could obtain no clue to the nature of the case. Percussion over the anterior surface of the body led to the inference that there was no physical change in the corresponding parts of the lungs, heart, or liver. The respiration was normal; the pulse regular; the tongue clean. I could detect nothing wrong in the action or sounds of the heart. The nurse told us that his appetite was bad; that he was very weak; that his medicine seemed to agree with him, and that he had not had a rigor on the preceding day, an occurrence, he told us, which had not previously occurred since the commencement of his illness. I did not prosecute my inquiries farther, on account of the man's piteous condition, and the difficulty he had in understanding questions and framing answers (*e.g.*, "Have you ever had dysentery?" "Yes." "Do you know what that is?" "No." "Have you been purged?" "Yes." "When?" "I don't know." "How often in a day?" "Once.") His intellect seemed to be affected as in the early stage of typhoid fever.

The sole diagnosis I could form was, that the man was very seriously ill, and that the case was a puzzle; but I left directions with our zealous pupil, Mr. Nash, to endeavour to procure further particulars from the man after the rigor had gone off, or from his friends when they visited him. Next day, however, without any marked alteration in his condition, and before further information was gained, the man died suddenly.

From circumstances the post-mortem had to be made hurriedly by the House-Surgeon (Mr. R. Harrison). He reports that the liver was somewhat congested and nutmeg-like. The lungs contained a great deal of diffused or infiltrated pus. The pulmonary arteries were filled with a firm white coagulum, and the heart was of a normal size, and externally seemed healthy. The other viscera were healthy. On cutting the heart open, however, it was found that an extensive abscess had existed in the lymphatic glands about the base of the pulmonary artery, and this abscess communicated with the right ventricle behind one of the valves of the pulmonary artery.

Around the opening a fleshy vegetation existed about the size of a large horse bean.

The appearance of the abscess internally, which resembled a supra-renal capsule cut open, and the absence of vascularity about its margin externally, impressed Mr. Harrison with the conclusion that the disease was not of recent origin; and on this point, after examining the heart, which was duly preserved, I cordially agreed. No pus was found in the pulmonary artery, nor was any abscess found elsewhere.

This case is remarkable and peculiarly interesting on many grounds:—

1. Assuming that the purulent discharge into the right ventricle had existed for a long time—the daily rigor is a fact of curious Surgical importance. The total absence of all symptoms of pyæmia is equally important, and if this case stood alone, ought to lead to a close investigation as to the supposed causation of that class of symptoms to which the name of pyæmia has been assigned. The absence of diffused abscesses is also remarkable. The case would still farther lead to the belief that the injection of living pus (so to speak) from an abscess into the blood does not necessarily coagulate it. (The coagulum in the pulmonary artery is too common an occurrence for it to be attributed to an unique phenomenon.)

2. Assuming that the abscess had burst but recently—these points are equally curious.

3. The qualified jaundice could not fairly be assigned to hepatic disease—could the modified condition of the blood have anything to do with it?

We may so conclude when we find this sign so commonly attending such accidents as poisoning by snakebite, etc.

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Medical Times and Gazette.

SATURDAY, MARCH 1.

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THE REPTILE AMONGST THE DOCTORS.(a)

Any one acquainted with the history of Medicine will readily understand how it is that, almost down to our own times, the Pharmacopœias contained drugs which recalled the days when Medicine was tainted with astrology and sorcery, and when almost any substance, provided it were somewhat mystical and disgusting, might get the fame of a remedy. So, when the remorseless Dean Swift makes Gulliver relate to the King of the Houynhmms how the Yahoo Physicians made detestable compounds of "herbs, minerals, gums, oils, shells, salts, juices, seaweed, excrements, barks of trees, serpents, toads, frogs, spiders, dead men's flesh and bones, birds, beasts, and fishes," he really had a foundation of truth for his sarcasm. In the second volume of the *Linnæi Amœnitates Academicæ*, (1751,) we find a complete and elaborate list of the animal Materia Medica then in use, and learn that there were no fewer than sixty-seven animals which yielded various materials employed in Medicine. Some of these remedies were good enough in themselves, though now superseded by simpler and better ones. There were many species of coral and shells, whose place is now supplied by prepared chalk, and, having this homely material in abundance, we need not retain ostrich egg-shells, and half-a-dozen kinds of marine shells. We now have abundance of ammonia, and do not resort to the horns of stags, the feathers of partridges, or liquors distilled from calcined swallows or mice. We use fat largely for lubrication and nutriment; yet we are content to obtain it from few sources, and, having cod-liver oil and the fat of the domestic animals which we use for food, we do not care for the fat of man, bear, dog, wolf, badger, or viper, nor do we pretend to distinguish the special virtues of the twenty-six animal fats which were enumerated in 1751. We are sadly in want of remedies for epilepsy, yet we do not try to expel the devil (if a devil it be that causes it) by making the patient swallow any disgusting magical messes like those formerly compounded of the flesh of man in the form of Egyptian mummy, peacocks' dung, toads' flesh, and dried silkworms. The progress of knowledge has weaned us from the fanciful notion that the lungs of a fox may be good in phthisis, the dried eggs of a frog render the skin cool and moist, the metatarsal bone of a hare quicken difficult labours, or that decoctions of the obscene parts of the horse, stag, goat, or whale, possess emmenagogue and aphrodisaic virtues. The exuviæ of snakes have lost their repute as supposed specifics in dropsy and child-birth. The dung of the dog, sheep, cow, mouse, peacock, and dove, are now replaced by cleaner medicaments. We may mention in passing that cow-dung was an ingredient in the *aqua florum multarum*—the *esprit de millefleurs* of a century ago.

(a) Since this Lecture was given (January 14) two other cases of typhus have been admitted under my care, and the disease is known to be extensively prevalent in London.

(a) "An Inquiry into the Medicinal Value of the Excreta of Reptiles in Phthisis and some other Diseases." By John Hastings, M.D. Pp. 108. London: Longman and Co. 1862.

But, even at that day, these disgusting substances merely kept their ground in compliance with popular usage; and we find that Linnæus and his associates marked most of them with the terms "*superstitiosa, exoleta, superflua.*" Men of common sense act pretty much alike in every age. Two centuries ago, as Sydenham shows us by his example, they used the simpler and intelligible remedies, and left the mystical and disgusting compounds of ancient sorcery to Practitioners ignorant enough to put faith in them, or dishonest and greedy enough to use them as means of preying on the superstitions of the populace.

We recorded in our Number for January 4 the trial of Dr. Hastings before the Censors' Court at the Royal College of Physicians. He has now published a book in which he explains and vindicates the transactions which led to the trial. He says that he has been for some years engaged in the search for specifics; and reproaches Physicians, in sanctimonious terms, for their inertness and carelessness in this search. If he were ever in the habit of reading any Medical Journal, and noticed the number of new remedies and new combinations which are treated of every week, he would, we think, believe that we rather want a more careful study of existing remedies, than an addition to their number. He pretends that he has made observations on the "medicinal value" of 548 different substances employed by him in the local treatment of whooping-cough. How little good has resulted from his experiments is clear from the fact of his continuing the search; but at last says he has discovered wonderful virtues in the dung of reptiles. "My earliest trials," he says, "were made with the excreta of the boa constrictor, which I employed, in the first instance, dissolved simply in water. A gallon of water will not dissolve two grains; and yet, strange as the statement may appear, half a teaspoonful of this solution rubbed over the chest of a consumptive patient, will give instantaneous relief to his breathing." He gives a list of nine snakes, five lizards, and two tortoises, whose dung he has administered as medicine. All of them, he says, possess great medicinal virtues, and are extremely useful in phthisis, in singularly small doses. The dung consists of urate of ammonia, *plus* some peculiar animal matter. He ascribes no virtues whatever to the urate of ammonia—nay, believes it to have done harm in certain cases of phthisis and whooping-cough in which he administered it. He wishes us to believe, therefore, that the animal matter which is combined with it, and which, he says, differs according to the animal by which it has been exuded, must be the beneficial ingredient. He says that, singularly enough, bromine increases the solubility of the dung, and heightens its efficacy, so that he combines them; the dose for external or internal use being about the 200th part of a grain of the dung, with about an equal quantity of bromine.

We use the English word *dung*, instead of the Latin *excreta*, because it is a shorter and truer word; not to mention that our learned author uses the word *excreta* sometimes as a singular, sometimes as a plural noun. The excrement of reptiles comprises their urinary secretion, of which the chief ingredient is urate of ammonia. This Dr. Hastings evidently thinks useless or injurious. There must be a certain quantity of phosphate of lime, and hair, and other matters which resist even the digestion of a reptile. These can hardly be the medicinal elements. There must remain then, if our author's statements be reliable, some infinitely small residue of fæcal matter of wonderful virtue, and of so singular a constitution, that its properties remain the same, whether mixed or not with so energetic a substance as bromine.

It is for phthisis that our learned and trustworthy author desires us to believe these minute doses of dung are a remedy of extraordinary power. He candidly says that it is difficult, without the evidence of one's senses, to believe the amount of relief experienced by the patient when the walls of the chest have been rubbed with the solution. Even in advanced and hopeless cases, the patient may resort to this friction frequently with relief. But the internal administration combined with the outward is doubly curative. In some few cases, it is asserted that the snake dung produced headache, nausea, and diarrhœa; but (as by a merciful arrangement of Nature) the cases rebellious to snakes' dung seem to find a panacea in lizards' dung.

Our author follows up his general statement with an account of fifteen cases of phthisis. One of these was fatal, but the patient was much soothed by the treatment. In one, complicated with Bright's disease, it is lamentable to relate that the "use both external and internal of the excreta of the boa constrictor, the *Naia haje* (African cobra), and the *Tachydosarus rugosus* (stump-tailed lizard of Australia)" was productive of no benefit; but in the thirteen others the patients are said to have become better, or well, apparently or really.

We do not feel disposed to analyse these cases seriously, but may say that none of them, even on Dr. Hastings' own showing, present satisfactory evidence of the good effects of the reptiles' dung. There is nothing in the nature of exact experiment. He says: "I do not hesitate to assert that I have seen two or three cases of phthisis apparently cured by the external use of the reptile dung lotion, *aided only by citrate of iron.*" The citrate of iron, gallic acid, and cod-liver oil, were given in some of the cases. Moreover, the recoveries want to be tested by time. There is a chapter on the Treatment of Asthma, Bronchitis, and Whooping-cough, but, in the treatment of these diseases, the author adds a solution of citric acid to his dung lotion, and not only rubs it externally, where it produces great counter-irritation, but says he sponges the inside of the windpipe with it! "Common cold," he tells us, "if attended to sufficiently early, is checked by rubbing a little of the lotion over the root of the nose, eyebrows, and upper part of the throat until the complaint has disappeared."

We think that a writer who introduces new remedies of such astounding power would only have been doing justice to himself, if he had favoured us with some precise observations of their effects on the human body in health and upon animals; and if he had communicated his discovery to some of his Professional brethren, and had availed himself of their independent testimony to the reality of the phenomena which he describes. Enthusiastic persons are apt to deceive themselves, and when we read of these new and strange remedies in inappreciable doses, curing phthisis, asthma, bronchitis, whooping-cough, catarrh, menorrhagia, leucorrhœa, dyspepsia, scrofula, eczema, acne punctata, and herpes zoster—some cases, too, which had baffled experienced Physicians—with a hint that possibly we may have in reptile dung a cure for cancer likewise, we can but think that the credit of our Profession would have been better preserved if the author had brought forward—if able to do so—half-a-dozen Professional men of character, as witnesses of these cases and cures. But as it would be absurd to suppose that members of our Profession could be convinced by the kind of statements put forward by Dr. Hastings, it seems clear that the book is addressed to the credulous public, and in this respect it is a phenomenon for the nineteenth century. We hope it will yet be duly honoured by the notice of the University which granted the Doctor his diploma, and of the College of Physicians which ranks him among its Licentiates.

FUNGOUS TOXICOLOGY.

There is no subject on which the credulity of human nature is so easily excited as that of secret poisoning. Notwithstanding the advance of inductive science,—in spite of the diffusion of education,—in spite of Lectures and Magazines, Hand-books and Encyclopædias, men are now very nearly as ready to receive any improbable tale of toxicological wonder as they were when it was universally held that Henry the Sixth was poisoned by a pair of gloves, and that the Papists had resolved to rid the world of Queen Elizabeth by the help of a side-saddle prepared by a priest. Far be it from the Profession of Medicine to discourage the closest investigation into alleged cases of practice against human life. At a time when scientific discovery is yearly bringing to light deleterious agents of extraordinary power, and when the passions of men, although repressed by social and public law, are as little dormant as ever, it would be in the highest degree reprehensible did we not demand in every instance the strictest examination that ingenuity can suggest or science afford. But this is exactly that which is usually wanting. In its place we are perhaps offered a tissue of toxicological hypotheses, newly made to fit the alleged circumstances, and which are therefore held equally to prove and be proved by them; or the equanimity of half the breakfast circles in London is disturbed by a newspaper paragraph giving a most circumstantial description of some unheard-of poisonous agent, respecting which science is entirely ignorant, and to counteract which she is utterly powerless.

An instance of the latter kind has just occurred. Last week a gipsy woman was brought before the magistrate at the Wandsworth Police Court, charged with obtaining money by telling fortunes. It was also alleged that she had offered to a lady named King a bottle containing a brown fluid with the prediction that if three drops of the fluid were put in every cup of tea taken by her husband he would die in three weeks. The prisoner was remanded, in order that the fluid might be analysed, and the bottle was accordingly sent to Professor Taylor. That gentleman very properly declined interfering until he received some guarantee that his expenses would be paid. The Superintendent of Police stated in Court that if an order were given for the liquor to be analysed, he should have to apply to Sir Richard Mayne, who would have to submit the application to the Secretary of State for his approval. Mr. Dayman, the sitting magistrate, said that he was under the impression when he remanded the prisoner that Mr. King would have had the liquid analysed. He, himself, however, thought that it contained nothing poisonous, and he should therefore allow the question of analysis to stand over. Now truly this gives a very sorry picture of the method of proceeding in an English Court of Justice. The magistrate's opinion as to the deleterious or non-deleterious properties of the fluid was worth just as much as any other person's, founded merely on ocular inspection, and because a scientific examination would involve some small expense and trouble, the prisoner is allowed to remain under the self-imposed imputation of being a secret poisoner, and the public mind is kept in suspense as to the composition of a fluid which will, of course, be believed to surpass the Aqua Toffana in certainty, and the contents of the casket of St. Croix in virulence. To leave such an inquiry dependent on the caprice or pecuniary ability of the plaintiff appears to us monstrous; but it is at least a proof in point of the urgent necessity of appointing to all our Law Courts skilled officers, whose business it should be to investigate all cases requiring Medical and Chemical examinations, and whose salaries should be independent of the whims of magistrates or the resources of litigants. But to return to the story. In the meanwhile has appeared a letter in the *Times* bearing an anonymous Medical signature, which informs the public that the wandering *protegés* of Mr. Borrow, amongst other jealously-guarded secrets, possess

> "The art of preparing what they term the 'drei,' or 'dri,' a most deadly and insidious destructive agent, and for which Medical science knows no antidote. Analysis detects no noxious properties whatever, and the most careful examination, microscopical or otherwise, shows it simply to consist of apparently harmless vegetable matter. The 'drei,' then, is merely a brown powder, obtained from a certain species of fungus forming the nearest collecting link between the animal and vegetable kingdoms, the powder consisting of an infinity of sporules. These fungoid sporules possess the peculiar property of being further developed only by intimate contact with living animal matter (as when swallowed, etc.); they then throw out innumerable greenish-yellow fibres *about twelve or eighteen inches in length.* When the 'drei' is administered, usually in some warm drink, these sporules are swallowed, attach themselves to the mucous membrane, germinate, throw out millions of these silky fibres, which grow with awful rapidity, first producing symptoms of hectic fever, then cough, eventually accompanied by incessant spitting of blood, till death finally inevitably supervenes, usually in about a fortnight or three weeks' time. A case of this description came under my notice in Italy in 1860. Although the patient was attended by eminent Physicians *accustomed to deal with cases of slow poisoning,* no suspicions of foul play were entertained till the day after the decease, when an autopsy being held, revealed the cause of death. The fibres, the growth of which had ceased with the cessation of the animal life and heat that had supported them, were already partially decomposed; had another day or two elapsed, no trace would have been left of the foul deed."

The writer then goes on to recommend that if analysis fail to discover the composition of the compound, a dog be daily dosed with three drops of the suspected fluid, and the effects be carefully watched. Now, not to speak of the impropriety of any Medical Practitioner (and we suppose that the

Times was assured of the authenticity of the letter before its publication) choosing such a channel for the promulgation of this statement, we really lack patience to expose its gross absurdity and scientific improbability. Millions of greenish-yellow fibres, a foot and a-half long, growing with awful rapidity, and decomposing so as to leave no trace of their existence within a day or two after death, are certainly new revelations in pathological anatomy. Cysticerci and trichinæ shrink into insignificance before such destructive entophytes. The "nearest connecting link between the animal and vegetable kingdoms," now for the first time discovered, must, indeed, be a most dangerous organism, and we recommend all naturalists to be specially careful of themselves in their future investigations into the sub-kingdom "Acrita." The Medical details given might have been copied from some *moyen-age* chronicle, written when every case of fever was attributed to poison, and every other person who died of phthisis was said to be the victim of witchcraft.

But, to turn from the fabulous, we have lately met with some remarkable cases of poisoning, occurring in horses, apparently produced by oats affected with a peculiar vegetable fungus. These cases are detailed in a late number of the *Veterinarian*, by Assistant-Professor Varnell. The account given bears evidence of careful investigation and experiment, and we see no reason to doubt its correctness. The fungi revealed by the microscope were referrible to the *mucor*, or common mould class, and to a mushroom-like fungus, identified by Mr. Jabez Hogg as a variety of *Aspergillus*. Depression of the circulation, in some cases a blanching of the mucous membrane of the mouth, protrusion of the tongue, a staggering gait, dilated pupils, paralysis of the hinder extremities, salivation, and death, are amongst the phenomena detailed. The *post mortem* appearances were not conclusive,—in some cases the lining membrane of the stomach and intestines showed signs of irritation, in others these were absent. A gentleman near Leeds lost six horses by this affection, and experiments conducted at the Veterinary College and elsewhere completely proved the poisonous character of the oats. The action of fungi on animal life, is a subject which demands more attention from the Medical Profession, than it has hitherto received; and if some of our readers are disposed to think that we have given more prominence to the "drei" allegations than they deserve, our apology will be that their consideration has subserved the purpose of indicating a very promising field for experimental inquiry.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Beale delivered the second of his Monday Evening Lectures on "The Anatomy of the Liver, with Observations on Certain Changes occurring in Disease," on the 24th ult. The first lecture had been chiefly introductory, and contained practical remarks on the importance of scientific investigation as a means of establishing rational grounds of treatment in disease. In the course of the second lecture, Dr. Beale observed that it is impossible to over-rate the importance of studying the complicated and highly-developed organs of man by the light of comparative physiology; it is thus only that we can hope to arrive at a knowledge of the real significance and mode of working, in health and disease, of the parts of the human machine. The forms in which the liver, or the organs which represent it, are presented to us in the lower animals are exceedingly varied, both as regards position, absolutely as well as relatively to other organs, and structure. The precise functions of the organ are still doubtful. It is not possible to determine with absolute certainty either the effect produced on the blood by the abstraction of the biliary elements, or that produced by the bile on the contents of the intestinal canal. The essential constituent of the organ, which is never absent from any structure performing the work of a liver, is the liver cell, or, as it may perhaps be better called, the *elementary part*, since it is not always possible to demonstrate the presence of a cell-wall. This body consists as do the elementary parts of other growths, of "*germinal matter*" surrounded by "*formed material.*" The pabulum supplied to the part passes through the formed material and finds its way rapidly (within a few seconds) to the interior of the germinal matter, and is incorporated with it and assumes active life; while the outer layers of the germinal substance are continually passing out of that state into the more passive one of formed material. The masses of this material usually appear as if they had been moulded in tubes, and it is only in some cases that the cell-like character, described as constant, exists. Where multiplication takes place rapidly, the layer of material enclosing the germinal substance is found very thin; where changes are slow, it accumulates in larger quantity. These facts have been demonstrated in many different tissues, such as cancer, cuticle, and epithelium of mucous membrane as well as in liver; in the tissues of the lowest as well as of the higher organisms. The multiplication is effected by division of the germinal matter, and the *formed material* takes no part whatever in this process. In the sea anemone, the liver is represented by a number of yellow cells attached to the wall of the digestive cavity; in the starfish, by long tubes with cæcal appendages extending to the ends of the rays, containing cells filled with a yellow oily fluid. In mollusks, the organ is more distinct. In the snail, it has a follicular structure, and is surrounded by, and mixed up with, portions of adipose tissue; and the liver-elements themselves show a tendency to undergo degeneration into fat. This fact will appear to have some significance in relation to diseases of the human liver. In some mollusks (*e. g.* Eolis) the liver-tubes are prolonged into the papillæ of the skin, which are in perpetual contact with the water in which they live. Some analogy may be discerned between this provision for oxygenation and the plentiful supply of arterial blood which is dispensed to the liver by the hepatic arteries of higher animals. In the articulata the organ is represented by cæcal tubes or follicles grouped around the upper part of the intestinal canal. Such are the follicles of the liver of the lobster, and the tubes which are by some regarded as renal, and by others as hepatic organs in insects. The livers of vertebrata are all arranged on one plan, though they differ much in shape and position. The structure is compact, though sometimes divided into many lobes, and consists of a vast aggregation of elementary livers or lobules, each one of which has its full complement of blood-vessels, ducts, lymphatics, and nerves. The softness of the vertebrate liver, which is most conspicuous in fish, where the organ consists chiefly of fatty matter, renders the making of sections a matter of some difficulty. The tissue must be hardened by some means,—alcohol with a little soda in it answers the purpose well,—and glycerine will preserve it for years without change. A section across a portal canal shows three different tubes within the canal. Each contains a branch of the portal vein, hepatic artery, and hepatic duct. The smaller portal canals become the interlobular spaces. The plan of passing a sufficient quantity of water through the portal vein to wash out the bile contained in the ducts enables us to inject the ducts successfully, after the water has been drained from them. Professor Kölliker has expressed a doubt whether this mode of proceeding would not break down the delicate walls of the vessels, and cause extravasation; but this doubt is met by the fact of its being possible to inject successfully all the four sets of vessels in the same liver, after it has undergone this treatment. It is remarkable that the elaborate and beautiful work recently published by Professor Frerichs, of Berlin, among twenty-six plates of the structure of the liver, contains no notice whatever of the bile-ducts. In the liver of the pig spaces exist between all the lobules, in which the vessels run. But in the human and other livers no such spaces exist. The set of capillaries of one lobule is continuous with that of the next, and the only defining line is supplied by the small branches of the arteries and veins. The blood passes from the circumference of the lobule to the centre, where the capillaries converge into the hepatic vein. The minute branches of the bile ducts lie between and among these radiating capillaries, as may be shown by injecting the ducts with Prussian blue suspended in glycerine, and the portal vein with clear size. Each of Dr. Beale's lectures is illustrated by twelve injected specimens, passed round by means of his very convenient and portable lecture-room microscopes. Among them were some very successful injections of the bile-ducts.

ST. GILES'S BURIAL GROUND.

OUR readers will have seen with regret that the Bill for converting the old burial ground of St. Giles-in-the-Fields, into glebe land for the Rector, has been read a second time in the House of Commons. Our objections to the measure are founded not only upon the manifest impropriety of erecting human dwellings close to, if not directly on, ground full of organic remains in a greater or less degree of decomposition, but upon the fact that it will convert a part of one of the few open spaces in a densely-populated neighbourhood into a mass of buildings. Mr. H. Lewis, Lord Fermoy, and Mr. Cox, who opposed the Bill, succeeded, however, in obtaining a promise from Mr. Kinnaird, that some further restriction should be inserted to prevent building on consecrated ground. But there is nothing in the measure which can hinder that portion of the open space which has not been consecrated or used as a grave-yard, from being employed for building purposes. Every foot of ground so used will represent a direct injury to the hygienic condition of the district.

DR. WILLIAM ROBERTS'S EXPOSURE OF THE MANCHESTER HOMŒOPATHS.

IT is well known that Homœopathy possesses a highly elaborate theoretical basis, and that although the absurdity of this may be readily demonstrated by anyone who will take the trouble, yet that, when defeated in this point, Homœopathists always appeal to *fact*;—"Our system may be absurd," they say, "but it does cure disease." The field of fact is that which, as our readers well know, we assert to be the only true ground of Medical debate; and we affirm that the experiments on healthy persons by which Hahnemann sought to demonstrate the pathogenetic virtues of medicines were delusive; and that the effects said now to follow the administration of homœopathic medicines in disease are also delusive. But there is yet another mode of appealing to fact, which Dr. W. Roberts of Manchester has employed with the greatest success. He shows that the Homœopathic Practitioners of that town do not use homœopathic remedies, nor yet homœopathic doses; but that they use, under a disguise, the same positive remedies as we employ in the practice of Medicine. Dr. Roberts has procured abundant evidence, by a collection of sixty-seven prescriptions written by them, of the want of good faith displayed by the Homœopathic Practitioners of Manchester. Of these sixty-seven, thirteen were for ordinary medicines in ordinary doses, such as phosphate of zinc, in three-grain doses, thrice daily; solution of muriate of morphia, in doses of three drops, to be repeated after each motion; and Donovan's solution of iodine, mercury, and arsenic, in seven-minim doses, thrice daily. Seven of the prescriptions were for *mother tinctures*, or strong alcoholic solutions of various drugs, of which the tincture of camphor is an example. Fourteen were of *attenuation A* (containing $\frac{1}{10}$th), and in this guise very active doses of mercury, iodide of potassium, etc., were administered. Of the infinitesimal doses ($\frac{1}{1000}$th and less), there were only fourteen. So that when we learn, besides, that cod-liver-oil, carbonate of ammonia, rhubarb, quinine, sulphuric acid, nitric acid, ergot, laudanum, turpentine, chloroform, croton oil, and other most potent drugs, are given in common doses, we may feel sure that the doctrine of infinitesimal doses is dying of inanition, and is maintained only for form's sake, and to delude the vulgar. Equally is the doctrine of *similia similibus* neglected in practice. Arsenic is given in skin disease and ague; iodide of potassium in scrofula and syphilis, and other medicines just as we employ them. Altogether, Dr. Roberts's is just the book which is calculated to do good. He convicts the Homœopaths of hypocrisy, by evidence in their own handwriting.(a)

REGISTRATION OF BIRTHS AND DEATHS IN IRELAND.

THE pressing need of registration of births and deaths in Ireland has lately been brought before Parliament by Sir Robert Peel. Hitherto the great stumbling-block to the establishment of a system of registration in that country has been the difficulty of settling the question of who shall be the registrars. By a process of exclusion Sir R. Peel has reduced the various claims to the office to those of two classes—the Constabulary and the Doctors. He decides in favour of the former, chiefly on two grounds. One is that the number of constabulary districts in Ireland is 1570, giving an average area of 20 square miles to each district; whilst the number of dispensary districts on the other hand is 716, with an average area of 40 square miles. The other ground is that of expense. The average yearly remuneration which he proposes to give each constable is £5, whereas the amount which each Medical Officer would receive, calculated at the rate of 6d. as his fee upon each entry, would be £10 19s. Now, as he justly observed, £10 19s. a-year, or about 7d. a-day, is hardly enough to induce a Medical man of education and position to inform himself of, and register, every birth and death occurring in a district covering on an average 40 miles. If we rightly interpret the feelings of our brethren on the other side of the Channel, they are by no means anxious to have this "honour" thrust upon them. But we cannot help remarking on the amusing display of official economy which after this fashion places in a pecuniary balance the relative advantages to be obtained by employing one of the best and one of the least educated classes of the entire community.

THE CASE OF FINNIS *v.* THE NORTH LONDON RAILWAY COMPANY.

ONE of the most serious cases of injury sustained in the accident which occurred at the Hampstead station in September last, has lately come before the Court of Queen's Bench. The sufferer in the case was a little girl, of ten years of age, who at the time was receiving from her parents a liberal education, in order to fit her for the profession of a governess. Amongst her injuries were fracture of the lower jaw in front of the left canine, fracture of the right collar-bone, and fracture of the fibula, with twisting inwards of the foot. All the fractures were simple, but, besides them, she had received several contused and lacerated wounds,—one in the right cheek, penetrating through into the mouth, and a wound in the sole of the left foot, from which there was at first considerable hæmorrhage. When brought into University College Hospital she was also suffering from the effects of severe concussion of the brain. Mr. Marshall, of University College, whose evidence received well-merited compliments from the Judge as well as the Counsel on both sides, stated his belief in ultimate complete recovery, although, at the time of the trial, he found her still suffering considerable pain in the foot, depending probably on injury of the nerves. He also believed there would be slight permanent deformity of the clavicle. Two other Medical men, Messrs. Roberts and Brownfield, who had attended the child since her dismissal from the Hospital, were not equally sanguine as to complete recovery. The former thought that it was doubtful whether the tone of the brain would be sufficiently restored to enable her to pursue her studies; the latter deposed that she was at that time spitting blood, which showed that there was still some mischief going on. The Counsel for the defendants, Mr. Denman, very wisely declined calling any professional witnesses. The question, therefore, was entirely one of damages, which the jury settled by finding a verdict for the plaintiff for £500.

(a) "Homœopathy as Practised in Manchester Contrasted with its Alleged Principles." By William Roberts, B.A., M.D. Lond., etc. Manchester: Kelly. London: Simpkin and Co. 1862.

ACTION FOR MALPRAXIS.—BRITTEN v. DOWLING.

The following account of an action in which the plaintiff, Mr. Britten, managing man to Mr. Loader, a furniture-dealer in Finsbury, sued the defendant, Mr. Dowling, a Surgeon residing at Greenwich, to recover damages for having acted with negligence in his Professional capacity, appeared in the *Times* of February 21. In the absence of full Surgical details of the case we abstain from all comments, but it is really deplorable that differences in opinion and practice between men united by the ties of a common Profession should be allowed to furnish a pretext for a public attack on individual skill and reputation:—

"It appeared that in the month of April, 1860, the plaintiff while stepping out of a train injured his legs, but took no particular notice of it. Some short time afterwards he again twisted his foot in stepping on a piece of wood. In the beginning of July his leg became very much swollen and he called in the defendant, whose first opinion was, that it was a case of rheumatic gout. His assistant, a Mr. Fisher, was of opinion that there was deeply-seated matter. The defendant ordered mustard poultices, etc. The plaintiff, not getting better, determined upon having further assistance, and Mr. Poland, the Surgeon of Guy's Hospital, went to see him. He was of opinion that there was matter deeply seated, but he was not able upon his first visit to say exactly where it was. On his second visit he performed an incision, and discovered that there was a deeply-seated abscess. Mr. Poland continued his visits at some intervals. After some time he found that the bone had become diseased. As the plaintiff thought he was getting no better, he said in November that he wished to put himself under a Mr. Brown. The latter and Mr. Fisher continued to attend him. Mr. Brown opened the sinuses to cut out the bone. He performed several operations, and in April the plaintiff was well enough to go down to Eastbourne, and is now, with the exception of a slight stiffness of the joint, quite recovered. Mr. Poland, Mr. Cock, and Mr. South, Surgeons at Guy's and St. Thomas's Hospitals, all gave their strongest opinions that the treatment of Mr. Brown was not the correct treatment, and that the diseased bone ought to have been left till it got loose, and then removed. They also said, that in the first stage of the case it might very easily have been mistaken for one of rheumatic gout, and gave it as their opinion that the defendant had treated the plaintiff in a proper manner. The jury found a verdict for the defendant."

DISPUTED IDENTITY IN A CASE OF DROWNING.

A curious case has lately been tried in the Court of Exchequer. The plaintiffs were the executors of a person named Hiorns, who was alleged to have been drowned whilst bathing at Brighton, on September 13, 1856, and they sued the Railway Passengers' Assurance Company on a policy of assurance effected by the deceased. Hiorns was seen going towards the sea on the evening of the 13th, and his clothes were found on the top of the steps of a bathing-machine, but from that time he had never been seen alive. On October 30 a naked body was washed up at Walton-on-the-Naze, on the Essex coast, which body was alleged by the plaintiffs to be that of the missing man. An inquest had been held on the body, at which the brother of Hiorns had attended, and had given evidence that the remains were, to the best of his belief, those of his brother. The coroner's jury, however, returned a verdict that it was the body of a person unknown. The present action rested on the possibility of proving the identity of the dead body. It was shown in evidence that the flesh was removed from the face, the eyeballs were out, the eyebrows and lashes as well as the hair of the head gone, and that the features were in fact so knocked about and destroyed as to render them no longer distinguishable; that the ends of the finger were bare to the bone, and the body generally in an advanced stage of decomposition. The only points in the evidence for the plaintiffs which at all supported the supposed identity were the fact that in the jaw of the corpse a tooth was missing, which it was known had been lost by Hiorns, and the assertion made by one witness, that he observed a close resemblance in the nails of the corpse to those of the missing man. This last assertion was, however, directly contradicted by the Surgeon who attended the inquest on behalf of the Company, for his evidence went to prove that the ends of the fingers and thumbs had been knocked off at the first joint of each. The defendants on their part asserted that Mr. Hiorns, who had been a bankrupt a year before his disappearance, was still alive, and was awaiting the receipt of their money within easy reach of his friends. One of the not least curious points in the case was that the jury could not agree upon a verdict.

PLEWES v. BOSSEY—QUESTION OF PATERNITY.

In Vice-Chancellor Kindersley's Court, on Tuesday, judgment was given in a case in which the legitimacy of a person was disputed, on the ground that the reputed father, Mr. Bossey, was confined in a lunatic asylum, and had no access to his wife at such a time as would have enabled him to be the father of the child whose legitimacy was in dispute. Mr. Bossey was confined in the York Lunatic Asylum; his wife resided at the distance of twenty-five miles, but visited him occasionally. It was sworn that the keepers had orders never to allow them to be alone together when she visited him, and the Surgeon believed that such surveillance was exercised. On the other hand, it was shown that the lunatic might be in the grounds unobserved for two hours, and had been into the town; and that it was quite possible that he might have had an interview with his wife at the house of a friend close by, as she alleged. The Vice-Chancellor gave judgment in favour of the legitimacy; observing that a child born of a married woman was always presumed to be legitimate,—that is, the child of the husband; and that the *onus probandi* lay with the person who disputed such legitimacy. If the allegation were that the husband and wife were never together during the time necessary in the order of Nature, that must be proved. No *onus* lay on the other side to prove possibility of access.

MEDICAL SOCIETY OF LONDON.

The Annual General Meeting for the election of officers will be held on Monday next, March 3, at seven p.m., at 32A, George-street, Hanover-square. Dr. Sibson is proposed for President, Dr. Mackenzie, Mr. H. Lee, Dr. James Bird, and Mr. Bryant for Vice-Presidents. The Anniversary Meeting will be held on March 8, at the Albion Tavern, when the Annual Oration will be delivered by Victor de Méric, Esq., and the silver medal will be awarded to Dr. Cockle, the Librarian; after which the Fellows will dine together. Dr. Cockle's exertions in ascertaining the state of the library, cataloguing the books and recovering such as are lost so far as is possible, well deserves this compliment.

THE CONFESSIONS OF ARCHITECTS.

The year before last, when a paper was read before the Royal Institute of British Architects on the healthy construction of houses, on the necessity of draining the land on which they stand, and covering it with impermeable cement, of doing away with sewer exhalations, and of effecting a wholesale removal of those old squalid houses which cover the greater part of London, houses once intended for single, well-to-do families, now swarming with a poor family in every room, a few members were found not ashamed to say that the duty of an architect was to please his employer,—that they were not responsible for the houses they built. Now, we are glad to say, that the good sense of the majority has triumphed over the few lovers of the ancient cesspool. An evening has been specially devoted to the discussion of a paper on Healthy Dwellings, by Mr. H. Roberts, which was begun by Mr. Godwin :—

"In respect of dampness, one of the latest inventions counteracting it in foundations is Taylor's damp-proof course, which is an elongation in vitrified earth of the ordinary air-brick, and which, while keeping down damp, lets in sufficient air to the joists of the lower floors to make them dry, and prevent them from rotting. Mr. George Jennings's burnt-earth air bricks are similar to the iron air-brick, but larger and more ornamental, and should be used. The provision of a couple of common air-bricks for the ventilation of the whole basement of a house, as used by house-builders (the current often stopped by the joists), is altogether insufficient for the purpose. . . . . .

"I am much disposed to think that the Legislature should further interfere, and that some properly-constituted officer should certify that every new house was built in such a manner as to be fit to live in. I hope, at all events, that the Metropolitan Building Act will be amended. The only three provisions in the Building Act framed for the preservation of the public health—those relating to cellar-dwelling, rooms in the roof, and an area of 100 feet behind each house not wholly lighted from the street—are in practice inoperative."

Mr. Edwin Chadwick spoke of the advantages of using non-absorbent cement for lining the walls of dwelling-rooms.

Mr. Rawlinson said :—

"He had been called upon to examine and report upon the state of Windsor Castle, in order to ascertain whether there was any ground for believing that the recent deplorable loss which the Crown and the country had sustained was to be attributed to defective sanitary arrangements, and, if so, to point out the remedy. He found that, in the year 1824, the Parliament of the day voted £300,000 to make Windsor Castle a fit residence for George IV., and that the celebrated architect, Sir Geoffery Wyattville, had been charged with the execution of the works. He also ascertained that, from that period until the conclusion of the reign of William IV., three-quarters of a million had been expended on the Castle. Notwithstanding this large outlay, in the year 1844 there were fifty-one cesspools beneath the basement of the Castle, which was ramified throughout by foul drains, and there was not a single window in the whole building which would open down from the upper part. In the year 1844 Captain Vetch was called in, and plans were made and a system of sewerage was carried out, and he was happy to say that, as far as his (Mr. Rawlinson's) examination had gone (and he had been on every floor and in every room from the roof to the basement), his opinion was, that Windsor Castle was at this moment the soundest and the most complete house in this country, or, perhaps, in any other, in its sanitary arrangements; and he had no hesitation in saying that this was in a large measure due to the great man we had so recently lost, and who in sanitary matters, as in other things, was far before his time. He thought it would be gratifying to the public to learn that, humanly speaking, there was nothing in the state of Windsor Castle to bring about the lamentable death of the Prince Consort."

Mr. Fowler described the ventilation of the Liverpool-road Fever Hospital, which he said

"Was conducted under the supervision of Dr. Arnott, who went upon the principle that as currents were acted upon by various causes, it was advisable not to trust to them alone, but to make the *primum mobile* mechanical. The air was forced in, not through tubes, but through ducts large enough to creep through. It was, in fact, driven through a kind of culvert, and was injected at the lower part of the walls and forced out at the top. He (Mr. Fowler) gave the whole credit of this arrangement to Dr. Arnott, for, by a small mechanical power applied to a large duct a constant change of air was secured. The first thing done in building the Hospital was to cover the soil entirely with concrete."

Altogether the discussion was most hopeful, and points to a time, not distant, when architects will regard the healthiness of a house as equally important as its "style."

REVIEWS.

Clinical Surgery. The Surgery of the Mouth, Pharynx, Abdomen, and Rectum, including Hernia. By Thomas Bryant, F.R.C.S., Assistant-Surgeon and Lecturer on Operative Surgery at Guy's Hospital. Part III. Pp. 154—253. 1861. London: John Churchill.

We have given our warmest commendations to the former parts of Mr. Bryant's "Clinical Surgery," which we may describe as at once agreeable to the critic and useful to the student. It is agreeable to us, because there is no *padding*, no book-making, verbosity, parade of authorities, nor repetition of second-hand facts and doctrines. It is not a complete account of Surgery, but a running commentary based on what the author has himself seen and observed in the wards of his Hospital, and related clearly and unaffectedly; and with statistical tables which will be of value to writers of larger books. Perhaps the author is sometimes rash in generalizing from his own series of cases; yet this is excusable.

The author's method may be illustrated by the way in which he treats of hare-lip. He says he possesses notes of forty-seven cases,

"21 of these were of a simple character.
"3 were complicated with a fissured gum.
"2 were complicated with a fissured hard palate.
"17 were complicated with a fissured hard and soft palate.
"4 were double in their nature."

He goes on to say that his experience confirms the popular idea that the fissure is more frequent in the left side, because, omitting severe cases in which the side is not mentioned, in 13 of his cases, or 36 per cent., it was on the right, and in 23 cases, or 63 per cent., on the left, the left being the most frequent seat by 27 per cent. His cases also confirm the general notion that boys are more frequently affected than girls, for 30 of his cases occurred in boys, and 17 in girls. But on analysing his numbers more minutely, he finds that cases of simple *hare-lip* are equally distributed between the sexes; whilst of those complicated with fissured gum or palate, or double hare-lip, 20 out of 26 belonged to boys. In all the cases except three an operation was performed, and with a fatal result in one only,—that of a child of eleven days, whose palate was so completely cleft as to prevent sucking. The child was very wretched when admitted, and sank after the operation. The results are shown thus :—

"3 cases were operated on within the first two weeks, and two of them on the eleventh day, one of which proved fatal.

"7 were four and five weeks old, in two of which the parts subsequently gave way, although the cases in the end turned out well.

"6 were operated on between the sixth and eleventh week with success.

"10 were treated between the third and sixth month with only one failure; and

"5 between the sixth and twelfth month, with a good result.

"13 were also successfully operated on after the first year."

"From the consideration of the above," says Mr. Bryant, "it would appear that during the first six weeks of life the operation is by no means so successful as to warrant operative interference unless an absolute necessity compels. . . . . About the third month appears to be the most favourable period."

The author briefly describes the operation, laying stress on the necessity of freeing the lip from the gums, and on the benefits of paring the fissure from above downwards, leaving each inverted flap adherent at its border, and uniting them by a fine suture. They may require to be shortened, but will suffice to fill the notch usually left after the old operation, when some precaution of the sort was not adopted.

We think we have shown the plan of construction of the book. The other subjects are treated in the same way, with the fulness which each demands.

The Placenta, the Organic Nervous System, the Blood, the Oxygen, and the Animal Nervous System, Physiologically Examined. By John O'Reilly, M.D., Licentiate and Fellow of the Royal College of Surgeons of Ireland, Resident Fellow of the New York Academy of Medicine, Member of the Medico-Chirurgical College of New York, late Medical Officer to the Oldcastle Workhouse and Fever Hospital, Ireland. Pp. 200. 1861. New York: S. S. and W. Wood, 389, Broadway.

The author tells us in his preface that it is important to be thoroughly acquainted with the laws which regulate the functions of the "*Organic Nervous System, the Blood, the Oxygen*, and the *Animal Nervous System*." He does not state what are the precise inferences he wishes us to draw from his remarks, although he evidently seems to think it important for the sake of placing Medicine and Surgery on a scientific footing, that his "ideas" should be prominently put forward. The first chapter, headed, "Anatomy and Physiology of the Placenta," begins by proposing to "demonstrate that the organic nerves surrounding the maternal uterine arteries inosculate with the organic nerves surrounding the hypogastric arteries of the fœtus, thus establishing a nervous communication between mother and child." Of demonstration there is none; but there is an assertion that "the organic nerves of the maternal uterine arteries form glands at the capillary terminations of the arteries, and that the organic nerves of the (fœtal) hypogastric arteries also form glands," that these glands inosculate, and that their combined influence arterializes the fœtal blood. These organic nervous glands are not depicted nor demonstrated in any way; and the portion of the work containing these assertions about the placenta is very soon brought to a close.

Then begins a dissertation on Life, which is defined to be "a power or imponderable agent located or centred in the organic nervous system, capable of preserving the body from decomposition as long as it continues in the organic nervous system, but requiring oxygen in order to make itself manifest." From this point, the work goes on in a dreary mass of assertions backed by scraps of quotation, in support of the notion that the assumed "organic nervous glands" are the very seats and officers of every function of every sort throughout the animal creation, and that they are the parts directly affected both by disease and remedies. We notice, in passing, a large quantity of most offensive and irrelevant digressions, in which the writer drags in the doctrines of the Trinity, the Incarnation, and the Inspiration of the Bible, and officiously bestows upon them a kind of patronising support, the folly of which approaches the blasphemous. "It is well," he says, "to establish the truths of the Bible when opportunity offers." There is an account of some horribly cruel and purposeless vivisections of the brains of sheep; but (if we except these) the work goes on in a maundering style, without one new fact or one argument tending to any earthly conclusion, till we despair of finding why it should ever have been written. At last, however, we come to a chapter styled "Modus Propagandi of the Human Species," and another on Syphilis. Such information is useless for the Profession, and injurious to any readers which this book may find amongst the public.

Des Embolias Pulmonaires. Par Benjamin Ball, Docteur en Médecine de la Faculté de Paris, etc. Paris: A. Coccoz. 1862. Pp. 148.

(*On Pulmonary Embolia.* By Dr. Benjamin Ball.)

The readers of the *Medical Times and Gazette* will recognise the importance of Pulmonary Embolism as a cause of sudden death, heretofore unrecognised, and as suggesting most important precautions by way of prevention. We now know, at all events, that there is no case, however trifling in itself, of coagulation in any one of the veins of the greater circulation, in which a portion of clot may not be displaced, and find its way through the right cavities of the heart to the pulmonary vessels, producing fatal obstruction. We know, too, of the frequency with which *thrombosis* (or obstruction by coagulation) occurs in the veins of the lower extremities in puerperal women; in persons affected from any cause with phlegmasia dolens, and in the phthisical; a frequency which explains at once the aching and swelling of *one* leg, which occurs in certain cases of phthisis, and the death, preceded by intense dyspnœa, cold blue wet surface, imperceptible pulse, and tumultuous action of the heart, which sometimes occurs suddenly, without being accounted for by any sudden increase of phthisical mischief, or greater obstruction to the free circulation of air in the lungs than existed before.

Dr. Ball's work contains in very short compass an admirable *résumé* of the whole subject of embolism of the pulmonary vessels. He treats of the various causes which produce coagulation of the blood in the veins; of the diseases, including phthisis, typhoid fever, and phlebitis in which it occurs; of the special conditions which permit solid or liquid substances to mix with the blood, and press to the right side of the heart, as cancer and gangrene; of the changes which coagula undergo in the veins; of the consequences of obstruction of arteries of various sizes in the lungs, with valuable remarks on the occurrence of isolated gangrene of one or more lobules of the lung from the presence of solid or liquid matter in the corresponding arterial branch; of the symptoms; of the distinction between obstruction by embolism and by clot generated *in situ*; and of the treatment in the few cases in which treatment is available. The thirty-five cases, some original, some selected, are told as clearly and precisely as a Frenchman only can tell them; and, altogether, the work is one whose small size and moderate price make it a valuable addition to the library of any Practitioner who wishes to get a thorough insight into this interesting part of pathology, without dipping too deeply into his pockets.

Erasmus Darwin, Philosopher, Poet, and Physician. A Lecture to the Literary and Philosophical Society of Whitby. By John Dowson, A.M., M.D., M.R.C.P., etc. With an Appendix on the Origin of Species, selected from the works of Dr. Darwin. 1861. London: H. K. Lewis.

When a man competent for the task undertakes to give in a succinct and popular form, the results of his own research on some subject of interest, and does it well, we feel that he is a benefactor;—and if our readers desire an agreeable and profitable evening's reading, let them get this Lecture of Dr. Dowson's.

Darwin was in most respects in advance of his time. His political opinions were unpopular, his speculations were often rash, and thus he laid himself open to the satire which was unflinchingly bestowed on him in the *Antijacobin*. But Time, who redresses many wrongs, has now enabled Darwin to be judged of impartially. He was, in spite of his love of speculation, a thoroughly practical and conscientious Physician. His humanity and hospitality were unbounded. He saw far in advance the necessity of what we call sanitary measures, and of the removal of town refuse for the purposes of agriculture. He possessed a comprehensive grasp of natural science and of the mutual relations of all the members of the organic and inorganic kingdoms. He, too, was the author of those speculations on the common origin of life, and the origin of species by continuous development which have acquired celebrity within our own day. He was not perfect; but was a man of whom our Profession may be proud.

On the Teething of Infants: its Prevalent Errors, Neglects, and Dangers; their Influence on the Health, and as Causes of the Death of Children; including the Dangers of Teething-Powders, Soothing-Powders, Soothing-Syrups, etc. etc. Illustrated by Cases. By Henry Hanks, Licentiate of the Royal College of Physicians of Edinburgh (by Exam.), M.R.C.S., L.S.A., Physician and Surgeon to the Commercial Gas Works, etc. etc. 1861. Pp. 124. London: J. W. Davies.

If a Medical critic exists for any good purpose, he ought to do his best to discourage the class of books of which this is a specimen. We do not object to popular Medical books,—nay, as the public will read them, we desire that they should be written by the ablest of our Profession,—but we do object to such a work as this, because it is confused and ill-written, and would give its readers, if readers there be, a mean opinion of the general education and reasoning powers of the Profession to which the author belongs. The matter is of the most common-place description, without the excuse of novelty in any one respect. Lastly, the moral character of the book is open to the objection that the writer displays the most insufferable egotism, and makes frequent malicious inuendoes about the treatment adopted by other Medical Practitioners.

Here is a specimen of the book :—

"When a dependent infant, who is the emblem of innocence, not tarnished by vice nor evil thought, is sickly, it enlists our sympathies and wades through our kindly feelings to the innermost recesses of the heart. Sharp is the anguish felt by her who has nurtured and fondly embraced the suffering child, when with tearless eye, the mark of increasing debility, and weeping aspect, she faintly calls her little brother with whom she has played when full of mirth and health. When death is beckoning her to come away to her Saviour," etc.

The writer says in his Preface, that he desires to remove children "from the unscientific Medical treatment they suffer." If a man's logic, grammar, and good taste bear any proportion to his scientific Medical acquirements, we fear that Mr. Hanks may be judged of as harshly by others as he does of his Medical neighbours.

The American Journal of the Medical Sciences for January, 1862. Philadelphia : Blanchard and Son. London : Trübner and Co. Paris : Bossange et Cie.

Civil War does not seem to interfere much with the progress of Medical Science in America. The present is an exceedingly able number of this leading Transatlantic Medical Quarterly. Its first article is one by Dr. Lewis Smith on Intussusception in Children. Dr. Smith has made a careful analysis of forty-seven cases. Amongst his generalizations are the following : "Simple intussusception is common in the jejunum and ileum of infants, but intussusception sufficiently grave to constitute disease, or to be attended by symptoms, very rarely perhaps never, occurs at this age in the small intestines (the small intestines constituting the exterior as well as the interior of the mass). In children above the age of one or two years intussusception of a grave or fatal nature does occur, though rarely in the small intestines. With a few exceptions, the seat of the grave form of intussusception, or the so-called inflammatory, is the first part of the large intestine." Amongst the other original articles which will repay attention are one on Chorea by Dr. James Levick, and one on the Antagonistic Effects of Opium and the Mydriatics illustrated by cases of poisoning in the human subject by Dr. Carroll Lee. Dr. Hammond, of the United States Army, contributes a short account of Dysentery as it occurred at Fort Jefferson, Tortugas, Florida.

The Dublin Quarterly Journal of Medical Science. No. LXV. February 1862. Dublin : Fannin and Co. London : Longman and Co., Simpkin Marshall and Co. Edinburgh : Menzies.

The present number of the *Dublin Quarterly Journal of Medical Science* fully sustains its high character. In his Reports on Operative Surgery Mr. Butcher details the results of some operations for the removal of extensive cicatrical deformities after burns. A study of his method of operating in a case in which the head was bound down on the shoulder will well repay the operating Surgeon. Mr. Macnamara contributes an admirable paper on Epistaxis in which the causes, forms, and methods of treatment of hæmorrhage from the Schneiderian membrane are discussed. He quotes from Huxham a curious case in which hæmorrhage from the mucous tracts and general cachexia were produced by an indulgence in a habit of eating volatile smelling salts. The case remarkably accords with the general results of Dr. Richardson's experiments on the effects of ammonia on the lower animals. In the constitutional treatment of passive epistaxis Mr. Macnamara recommends the administration of freshly powdered ergot of rye in doses of five or six grains every ten or fifteen minutes. When the hæmorrhage occurs in anæmic conditions he prescribes the sesquichloride of iron in fifteen or twenty drop doses repeated at intervals of three hours. When other hæmorrhages are coincident with epistaxis, as in purpura, he recommends turpentine. In severe cases he adds half to a full wine glass full of spirits of turpentine to a tumbler of brandy or whisky punch, and administers it in as short a time as the patient can be induced to swallow it. "The extraordinary results," he adds, "that ensue in apparently hopeless cases from the exhibition of this horrid dose require to be witnessed before they can be believed." In reference to local means of arresting the flow Mr. Macnamara considers that the operation of plugging the posterior nares should not be performed except under the gravest circumstances. The reasons he gives are the extreme discomfort and *malaise* induced, the chance of tetanus which has been known to follow the operation, and the danger of a slight cause loosening the plug when it will immediately fall down on the epiglottis and choke the patient. To obviate the last danger, he recommends that the piece of twine which hangs out of the patient's mouth be left attached, as it may be immediately seized by a bystander and the plug withdrawn. He advises that although the anterior plugs may be removed after an interval of twelve hours, the plug in the posterior nares should not be interfered with until suppuration becomes well established. There are a number of other practical points in the paper which deserve general attention. Amongst the remaining original communications is an interesting paper by Dr. Althaus on Carbonic Acid in Mineral Waters.

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

EXCERPTA MINORA.

Poisoning by Extract of Belladonna.—Dr. Willey relates a case, the patient being his own child (age not stated), in which thirty-five grains of the extract of belladonna were eaten in mistake for liquorice. The symptoms of poisoning were soon manifested, and in spite of the action of an emetic, increased in violence. Two ounces of olive-oil were forced down the throat, an enema of twelve drops of laudanum in a teaspoonful of laudanum was administered, while mustard was freely applied to the lower extremities, and cold affusions to the head and face. The violent symptoms then abated, periods of stupor supervening. As the bowels had not acted, twenty grains of calomel were given, the stupor being combated by vinegar and strong coffee forced into the stomach and rectum. Complete coma ensuing, the strongest shocks from a galvanic battery were directed over the thorax, neck, and spine for four hours without intermission, when beneficial results became slightly apparent. They were then continued, with varying intermissions, according to the stupor for about fourteen hours. Coffee and beef-tea were now administered, and the patient had two or three bilious and very offensive dejections. About twenty-two hours after the accident, the pupils began slightly to contract. Entire recovery followed. Efflorescence was observed over the entire surface until the coma and collapse came on, when it was confined to the abdomen.—*American Medical Times*, No. 3.

Flavouring Cod-Liver Oil and Castor-oil.—Cod-liver or castor-oil shaken up with an equal volume of water distilled off the leaves of the wild cherry-tree (in a manner similar to that directed in the Dublin or Edinburgh *Pharmacopœia* for cherry-laurel water), and left to rest forty-eight hours before separation, acquires an extremely sweet perfume and agreeable taste of bitter almonds, the taste remaining as long as the digestion lasts. Oil so flavoured can be taken by many persons who reject it in its natural state. The purgative action of castor-oil is not affected by the procedure.—*American Medical Times*, No. 3.

Dr. Richardson's Lactic Acid Experiments Questioned.—Dr. Reyher, Clinical Assistant in the University of Dorpat, cautions observers not to attach too much importance to the apparent fact of endocarditis having been induced in the experiments of Richardson (since repeated with similar results by Rauch) by injecting lactic acid into the peritoneum of dogs. He believes that appearances identical with these are found in dogs killed suddenly while in apparent health, and of thirty-three dogs examined for this purpose, he only found one heart, and that a fœtal one, devoid of them. He describes these appearances minutely, and comes to the following conclusions:—1. The dog, and probably many other mammals, is not so free of pathological affections of the heart as has been supposed, and therefore any changes in this organ, supposed to be the result of experiments, must be scrutinized with great care. 2. The condition of the valves of the heart observed in the thirty-two dogs examined was identical with that described by Richardson and Rauch. 3. Nothing conclusive results, then, with respect to the production of endocarditis by the injection of lactic acid into the peritoneum or jugular veins of dogs. 4. Also, it is in nowise proved that rheumatic endocarditis results from the accumulation of lactic acid in the blood.—*Virchow, Archiv.*, Vol. xxi., p. 99.

FOREIGN CORRESPONDENCE.

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FRANCE.

PARIS, February 22.

M. DE ST. HILAIRE.

I SHALL to-day give you a short account of the life and writings of M. Isidore Geoffroy St. Hilaire, who died here lately, and who was not only an original thinker, but also a most amiable man, an excellent teacher, and a devoted friend. He was son of the celebrated natural philosopher, Etienne Geoffroy St. Hilaire, and was born in 1805 in the Museum of Natural History in Paris, where his father resided. Thus, his earliest impressions were mixed up with the study of natural history to which he was also irresistibly attracted by his genius. He made a rapid career, became Member of the Academy when twenty-seven years of age, was appointed Professor of Zoology in Bordeaux in 1840, and succeeded his father in 1843 in the Chair of Zoology at the Paris Museum of Natural History. He published at different times essays on subjects of natural history and comparative anatomy; and his original and very lucid treatise on the "Domestication and Naturalisation of the Useful Animals" has reached a fourth edition. His chief work, however, is the "General Natural History of the Organic Kingdoms, studied especially in Man and Animals," to which he devoted twenty-five years of unceasing labour, but which yet unfortunately remains unfinished. Those parts which have been published relate chiefly to the history of natural science from the beginning to the present time; and the essays in it on Buffon, Lamark, Cuvier, and Schelling are distinguished not only by the eloquence of the style, but also by the clear and concise exposition of the places each one of these philosophers occupies in history. Geoffroy St. Hilaire died exhausted by his mental exertions, from which he would not allow himself any recreation, and which brought on an attack of cerebral meningitis which rapidly proved fatal.

AUSCULTATION OF THE HEAD.

More than twenty years ago, Drs. Fisher and Whitney, of Boston, published a paper in which they stated that auscultation was not only of importance as a means of diagnosis for diseases of the chest, but that it might also serve for recognising certain affections of the brain. In Europe this opinion was not favourably received. Seeing, however, that no one had yet collected a sufficient number of facts, nor continued the study of auscultation of the head long enough for being able to judge precisely about its semiological value, M. Roger, Physician to the Hôpital des Enfans Malades, has devoted several years to the investigation of this question, in order to settle it, if possible, and just published the results of his observations. After having laid down the rules to be observed in the auscultation of the head, M. Roger distinguishes amongst the sounds which may be perceived on the skull extraneous sounds, as produced by respiration, the cephalic resonance of the voice, and deglutition; and an internal sound, which he calls "*souffle céphalique.*" From forty-one carefully-observed cases, M. Roger has drawn the conclusion that this "*souffle*" is not always a pathological symptom, but that it may also be heard in persons who are in perfect health. In opposition to the assertion of the two American Practitioners just named, M. Roger states that the persistence of the fontanelles is the *conditio sine quâ non* of the perception of this "cephalic *souffle*," and that if the anterior fontanelle has once been closed, it is no longer possible to hear this sound on making the auscultation of the skull. On the other hand, the "cephalic *souffle*," which Drs. Fisher and Whitney had stated to be present in almost all diseases of the brain in children, is neither perceived in meningitis, nor in cerebral congestion, nor in convulsions, nor in any other affection of the nervous centres, hydrocephalus alone excepted. Moreover, it is absent in the accidents which accompany the first dentition, unless there should be anæmia at the same time. The Academy has adjudged to M. Roger for having settled this question an "honourable mention" and a sum of 1200 francs.

ON THE REGENERATION OF TENDONS.

M. Jobert de Lamballe, who has lately made the regeneration and cicatrisation of tendons an object of special study, is of opinion that the dissensions on this point which still exist amongst Surgeons, are not so much due to the difference in the aspect of the cases, and the difficulty of observation, but rather to an impatient desire of at once solving the problem, and the small degree of perseverance and assiduity with which the subject has been studied. Thus some Surgeons believe that there is always a clot between the ends of the divided tendons, and that this plays the chief part in their reparation; while others have not been able to discover any traces of clot. It would be easy to comprehend that there should be different statements respecting the form, the volume, the colour, and the degree of firmness of this clot; but that the very existence or non-existence of the same should not yet be settled, can only be accounted for by the negligence with which many observations have been made. Thus much, however, appears certain to M. Jobert, that the tendinous cord may be re-established after division; and that this is done in three different ways:—the ends either unite by an intermediate product which is deposited between them—reproduction or regeneration; or there is adhesive inflammation without suppuration; or, finally, union is established after a prolonged suppuration and formation of granulations; that is, reparation, as distinguished from reproduction or regeneration.

GERMANY.

BERLIN, February 1.

PROFESSOR MARTIN'S PLATES OF GYNÆCOLOGY AND MIDWIFERY.

PROFESSOR MARTIN, the Director of the Obstetrical and Gynæological Clinique at this University, has just published an "Atlas of Gynæcology and Midwifery," which consists of seventy-one handsomely got up plates, and is especially distinguished by the method of selection and arrangement followed in compiling it. Professor Martin is of opinion that the separation of the study of midwifery from that of female complaints generally, as it has hitherto prevailed, is unscientific and detrimental to pathology as well as practice; and he has, in the introduction to this work, given his views concerning the amalgamation of these two branches of science, and has carried out this plan in the arrangement of his plates. The "Atlas" opens with the representation of the female pelvis, including the soft parts; then follow the sexual organs *in situ*, as well as sections of the same, more especially such of the womb as it is in the different ages of women. The sexual function of the female is then shown by plates exhibiting the changes which the uterus undergoes during pregnancy, and the development of the human ovum, also the several presentations of the fœtus, and graviditas duplex. Then follow plates showing the diseases of the vagina, the womb, the tubes, ovaries and mammæ. We next come to the disturbances of the sexual functions; the vesicular mole, the diseases of the placenta, placenta prævia, the injuries and malformations of the umbilical cord, extra-uterine pregnancy, and the so-called stone-child; malformations of the fœtus, which may bring about disturbances of parturition, and abnormal presentations. The pathology of parturition then follows, and the chief types of deformed pelvis, classified according to the shortening of the diameters, are next represented. The last four plates show the instruments used by Professor Martin in Gynæcological and Obstetric operations; and also a few old instruments, which are interesting in an historical point of view, and which are given for the sake of clinical instruction. The following instruments are inventions of the Professor himself:—1. A double knife for incision of the narrowed os uteri in non-pregnant women. This condition is a frequent cause of sterility and dysmenorrhœa. Several cases of it recently occurred in the clinique of the Professor, where they were successfully operated upon. 2. A simple and handy pelvimeter. 3. A forceps, which although it allows of as powerful a traction as other instruments of this kind, does not exert any pressure on the head of the child. 4. A perforator; and 5. A cephalotribe. All these instruments have, for many years, been used in the Professor's private and Hospital practice, with the most signal success. The whole work cannot fail to become very useful to the Medical Practitioner, (more especially to the Lecturer) and by its low price (£1) is placed in the reach of everyone. It has been published by Messrs. Hirschwald, of Berlin.

ON URANOPLASTICS.

Professor Langenbeck has recently operated successfully upon another case of total cleft of the palate. As this case was somewhat peculiar both regarding the shape of the cleft and the symptoms after the operation, I will give a few details of it. The patient, a young man of 22, had been born with hare-lip, and total cleft of the hard and soft palate, on the right side. The hare-lip had been operated upon soon after birth, and had been nearly cured. The cleft of the horizontal part of the palate was of a width of one inch, that of the palatine processes, of eight lines; and that of the anterior third of the palate, of five lines. It ended at the posterior part of the alveolar process, which had originally been also affected, but had become closed after the operation for hare-lip. The right external incisor was very little developed; the speech was quite unintelligible, deglutition being less impaired. Staphylorraphy was first performed, and six silken sutures put on, the last of which were removed on the tenth day after operation. The wound healed by first intention. After this, uranoplastics was performed, the separation of the periosteum from the bone being unusually laborious, and only rendered possible by means of the blunt lever. Profuse bleeding occurred, and six silken sutures were put on. On the third day after operation the vault of the palate appeared much more developed than before. Slight febrile symptoms set in, but soon yielded to a suitable treatment. On the ninth day the last sutures were removed, and the wound then appeared closed along the whole extent of the hard palate; only where it passed into the soft palate, a small opening of the size of a pea was still visible, the edges of which appeared bloody. Near the left incision there was some suppuration, and where it passed into the soft palate the closure was not yet effected. These parts were then touched with tincture of myrrh, twice a day. Seventeen days after operation the cure was perfect, an entirely normal arch of the palate having been established.

PROFESSOR A. VON GRAEFE.

The numerous English friends of our celebrated ophthalmologist, Professor A. von Graefe, will be glad to learn that this distinguished man has so far recovered his health as to be able to leave Baden, where he had for the last four months been confined with pleurisy and its residua. He intends residing at Nice for a month or two, where it is hoped that the last traces of his affection may eventually disappear. The Professor thinks of resuming his clinical duties at Berlin in April next.

Royal Medical and Chirurgical Society. — The Annual General Meeting for the Election of Officers and other Members of the Council for the ensuing year, and to receive the Auditors' Report and the Report of the Council, will be held this evening (March 1) at eight o'clock. The following is the list of Officers and other Members of Council nominated for 1862-3:—*President*, Benjamin Guy Babington, M.D., F.R.S. *Vice-Presidents*, William Sharpey, M.D., F.R.S.; Thomas Hodgkin, M.D.; Sir James Ranald Martin, C.B., F.R.S.; William Bowman, F.R.S. *Treasurers*, Thomas Alfred Barker, M.D.; Charles Hawkins. *Secretaries*, Edward Henry Sieveking, M.D.; Charles Hewitt Moore. *Librarians*, Andrew Whyte Barclay, M.D.; George David Pollock. *Other Members of Council*, Henry William Fuller, M.D.; George Johnson, M.D.; William Orlando Markham, M.D.; Henry Alfred Pitman, M.D.; William Wegg, M.D.; John Ashton Bostock; Mitchell Henry; Barnard Wight Holt; Paul Jackson; Richard Partridge, F.R.S.

GENERAL CORRESPONDENCE.

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THE WINDHAM CASE.

Letter from Dr. T. Mayo.

[To the Editor of the Medical Times and Gazette.]

Sir,—You have introduced some important remarks on the Windham Case into a late number of the *Medical Times and Gazette*, and it certainly seems important that as much result as possible should be obtained from an enquiry which has occupied so much time and thought, and occasioned so much expenditure of money. You proceed upon the principle that the irregularities imputed to Mr. Windham must, in order to constitute him a lunatic, in the sense of the Commission, have arisen from unsoundness of mind; this principle I entirely acquiesce in, and it is my present purpose to consider the question, What effect the evidence brought forward in Mr. Windham's case ought, if made good by proof, to possess in future cases of the same description? In my own reasoning on the subject, I endeavoured, before I gave my evidence on the late investigation, to ascertain how far the group of moral and intellectual symptoms which I had heard described, would bear the construction of eccentricity or would require to be ranged under some one of the heads of morbid mind for which lunacy is a generic expression. I will not load your columns by transcribing the evidence which witnesses, apparently high minded and respectable, were compelled to give, but I affirm that it is impossible to describe that of the Rev. Mr. Baty, of Mr. Whiteside, Mr. Wheeler of the Euston-square Hotel, Colonel Bathurst, Mrs. England the hostess at Edinburgh, Mr. Peatfield, and Mr. Reynolds, etc., as only expressing eccentricity in the individual to whom that evidence relates. The difficulties opposed to our reasoning on mental states by indefiniteness of language I am well acquainted with: still, there are terms in the use of which, however insusceptible they may be of definition, an extensive concurrence of mankind exists as to the limits within which they are applicable; surely this concurrence deserves respect, and such respect I claim for the term *eccentricity*, as possessing a meaning inadequate to express Mr. Windham's peculiarities. Now, where are we to find the ulterior expression for those whose extravagances in thought and conduct are not covered by that term? We certainly expect to find a difference in kind as well as in degree; and what is that but conceding the presence, in such cases, of that mysterious state, which both philosophers and the world at large have at all periods described by terms expressive of a condition in which the man becomes incapable of self-government. Now, the general fact of incapability of self-government is presumed to exist wherever there is incoherency or delirium, or certain forms of delusion or, again, idiotcy; is it less presumable where the group of symptoms set forth in the evidence above alluded to is present?

Take as a specimen Mr. Whiteside's evidence:—"At Eton Mr. Windham used to laugh, shout, and scream, without any apparent object, and the boys called him 'mad Windham.'" "He was always filthy in his person." "I have heard him howling and shouting at dinner when a hundred people were present; apologies had frequently to be made for his conduct; he used to insult strangers, foreigners, and others by pointing his fingers at them," etc. "The party whom he had joined tolerated him so long out of sympathy with Colonel Bathurst —I believe him to be an imbecile or idiot."

Master Warren no doubt rightly expressed the law on the subject of Mr. Windham's case, as to extravagancies of conduct or thought being evidence of lunacy only when they are traceable to unsoundness of mind. Is the mind sound when the group of phenomena conveyed in the mass of evidence alluded to is present? But such is the evidence of the petitioners.

I am only desirous at the present moment on behalf of the public of pointing out the conclusions which the jury might be expected to arrive at, had they believed in the truthfulness of the witnesses subpœnaed for the petitioners, which conformably with the above reasoning I must suppose them to have discredited; unless, indeed, they most erroneously set off the facility of Mr. Windham in answering their questions against the evidence of his unsoundness of mind conveyed by those witnesses.

The above remarks have some relation to the compliment which you pay me, as to some former remarks of mine against the confounding vice with lunacy, where the plea of insanity is extended to certain moral delinquencies. You seem, in your article on the Windham Case, to think that in *my* evidence in Court I lost sight of the doctrine to which your compliment applies; but I beg leave to assure you that I meant in my evidence to convey a firm conviction that the moral extravagances of Mr. Windham co-existed with intellectual unsoundness. The doctrine of the necessity of such co-existence to the proof of insanity is as applicable to questions whether an individual should be deprived of his control over property, as it is to questions whether another individual should be hanged. In the first case the plea of mental unsoundness, if justly conceded, is protective of the property of the supposed lunatic, in the latter case it may be protective of his life. In each case the interests of the public are deeply concerned in the admission or rejection of the plea.

One word more. It is of no slight importance that a decision, unbiassed by the advocacy of the bar, should be arrived at on the value of the kind of evidence, which I have set forth as adequate to prove unsoundness of mind. Such evidence in unopposed cases is allowed to possess considerable effect by Masters in Lunacy. It is highly desirable that the value of it should be determined by a higher tribunal, aided by Medical Assessors, so that there should be no risk of the protection of the law being withholden from those who, under a Commission of Lunacy, are rich enough to employ counsel. I am, &c.

February 24. THOMAS MAYO.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 11.

DR. BABINGTON, President, in the Chair.

A Paper, by Dr. GREENHOW, was read

ON BRASSFOUNDERS' AGUE.

This disease had first fallen under the Author's observation during a brief holiday visit to Birmingham in the autumn of 1858, and he had subsequently been able on several occasions to investigate its history and causes in Birmingham, Wolverhampton, Sheffield, and Leeds. The symptoms have, as the name implies, some resemblance to an imperfect paroxysm of ague; but they differ from it in this respect, that the paroxysms occur irregularly, and are distinctly traceable to exposure to the fumes of deflagrating zinc. The attack commences with *malaise*, a feeling of constriction or tightness of chest, sometimes accompanied by nausea. These always occur during the after-part of a day spent in the casting-shop, and are followed in the evening or at bed-time by shivering, sometimes succeeded by an indistinct hot stage, but always by profuse sweating. The sooner the latter follows the setting in of the cold stage, the shorter and milder is the attack, and the less likely is the caster to be incapacitated for work on the following day. Headache and vomiting frequently, but by no means always, accompany the attack, which at the worst is only ephemeral; but the attacks are sometimes of frequent occurrence. Persons who have but lately adopted the calling, or who only work at it occasionally, and regular brassfounders who have been absent from work for a few days, are more liable to suffer from this disease than those who work at it continually. The men themselves attribute this disease to inhaling the fumes of deflagrating zinc, and there can be no doubt that their opinion is correct; for, on the one hand, several other classes of operatives are habitually exposed while at work to conditions exactly similar to those of the brassfounders, except the liability to inhale the fumes of zinc, and yet do not suffer from this ailment; and, on the other hand, brassfounders suffer from it in almost exact proportion to their liability to inhale these fumes. The results arrived at by the Author of the paper are—1st. That brassfounders, and, doubtless, other operatives exposed to the fumes of deflagrating zinc, are liable to suffer from symptoms resembling an irregular kind of intermittent fever. 2nd. These symptoms consist of *malaise*, listlessness, aching of the limbs, nausea, headache, and shivering, with occasionally vomiting, followed sometimes by febrile reaction, but always by profuse sweating. 3rd. The severity and frequency of the attacks are much influenced by the regularity with which men work in the casting shops, those who work steadily at the occupation appearing to acquire a tolerance of the poison, which is, however, only temporary, seeing that after a few days' absence from work even the most seasoned casters are apt to have an attack of the metal ague on being again exposed to the fumes of deflagrating zinc. 4th. The severity and frequency of the attacks depend mainly upon the quantity of zinc fumes evolved into the atmosphere of the casting shops, those men who mix the metals, and especially those who use a large quantity of zinc in their castings, being much more liable to suffer than those who merely re-melt brass bars, or make brass containing but a small proportion of zinc. 5th. Any cause which tends to retard the dispersion of the fumes into the atmosphere,—such as a close ill-ventilated workshop, or foggy weather, or a high wind that beats back the fumes into the shop,—increases the liability of the casters to suffer from metal ague. 6th. Although the cold stage is usually preceded by well-marked prodromata, slight causes, such as getting into a cold bed, or any trifling derangement of the health, are apt to excite a paroxysm of brassfounders' ague in persons already predisposed to it by habitual exposure to the fumes of deflagrating zinc. 7th. Operatives, such as makers of galvanized iron-ware, who work over molten zinc below the temperature of deflagration, enjoy an entire immunity from this disease.

The PRESIDENT said, that it would appear that the symptoms produced by exposure to the fumes of zinc were not produced by taking that mineral internally. He said that once in conversation he had been told that the skins of persons who took zinc for a long time, became very white. He (the President) had never found that this happened, and wished to know if any of the Fellows had observed it?

DR. MARCET said, that the subject of the action of zinc was one of great interest and of great importance. He had given zinc (the oxide) to one patient who had epilepsy for seven months. During that time the patient took one pound, the largest quantity given in one day being seventy grains. The epilepsy was not cured, but the patient was no worse for the zinc. He (Dr. Marcet) had given the zinc to several hundred patients without any ill effects. He found that it answered very well in chronic alcoholism.

The PRESIDENT said, that he had given sulphate of zinc in doses of two scruples three times a-day, even in persons under adult age. He prescribed small doses at first. He had by this treatment averted epileptic fits for two years.

DR. MARCET did not find that the large doses of sulphate of zinc he had prescribed produced any sickness in his male patients. It did not agree with the females, it made them sick.

DR. STEWART said, that he had a case some years ago in which there were similar symptoms to those detailed by Dr. Greenhow. The patient was an organ-pipe maker. Every month or two he had attacks. He had also a form of rheumatism like that produced by lead-poisoning. The man was at length so much disabled, that he gave up his business; but the want of equally remunerative employment attracted him back again. He got worse and died. He (Dr. Stewart) had often given zinc internally, and in chorea, he believed, it was very beneficial. He had never seen any injury follow on its use.

The AUTHOR said that the evidence of the different men of whom he inquired was so uniform, that there could be no doubt that the disease was due to the fumes of zinc. He could very easily conceive that the effect of zinc taken internally was different to those produced by exposure to its fumes. According to a French author, the fumes were zinc vapourised in a metallic state.

A FELLOW said that it must be remembered that zinc generally contains some arsenic, and therefore it was possible that the effects of the fumes might be due partly or wholly to the vapour of this mineral.

The AUTHOR said that the facts on which he had arrived at his conclusion were before the Society. It was true, he said, that in preparing some kinds of brass arsenic is added; but he felt certain that it was the zinc which produced the symptoms mentioned.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, February 5.

Dr. Tyler Smith, President, in the Chair.

A Paper, by Dr. Graily Hewitt, was read

ON THE UTERINE DOUCHE AS A THERAPEUTIC AGENT: WITH EXHIBITION OF A NEW INSTRUMENT.

The employment of the uterine douche in the treatment of certain diseases of the uterus was, the Author remarked, no novelty. The beneficial action of cold water applied by means of the douche to the portion of the uterus accessible to its action from the vagina, in the treatment of chronic leucorrhœa and allied affections, had been recognised by many authorities. But although the principle in question was recognised, it could scarcely be said that the use of the uterine douche was by any means widely practised; in point of fact, it was very rarely employed by the Profession at large. One reason why the douche was so little employed was, that there was no ready and efficacious mode of administering it. The various forms of injection apparatus procurable were all more or less open to one of these objections: the quantity of fluid capable of being used was too limited, or manual effort was required, or possession of ingenuity on the part of the patient was essential. In order to administer the douche effectively an instrument is required at once portable, necessitating no mechanical or other effort on the part of the patient, and admitting of the use of a large quantity of water. The fatigue attending the use of ordinary forms of injection apparatus interfered most seriously with their useful employment. The high opinion which the Author entertained of the therapeutic power of the uterine douche had induced him to devise an instrument which should fulfil the necessary indications. The apparatus now exhibited to the Society (ingeniously constructed under the Author's directions by Mr. Thomas H. Savory, of the firm of Savory and Moore, of New Bond-street) is extremely portable; the whole is contained in a box seven inches across and four inches deep. It consists of an india-rubber vessel, folding up like a "Gibus" opera-hat, and from the bottom of which a long flexible tube conveys the fluid. When opened out, the rigidity of the reservoir is maintained by a brass rod screwed in its centre. The reservoir holds nearly a gallon of water, the whole of which can be used at one operation. The action of the douche, which is not that of the syphon, is dependent entirely on gravitation; all that is necessary to set in action is that the reservoir be placed on some object a foot or two above the seat or couch on which the patient is reclining. On turning the stopcock the water flows out continuously, fast or slow as may be desired, through the vaginal tube, until the reservoir is empty. The instrument possesses all the requisite qualities: it is portable, self-acting, and not liable to get out of order. In cases belonging to any of the following categories, irrigation of the os and cervix uteri, which could be most perfectly and easily carried out with the aid of this instrument, would be found of very great service:—Cases of profuse menstruation, dependent on the presence of a lax condition of the vessels of the uterus, giving rise in many cases to prolapsus uteri; chronic leucorrhœa, proceeding from the same cause; enlargement of the uterus, proceeding from defective involution after pregnancy or after abortion; cases of engorgement of the lips of the os uteri, associated with hypertrophied condition of the mucous membrane and excessive secretion of the mucous follicles of the cervix; in all cases indeed, in which there is undue fulness of the uterine vessels, or defective tonicity of the muscular fibre generally.

Mr. Baker Brown observed, that the principle of Dr. Hewitt's apparatus had long been known, and an instrument is sold by Bucklee, of New Bond-street, which, acting on the principle of a syphon, answered admirably. Mr. Brown had used it for the past twenty-five years.

Dr. Graily Hewitt stated that he was quite aware of the merits of the instrument mentioned by Mr. Brown, to which, however, this was far superior. The motive power—gravitation—was the same in the two instruments, and so far the principle was alike; but in the adaptation of that principle there was an important difference.

Dr. Tyler Smith thought the instrument exhibited would prove most useful and convenient for the intended purpose. He had been disappointed with the instrument alluded to by Mr. Brown; it was not easy to use, and was in a variety of ways inconvenient. Dr. Graily Hewitt's instrument, it was evident, was not open to these objections. The caution was necessary that abortion might be produced by the use of the douche in the early months of pregnancy: the patient being not always aware of her pregnant condition, this circumstance should be borne in mind.

A Paper, by Robert Barnes, M.D. Lond., F.R.C.P., was read

ON THE THROMBOSIS AND EMBOLIA OF LYING-IN WOMEN.

After a few preliminary observations on the importance of the study of the blood in pregnancy and puerpery as a guide to the pathology of child-bed diseases, the Author related a case of thrombosis and embolia of the right leg. The patient was the wife of a Surgeon. She was seized with febrile symptoms and apparent inflammation of the uterus a few days after an ordinary labour, and, on the fourteenth day, with sudden and excruciating pain in the right leg, followed by loss of pulsation of arteries of this leg, swelling, gangrene, and death. From an analysis of thirteen cases of systemic thrombosis and embolia, it was found that the earliest period of attack after labour was the second day; the latest, some weeks. In eight cases, the indications of gangrene arose in less than fourteen days. In eleven fatal cases, death ensued in from eleven days to three months. Two cases recovered. One of the earliest and the most striking symptom observed was the pain, which is described as of a most acute kind. The same characteristic has been observed in non-puerperal cases, and Gaspard and Cruveilhier relate that intense pain always attended their injections of foreign substances into the arteries. Loss of pulsation of the arteries leading to the affected limbs and gangrene next follow, attended with remission of the pain. The cases of the systemic order were divided by the Author into two classes:—1. Those in which rheumatism was an antecedent condition. In these the effects of endocarditis have been found. Here it was conjectured that the embolism was not so much the result of fresh thrombosis, or coagulation of blood in the heart, as of the washing away into the arteries of portions of vegetations from the valves of the left ventricles. 2. In another class of cases uncomplicated with rheumatism, blood clotted in the left heart; and the local obstructions were the result of the washing of portions of the heart-clot into the arteries. In connexion with the systemic affection, it was necessary to study the thrombosis and embolia of the pulmonic circulation. The comparison of the two systems showed this striking contrast: in the case of the general system, the left heart was known to be peculiarly liable to disease, and the origin of thrombosis was cardiac; whilst in the pulmonic systêm, it was not the right heart but the peripheral veins that were the primary seat of the evil. In the latter case, blood clots in the crural, iliac, uterine, or hypogastric veins; portions of these clots are swept into the right heart, and thence into the pulmonary arteries, where the symptoms of lung distress arise. The Author had collected in a tabular form a number of cases of pulmonic embolia. The theories of the causes of the coagulation of the blood were not dwelt upon. For information upon this controverted question, reference was made to the works of Virchow, Richardson, and Cohn. The memoir was concluded by some remarks on the prophylaxis and treatment of the disease.

Mortality Returns for Vienna for 1861.—There died in Vienna during 1861 18,704 individuals—9843 males, and 8861 females—the numbers exceeding those of 1860 by 2813, and being less than those of 1859 by 574. The greatest number of deaths occurred in May (2054), the least (1306) in September. Of variola, 176 individuals died, *i.e.*, 108 more than in 1860. The deaths from measles were few—viz., 31—and of these 19 occurred in December. Of scarlatina, 273 died, the greatest number (31) dying in December. Typhus carried off 1076, being 520 more than in 1860, 253 less than 1859, and 342 less than in 1858. Most of the deaths took place in May (202), April (194), and June (126). Of pneumonia, 822 died, 129 in April, 105 in March, and 103 in February. Tuberculosis carried off 3603,—*i.e.*, 19·2 per cent. of the entire mortality, the greatest number of deaths (414) occurring in May, and the least (225) in September. From accidental deaths and suicides 270 died. Among the sudden deaths, 55 were found to have resulted from heart disease, and 25 from cerebral apoplexy.

MEDICAL NEWS.

Royal College of Physicians, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.—The following gentlemen received Certificates of having passed successful Examinations in Arts, on February 1 :—

Bird, Edward R., Tarporley, near Chester
Davies, John, Wrexham, North Wales
Davies, William, Wrexham, North Wales
Daniels, Edwin, Stone, Staffordshire
Davies, P. Lloyd, Abergele, North Wales
Huthwaite, Charles, Nottinghamshire
Jackson, John, Wigan
Jones, Robert, Llanrwst
Jones, J. T., Tremadoc, Carnarvon
Jones, William, Pwllheli, Carnarvon
Redford, George, Fulham, Middlesex.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, February 20, 1862 :—

Hunter, Richard Henry, New Shoreham, Sussex
Smeddle, Robert, Tees Bank House, Darlington.

The following gentlemen also on the same day passed their First Examination :—

Nash, Walter Llewellyn, St. Bartholomew's Hospital
Waghorn, Henry, 34, Soho-square, W.

APPOINTMENTS.

Drysdale.—Charles Robert Drysdale, M.D. Univ. St. And., M.R.C.S. Eng., has been appointed Hon. Physician to the Farringdon General Dispensary and Lying-in Charity, Bartlett's Buildings, Holborn, *vice* William Henry Stone, M.A. and M.B. Univ. Oxford, M.R.C.P. Lond., F.R.C.S. Eng., resigned.

Dudfield. — T. Orme Dudfield, M.D., Univ. St. Andrews, L.R.C.P Lond., and M.R.C.S. Eng., has been appointed Surgeon to St. Margaret's and St. John's (Westminster) Workhouse at Kensington, and Medical Officer to the Hamlet, Knightsbridge.

Harley.—John Harley, M.R.C.P. Lond. (exam.), M.R.C.S. Eng., L.S.A. Lond., Sub-Dean and Medical Tutor to King's College, Lond., has been elected Assistant Physician to the London Fever Hospital, in the vacancy caused by the election of Dr. Buchanan to the post of Physician.

Hughes.—James Hughes, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Middlewich District of the Northwich Union, Cheshire, in the room of Thomas Hughes, M.R.C.S. Eng., L.S.A. Lond., resigned.

Jewison.—Christopher Jewison, jun., M.R.C.S. Eng., L.S.A. Lond., has been appointed Deputy-Coroner for the Liberty of the Honor of Pontefract, Yorkshire.

Long.—Robert Godolphin Long, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Stalbridge District, Sturminster Newton Union, Dorsetshire, in place of Edwin Stephens Collins, M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned from ill-health.

Wright.—Alfred Wright, M.R.C S. Eng., L.S.A. Lond., has been appointed Assistant House Surgeon to the Infirmary and Dispensary, Bradford, *vice* Richard Edwin Ruffe, M.R.C.S. Eng., L.S A. Lond., resigned.

DEATHS.

Andrews.—February 19, at The Close, Salisbury, William Andrews, F.R.C.S. Eng., Justice of the Peace for the City of Salisbury, aged 78.

Bretonneau. — M. Bretonneau, of Tours, so well-known throughout Europe for his descriptions of the two diseases to which he has given the names "dothinentérie" and "diphtherie," has just died at Passy, aged 84. He was regarded with affectionate veneration by his numerous former pupils, among whom MM. Velpeau and Trousseau are the most famous.

Hobbes.—February 19, Jonathan Lord Hobbes, of Belbroughton, Stourbridge, Worcestershire, L.R.C.P. Edin. (exam.), M.R.C.S. Eng.

Jones.—February 14, David Jones, Medical Student of Guy's Hospital, aged 21.

Kiernan.—February 16, at Eagle Lodge, Phibsborough, Francis Kiernan, Surgeon R.N. (seniority June 9, 1813), aged 78.

Lyle.—February 15, Thomas Lyle, of Ashburton, Devonshire, M.R.C.S. Eng., L.S.A. Lond., aged 46.

McGee.—February 17, Cornelius John McGee, of Belfast, Medical Student. (Son of Michael McGee, M.D. Glasg., C.M. Glasg., L.M. Anglesey Hosp. Dub.)

Pearse.—November 18, at Peel River, Australia, W. J. Pearse, M.D., late of Listowel, Ireland, age 42.

Stevens.—February 16, at Markyate-street, Beds, Richard Stevens, F.R.C.S. Eng., L.R.C.P. Edin., aged 66.

Truman.—February 19, Matthew Truman, of 40, Norland-square, Notting-hill, and Horton-court, Kent, M.D. Naples, M.R.C.S. Eng., aged 56.

The Ether Patentee.—The notorious Dr. Morton, the alleged discoverer of ether, has commenced a prosecution for infringement of his patent against the New York Eye Infirmary. After taking some Medical testimony, the judge stopped the case for the present term, doubting the validity of the patent. It is to be hoped that here is an end of this disgraceful business.

Professor Chelius.—This veteran Professor of Surgery was entertained on the 8th of February by the University of Heidelberg, it being his jubilee, or fifty years since he had taken his Doctor's degree.

Railroad and Steamboat Accidents in the United States.—The *American Medical Times*, in insisting upon the necessity of making provision for Medical attendance on railroads and steamboats, states that during 1860 there occurred in the States 74 railroad accidents, with 57 persons killed and 315 wounded ; in 1861, 63 accidents, with 101 killed and 459 wounded ; while the last 9 years furnished 1040 accidents, with 1267 deaths, and 4385 wounded. In 1860 there were 21 steamboat accidents, with 242 killed and 146 wounded ; the total for 9 years being 261 accidents, with 3070 deaths, and 1170 wounded.

Dr. Andrew Reed.—We regret to observe the death of Dr. Andrew Reed, a man eminent in the walks of philanthropy and to so great an extent associated by his Institutions with our own Profession. The Asylum for Idiots at Earlswood, the Hospital for Incurables at Putney, and no fewer than three Orphan Asylums, have been founded by him, and his loss will be deeply felt, not only by inmates of the Hospital, but by thousands of our countrymen and women who have had the good fortune to be trained in the asylums.

M. **Poissant**, of Amiens, has invented a machine, after thirty years of trial, which with marvellous facility completely strips corn of its triple envelope of skin, before grinding, leaving all the nutritive portion intact. It has this great advantage, that it realises 90 to 95 per cent. of pure flour from the grain, whilst by the ordinary process not more than 70 to 75 per cent. is the utmost. It is so easily worked that a child may direct it.

Ethnological Society.—At the meeting of this Society on Tuesday, Feb. 18, John Crawfurd, Esq., President, in the Chair, a paper was read by the President "On the Civilization and Affiliation of the Races of Men, from the Evidence of their Systems of Numeration." The scope of his argument was to prove, that as the various races of men had arrived at different stages in the development of the arithmetical faculty, and as many tribes had diverse numerary systems, the theory which referred the "Arian" race of men to one common origin, and which offered no solution of the source of the American or African races, was a "heresy" and should be rejected. The arithmetical systems varied exceedingly ; the Australian could not count above two, taking his hands as a unit. The Hottentot doubled this, and counted four, while the Egyptian had terms to express a billion or a trillion. An interesting discussion ensued, in which Messrs. Johnston, Ayliffe, F. Galton, Dr. Hodgkin, Sir E. Perry, Messrs. Meakins, Poole, Hunt, Luke Burke, and the President joined. The next paper was by W. Bollaert and Don Ramon de Silva-Ferro "On the Idol Human Head of the Jivaro Indians of Ecuador." Two of these heads have been brought to England lately, one by Professor Cassola, which was examined by Professors Owen and Quekett, and the second which formed the subject of the present paper. It was reduced in size apparently through the operation of some tanning principle, the bone having been taken out by the Jivaros. It was the head of an enemy slain in battle, and Mr. Bollaert recounted many interesting details respecting the process of sanctification by religious ceremony prior to its becoming an object of adoration : the mouth was sewn up formally, and the eyeballs carefully removed. Mr. C. C. Blake made a strong appeal to the Society to procure some skulls from Ecuador. We had no skulls from the headwaters (Ucayali, Huallaga, Pastazza) of the Marañon river. Of the Peruvian and Brazilian races skulls have been preserved to us, but none from Ecuador, either in the Mortonian or College of Surgeons collections. The accounts of the Ecuador tribes given by Fray Pedro Simon, in his Life of Aguirre, (1560-1) which had been recently translated for the Hakluyt Society, gave no indication of the Jivaro tribes, and it was extremely probable that, like the Omaguas, they had migrated from a neighbouring settlement. The meeting adjourned till the 4th of March.

"We are, in some respects, the dirtiest people that ever attained a high social civilisation ; and till we know and own this humiliating fact, it is useless to descant upon choice cookery. We are not dirty in our persons, but we are dirty in our houses, dirty in bower and hall, dirty upstairs and downstairs, and even in my lady's chamber, dirty in our carpets and curtains, dirty in our closets and cupboards, dirty on our staircases and among our books, dirty in our kitchens and cellars, pantries and sculleries, and dirtiest of all in our cookery. The real excellence of foreign cookery over English is that it is scrupulously clean. . . . Has the mistress or the master the courage to say that they dare to inquire what is the state of their drains,—whether there is any festering heap of grease and putrid bones stowed away in cooking utensils,—whether they know if the pots and pans, the soup-kettle and the frying pans, the gridirons and the copper stew-pans are ever, and how often cleansed? Will they venture to investigate the rare intervals at which carpets are taken up, curtains dusted, or floors scrubbed in a fair London house? . . . . . How many of our readers ever investigated the state of the boiler in the kitchen-range, or ever discovered that six months is quite enough to deposit in it half a bushel of sand and a proportionate amount of solid conglomerate? We all know that the tea is very queer and the coffee very thick, but the suggestion is rare that all our cooking performances are conducted with the salutary aid of dirty water. How often is the cistern cleaned out? What about the gridirons and saucepans?"—"*On Cooks and Cookery,*" *Saturday Review for February* 22, 1862.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 22, 1862.

BIRTHS.

Births of Boys, 973; Girls, 992; Total, 1965.
Average of 10 corresponding weeks, 1852–61, 1812·9.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	703	712	1415
Average of the ten years 1851–60	646·9	649 2	1296·1
Average corrected to increased population..	..	..	1426
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	1	15	1	16	9	5
North ..	618,210	..	2	7	2	6	19	..
Central ..	378,058	..	4	4	2	14	12	..
East	571,158	..	8	9	..	11	17	1
South ..	773,175	1	9	25	8	16	14	3
Total.. ..	2,803,989	1	24	60	13	60	72	9

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

J. D.—Thanks.

A Constant Reader.—Tomes's Works and Dr. Harris' (American) Principles and Practice of Dental Surgery.

The late Dr. Waller.—We are informed that Dr. Waller was born in 1798, and not in 1802, as stated in our Obituary Notice.

A Foreign Subscriber.—There are two papers on Injured Arteries in the Guy's Hospital Reports. One "Cases of Injured Arteries," by Mr. Poland and Dr. Holman, in the vol. for 1859, p. 332. The other "Rupture of the Popliteal Artery and Popliteal Aneurism," by Mr. Poland, in the vol. for 1860, p. 281.

L. B.—Works on "Manly Vigour" and "Debility," etc., are seldom written by respectable Physicians. We know of no respectable Physician who sells such books at his own house. Many Practitioners who are not respectable persuade persons that they are labouring under "seminal weakness," and induce them to purchase large quantities of worthless medicine at exorbitant prices.

VACCINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reply to "An Old Subscriber" in the *Medical Times and Gazette* of February 15, it is, I believe, universally allowed that the Guardians are only liable to pay the "Parish Doctor" (?) for Vaccination performed,—consequently, all those patients who choose to employ their "own Medical Attendant" must pay him themselves. With an extensive practice in vaccination, both public and private, I cannot see any grievance in this. I am, &c.

Northampton, February 25. MEDICUS.

INTRODUCTION OF A TUBE INTO THE LARYNX BY THE GLOTTIS.—PRIORITY OF SUGGESTION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In a paper by Dr. Marcet in the *Medical Times and Gazette* of February 22 there is a description of a tube ingeniously constructed for introduction into the larynx through the glottis. No allusion is made, however, to a statement of Dr. Leared's in the *Medical Times and Gazette* of December 7, 1861, founded on experiments, that the introduction by the glottis of a properly curved tube could be easily and safely substituted for the operation of tracheotomy. I am, &c.

OBSERVER.

VERTICAL DISLOCATION OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your Number for to-day I notice a report of a vertical or edgewise dislocation of the patella, under the care of Mr. Curling, at the London Hospital; and therein it is stated that considerable difficulty was experienced in effecting reduction; and it was only with the aid of chloroform, and the consequent relaxation of muscles, that the object was attained. It is further remarked that there are but eight cases on record of the above form of injury. Will you permit me to state that Mr. Vincent, in his "Observations on Some of the Parts of Surgical Practice," p. 73, relates two cases which are not quoted in your tabulated report? These cases are interesting, as they illustrate in a very simple and beautiful way in which Mr. Vincent effected reduction of this unusual dislocation, by "slightly bending the leg and giving a rotatory motion to the tibia, when the patella quickly returned to its proper situation, as if a charm had released it from its fixed state. The hand of an infant might now have deposited it in its trochlea." Mr. Vincent states "that in obedience to the associated action of combined muscles, when the leg is bent and another order of motions in this complicated joint is brought into play; then these extensor muscles immediately relax: they would otherwise by their action prevent the rotatory motion of the leg upon its axis. Thus, the moment the leg was bent, the extensors returned into a comparative state of repose, and left the patella quietly to resume its proper position." I am &c.

J. REEVE SHORTO, M.R.C.S. Eng.

Royal South Hants Infirmary, Southampton, February 22.

THE "MEDICAL REGISTER."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following may be worth a place in your valuable periodical, as showing in this case, at least, the desirability of publishing the "Medical Register" in conjunction with the "Medical Directory:"—

I had a case in the County-Court in which I was plaintiff, and had to appear on February 17. On my name being called, I entered the witness-box, when the judge at once asked for a "Medical Register." I replied that I did not possess one, that I had appeared in the Court before as plaintiff and was not asked to produce one. The judge then informed me the case could not be proceeded with without, and suggested that I should borrow one in the town. I tried to do so, but failed, although there are seven Practitioners in the place, each one doing a good practice.

I could obtain several "Medical Directories," but not one had a "Register," and this was the reason adduced: We find the "Directory" so much more useful than the "Register," very little more expense, and answering every purpose save the one for which you require the "Register," and this deficiency is made up by our Certificates of Registration.

I then took the "Directory" into Court, but the judge would not accept it as evidence, and I was obliged to get the case adjourned until the following day in order to produce my certificates.

Thus I had the journey of four and a-half miles for nothing, added to the trouble and inconvenience of my fruitless attempt to procure the "Register." I am, &c.

February 24. A COUNTRY PRACTITIONER.

ARMY MEDICAL CANDIDATES AND THE INCOME-TAX.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having gone through, in company with your correspondent, "Roberti Quinque Indies," the same ordeal at Fort Pitt, and arrived at a similar result, with the exception that I am content with *one* cocked hat and *one* sword, permit me to offer him my assistance in clearing away the "fog" which, he states, surrounds him in reference to the charges for income-tax.

He will remember we joined at Chatham (I hope not significantly) on April 1, and remained till September 16, a period of 169 days, which, at 5s. per diem, produced £42 5s. for our benefit. Since that time until next April is 197 days at 6s. per diem, and will produce £59 2s. These amounts by simple addition make £101 7s.

Although on this amount we are only liable to a charge of 6d. in the £1 for tax, yet Government has been so accustomed to number amongst her officers young men of property independent of their commissions, that they always deduct the full amount of 9d. in the £1. By signing an appeal paper, however, the deduction is allowed;—at least, it was to me and to others. No doubt it would be so with your correspondent. Sir John Kirkland will, I believe, supply the requisite form.

Trusting that your correspondent may meet with the success he desires, and that we may both shortly be restored to the "full pay" ranks of the service, when no doubt he will not object to "nine pence" in the £1.

I am, &c.

JOSEPH J. POPE,

Hitchin, February 24. Staff Assistant-Surgeon (Half pay).

RELATIVE PROPORTION OF MALE TO FEMALE PATIENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "T. J." has by some remarkable accident arrived at the conclusion "that the proportion of male patients to female is as three to one." If he has ever attended the out-patients' room (especially the Medical) of any of our Hospitals, he could not fail to observe the excess of female over male patients.

The following per-centages are deduced from the statistics of out-patients kept by myself at the Royal Free Hospital, whilst House-Surgeon there, in 1853:—

	M.	F.	M.	F.
Medical Cases, 20 days	430	1018 =	1	to 2·36
Surgical Cases, 20 days	759	722 =	1·05	to 1
Children, 10 days	159	215 =	1	to 1·35
All Cases	1348	1955 =	1	to 1·44

From my last twelve months' private practice I have deduced the following per-centage, which differs from the Hospital practice in that there is a less number of females in the Surgical cases, and naturally so, as those of the middle classes are not so much exposed to accidents as the poor:—

Medical Cases	1	male to	3·45	females.
Surgical Cases	3·66	,,	1	,,
Children	1	,,	1	,,
All Cases	1		1·69	

I have no doubt the experience of others will confirm the above to be about the proportion, *id est*, two males to three females. I am, &c.

Bayswater, February 24. J. Brendon Curgenven.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a recent Number of the *Medical Times and Gazette* a correspondent asks for information towards a solution of the question, "whether in registries of the sick the largest number is of males or females?" In a thousand consecutive cases in my out-patient register at the Dorset County Hospital, 674 were females, and 326 were males, or more than two females for one male. I am, &c.

Charles Cowdell, M.D.,

February 24. Physician to the Dorset County Hospital, Dorchester.

Medical Libraries in Provincial Hospitals.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The question of founding a Medical Library at the Derbyshire Infirmary is being mooted. The idea originated from what I saw on a casual visit to Northampton, where there is a very good Medical Library at the Infirmary, and a grant of £20 per annum is made to it from the funds of the charity. The books are primarily for the use of the honorary and resident Medical Officers, but other Medical men and the Hospital pupils have the use of the volumes on easy terms.

I am anxious to know how far I am supported by other precedents in asking the Governors of the Derbyshire Infirmary to contribute the whole or a part of the sum required. Those of your readers who are connected with Provincial Hospitals will confer a favour if they will send to me answers to the following questions:—

1. Have you a Medical library connected with the Hospital?
2. How many books does it contain?
3. Is it supported out of the ordinary income of the charity?
4. Is there a fixed amount granted for the purchase of new books; and if so, how much?
5. How much per annum is spent?
6. Does the House-Surgeon take pupils? (a) and, if so, (b) is the premium paid in whole or in part to the charity?

By using the same numbers, the information that I need may be given in a single line. I have already replies from Northampton, Chester, Nottingham, Leicester, York, and Stafford. You will be interested to hear that all six have libraries, with an average of 1000 volumes in each. Five out of six receive a grant from the charity, and this averages more than £10 per annum.

It was very gratifying to see the tone which prevailed at Northampton, and I think it likely enough that the handsome Medical library which is in the Board (?) Room is both a cause and effect.

A favourable opportunity has occurred for bringing the subject under the notice of the Governors in this county, and you will, I am sure, approve the object sufficiently to give insertion to this letter.

To those of your readers who are able to help me by sending information, allow me to add "Bis dat, qui citò dat." I am, &c.

Wm. Ogle, M.A., M.D.

Derby, February 10. Physician to the Derbyshire Infirmary.

The Medical Assistants' Benevolent Association.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On June 24 last we established the Medical Assistants' Benevolent Association, and in order to give proper security to the members, it was registered pursuant to Act of Parliament on September 5. I regret, however, to say that the Assistants as a body have not come forward and joined the Association as they ought to have done, nor have they assisted with funds a Society which is much wanted by the junior members of the Medical Profession.

I fear the apathy which exists among Medical Assistants towards the Association is from not being aware of the advantages, laid down in the registered rules of the Association. The following are a few:—

1. To grant £1 per week to members during sickness, and a certain sum at death.
2. To grant to any member when out of employment £1 per week, to assist unqualified in qualifying, and to aid, when the funds will permit, qualified members in practice. This is called the Supplementary Fund.

Any member may join either of these funds for the small quarterly payment of 5s. However, the Association has further objects; a Registry for Assistants, and the procuring of situations for its members, and obtaining Assistants for Honorary Members.

And when we have Dr. Thomas Hawkes Tanner as our President, and Dr. Hyde Salter as Vice President, gentlemen of such high standing in our Profession, and whose writings are well known, they have nobly come forward to assist us, and have carried out the words of our motto, *Non Solum ego Nascor*, surely every Medical Assistant ought to identify himself with the great object we have in view.

I regret to have to say that in many instances no class of persons are so badly remunerated as we are, and why is this? I consider the fault is not altogether with principals, if the Assistants be but united together and insist on having proper remuneration, they will get it; but as long as one Assistant will undersell another, we will remain as we are,—a mere set of Pharmaceutical Slaves, and the fault rests very much with qualified Assistants, men holding both diplomas accepting salaries from £50 to £60 a-year. Such a state of things is a disgrace to the Profession.

Let those who have not seen our rules apply to our Secretary, Dr. Sayer, 1, Southampton-street, Strand, for a copy, and they will see for themselves that ours is an Association that demands the warmest support of every right-minded Medical Assistant. I am, &c

One of the Founders of the

February. Medical Assistants' Association.

The Belper Board of Guardians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have cut the accompanying report out of the *Sheffield and Rotherham Independent.* I think the Profession generally should be made aware of its contents, as furnishing another instance of the ignorant presumptuousness of some Boards of Guardians.

It is really a farce to call a man a "Guardian of the Poor" who could lend his support to a motion to remonstrate with a Medical man for ordering what he deemed necessary to save a child's life, to say nothing of the impudence displayed in presuming to question the propriety of his treatment. I am, &c.

Samuel Foulds, L.R.C.P. Lond., M.R.C.S.

Staveley, near Chesterfield, February 24.

"Alleged Death from Neglect.—*(From our Correspondent)*—Yesterday, Thursday, an adjourned inquest was held at the Peacock Inn, South Wingfield, touching the death of a child three years of age, named Frederick Bromley, the son of Thomas Bromley, of Oakerthorpe, farm labourer. On January 10, the child sustained severe burns, and its parents being in poor circumstances, application was made to Mr. Flint, the overseer for parish relief, and an order was given for the attendance of Mr. Spencer, Surgeon, of Alfreton, who found that the only hope of saving the child's life was to administer stimulants. He accordingly ordered it half-a-pint of wine and two pounds of beef, to be made into tea, and it was supplied; but on the case being reported to the Belper Board of Guardians, they declined to reimburse the overseer. Before the decision of the Board had been made known, the overseer had issued three other orders for similar relief, and the Board agreed ultimately to pay them; but they directed their clerk, Mr. George Pym, to write to Mr. Spencer, the Surgeon, *remonstrating with him on the impropriety of allowing wine to a child so young.* The result was that the orders for wine and beef were discontinued and the child lingered on for about two weeks, when it gradually grew weak from excessive discharges and died. The Coroner dwelt with much emphasis on the conduct of the parties concerned; first as regarded the discontinuance of the orders by the Surgeon; then as to the neglect of John Bacon, the relieving officer, in not having made a personal investigation of the case; and lastly upon the impropriety of the Belper Board of Guardians in refusing to obey the orders of their Medical Officer. The verdict of the Jury was:—'That the child had died from the burns.'"

P.S.—I may add that Mr. Spencer is an old and well-tried officer. Why should the jury not have added to their verdict "for want of proper nourishment"?

COMMUNICATIONS have been received from—

Dr. Bond; Dr. Inman; Mr. Locke; Mr. E. O. Ryan; Dr. C. Kidd; A Foreign Subscriber: Professor Laycock; Mr. Shorto; A Physician; Mr. Sharp; Mr. T. W. Nunn; Dr. Boxwell; Dr. Klein Grant; A Qualified Assistant; Mr. Nunn; Observer; Mr. Curgenven; Dr. Dudfield; Dr. W. Ogle; Mr. Pope; Dr. Fould; Mr. Deek; L. B.; Dr. Cowdell; Mr. Terry; Dr. Mayo; Dr. McWilliam; Dr. Cameron; and Dr. Abbott Smith.

APPOINTMENTS FOR THE WEEK.

March 1. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Royal Institution, 3 p.m. Henry F. Chorley, Esq., "On National Music."

3. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

Epidemiological Society, 8 p.m. Dr. Elliot, of Carlisle, "On Industrial Pathology; or, the Special Diseases and Mortality arising from certain Trades and Occupations."

Medical Society of London. 7 p.m.—General Meeting for Election of Officers and Councillors. 8½ p.m.—Dr. Richardson, "Further Researches on the Therapeutic Properties of Peroxide of Hydrogen."

Royal College of Physicians of London, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

Royal Institution, 2 p.m. General Monthly Meeting.

4. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. George Windsor Earl, Esq., "On the Shell Mounds of the Malay Peninsula." Dr. Robert Knox, "On the Remains of the Human Crania and other Bones in the Church at Hythe." Edward B. Tylor, Esq., "On the Languages of Central America."

Pathological Society, 8 p.m. Meeting.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

5. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Obstetrical Society of London. Dr. Barnes, "Note on the Broncho-Pneumonia of Lying-in Women." Mr. Baker Brown "On Ovariotomy; the Mode of its Performance, and the Results obtained at the London Surgical Home."

Society of Arts, 8 p m. Meeting.

6. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Harveian Society, 8 p.m. W. De Méric, "On Gonorrhœal Ovaritis."

Royal Institution, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

7. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal College of Physicians of London. 4 p.m. Gulstonian Lectures—Dr. Pavy, "Assimilation and the Influence of its Defects on the Urine."

Royal Institution, 8 p.m. Professor Oliver, "On the Distribution of the Northern Plants as Influenced by Climatal and Geographical Changes."

CHLORODYNE.

Its use in Fever highly recommended, a case of Sarcinæ cured, and other

Notices of its high Remedial Value presented, with an especial CAUTION to the Profession.

Caution about Spurious Imitations, &c.

CAUTION.—J. T. Davenport ***received*** **from Dr. J. Collis Browne, M.R.C.S.L., Ex-Army Medical Staff,** ***the sole Discoverer and Inventor, his*** **Recipe** ***for this invaluable preparation,*** **which** ***has never been published or made known;*** **hence there can be no other maker, and anything compounded as Chlorodyne besides is a spurious imitation and deception.**

TESTIMONIALS.

"I have now for fifteen months used Dr. J. Collis Browne's Chlorodyne, and am fully persuaded of its value as a remedial agent. In Fever, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of Nervous Power. In fact, in the hands of a judicious Surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe Vomiting, arising from Sarcinæ in the Stomach, associated with an Amyloid Tumour in the Liver, which *had resisted treatment* for many months, I used Chlorodyne most successfully. *The first dose stopped the Vomiting.* Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed, there has been no return of the symptoms. The Tumour has somewhat diminished in size, and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief, especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested, and it will be used by all Medical Men. "HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only disappointed in its effects, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your Chlorodyne with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; *I feel quite certain* that her recovery was caused by taking a dose of Chlorodyne three times daily, or *when* the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and *never* had a *recovery* before when the cases were so severe as the case mentioned; but I did not know the value of your medicine. (Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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"I have administered to several of my patients your Chlorodyne, and I consider it a valuable remedy. It has succeeded perfectly in those cases in which I have used it. In its action it is uniform, and in its effects most efficacious.

"DAVID EASTON, M.D., Medical Officer Rhins of Galloway Poorhouse, &c., &c., Stranraer, Wigtonshire, Scotland."

"Having been in the habit of using Mr. Freeman's Chlorodyne for some time past, I have much pleasure in stating that *it has never failed to have the desired effect* in whatever case it has been administered.

"C. SWABY SMITH, M.R.C.S.E., Surgeon to the Berks and Hants Extension Railway Works and Pewsey Union, &c., &c."

"I have had several parcels of your Chlorodyne, and the Medical men who have used it find it equally efficacious with that which is double the price, both having been tried on the same patients with similar results. "W. GRAHAM CARR, Pharmaceutical Chemist, Berwick."

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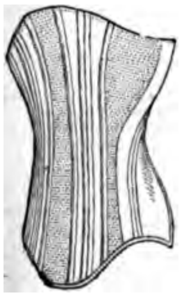

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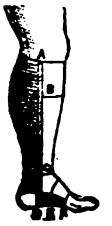

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A FEMALE TO ATTEND ON LADIES.

ORIGINAL LECTURES.

◆

LECTURE ON DIABETES,

DELIVERED AT

The Grosvenor Place School of Medicine,

ON FRIDAY, NOVEMBER 22, 1861.

By Dr. RICHARDSON.

(Reported by Mr. S. H. MACPHERSON)

GENTLEMEN,—You will remember that at my last Lecture I gave to you the modes of examining for sugar in the urine, while in previous Lectures in the physiological course I entered very fully into the question of the relations of sugar to the animal economy, describing also the varieties of sugar, and explaining that the varieties called grape sugar and inosite were those found in the body. Until very recently it was thought that sugar never passed off from the organism in a healthy state, but now I believe it is demonstrated that a trace of sugar passes off ordinarily in persons who may be considered in a sound condition. Sometimes, however, sugar passes off in large quantities, giving rise to the free emission of urine, and setting up the disease called diabetes. Practical men recognise two forms of this disorder, one in which the urine is sweet, (diabetes mellitus,) and the other in which it is without taste, (diabetes insipidus). In the first of these forms grape sugar is being thrown off, in the second it is difficult to say whether any saccharine principle is evolved, although, if I remember correctly, Thénard was of opinion that here also a sugar is present. I need not trouble you at any length with the symptoms which attend the discharge of sugar by the urine. The first signs are usually those of dyspepsia, and are not unlike symptoms of hysteria; the patient passing at different periods a free quantity of straw-coloured urine, which does not, by any deposit or striking peculiarity of colour, very much attract his attention.

Together with the dyspeptic symptoms there are indications that the nervous system is disturbed; I have known cases, indeed, in which the disease has been ushered in with convulsive movements, semi-epileptiform in character; and I have in my recollection a peculiar case in which the patient suffered from the first with severe cramps in the calves of the legs, so severe that his nights were rendered terrible by the acuteness of the pain. These patients also show indications of mental depression and irregularity, they are easily depressed, still more easily excited, and are constantly complaining of sinking sensations, which are mostly referred to the pit of the stomach and sometimes to the chest, over the region of the heart. The appetite soon becomes capricious; brief abstinence from food occasions great debility, while too hearty a meal creates considerable gastric disturbance and oppression; then it is observed that the amount of urine passed is permanently larger than it should be, micturition taking place every two or three hours, both by night and by day; together with this there is corresponding thirst, so that the sufferer will take to his bedside at night large quantities of water to allay his anxiety in this respect. The skin becomes rough and dry, and the body begins to waste. As the disease goes on, certain secondary symptoms, all-important nevertheless in kind, manifest themselves; these may be an exaggeration of the nervous symptoms, or symptoms affecting the vision, or symptoms affecting the chest. As influencing the life of the patient, the chest symptoms are, I think, taking them altogether, the most important. They consist of signs indicative in the first instance of sub-acute pneumonia,—crepitation commencing most frequently in the lower part of the lung,—but terminating in rapid phthisis. In my practice as Physician to an Institution for Diseases of the Chest I have so often met with this sequela of diabetes that I ask your attention to it as a matter of great practical importance, especially in regard to prognosis, for the diabetic patient may live a long time under the ordinary symptoms of the disease; but when the stethoscope points out the thoracic complication, then the fact is supplied that the end is near. The symptoms of disordered vision consist subjectively of dimness of sight, but objectively of changes in two structures, the crystalline lens and the retina, in other words of cataract or amaurosis. If cataract is presented it shows itself in opacity of the lens, commencing usually posteriorly, but extending until the whole structure is rendered opaque. In this form of cataract the lens is large and soft, and patients subject to it on being submitted to operation make, as a general rule, very indifferent cures; so common is this form of cataract that Von Gräfe, than whom a higher authority cannot be quoted, tells us at least one in every four of persons affected with the diabetic malady suffer from it. The amaurosis attending diabetes has recently been very carefully studied by an eminent Edinburgh Physician, Dr. Warburton Begbie, and also by myself; it consists in a degenerative change in the retina by which the retinic surface is made to assume a white appearance, which may be so marked as to lead the Practitioner to conceive on looking at the eye by his unaided vision, that there is posterior opacity or milkiness of the lens. Some months ago I was myself deceived in this respect. A diabetic patient who was rapidly losing her sight presented such distinct appearance of deep-seated opacity that I thought there must necessarily be commencing cataract; but on my friend Mr. Spencer Wells examining the eye with the ophthalmoscope he definitely demonstrated to me that the lens on each side was transparent, that the milkiness was a reflected phenomenon, and that the seat of the mischief was in the retina. This patient became absolutely blind before death; she sank from what we may call diabetic phthisis, and died at last suddenly, violently convulsed.

From these points we turn with interest from the symptoms presented to their cause, and ask naturally, in the first place, What reason is there that there should occur in the body this increase of grape sugar? This answered, all the rest becomes comparatively easy, for I shall show to you ultimately that, the increase of sugar accounted for, all the secondary symptoms are merely dependent on the presence of the saccharine principle, which indeed acts as a veritable poison. In the first stages of enquiry it was presumed, naturally enough, that the kidneys must be the organs primitively affected. I believe we were first indebted for the correction of this error to the distinguished and princely Dr. Mead, who maintained, in his first Essay on Poisons, and also in his Essay on Jaundice, that the disease is not, as was commonly judged, a distemper of the kidneys, but of the liver, proceeding, as he thought, from a vitiated mixture of the bile. This inference he said he had derived from dissection, having found in those who had died of diabetes a steatomatous collection in the liver. The same author was also of opinion that the disease was most common in those who, without due exercise, partook largely of vinous liquids; and he further opined that the ancients were less subject to the malady than the moderns (for Galen only saw two cases of it), owing to the circumstance that they (the ancients) subjected themselves less to the exciting cause. The idea thus suggested by Dr. Mead as to the hepatic origin of the disorder seems to have been lost for more than a century, during which period Physicians were inclined to the view that the disease depended either upon a morbid action of the stomach, the blood, the lacteals, or the kidneys, the latter organs being still those most commonly referred to as the seat of the disorder. Even the fact of the excretion of sugar in diabetes, (a fact, by the way, which was first discovered by Willis,) seems to have attracted but little attention.

We are obliged, therefore, to turn to the labours of modern Physicians for an insight into the nature of diabetes, and modern research directs us once more to the liver as an organ, at least, importantly if not primarily concerned. You will recall, if you please, at this point the subject-matter of a previous lecture in which the sugar-forming function of the liver, described by the famous Bernard, was considered. You will remember that according to this observer the liver is constantly employed in the specific function of producing sugar, and you will remember farther the opposition to Bernard's views offered by Dr. Pavy, whose experiments go to prove that the sugar detected in the liver structure by Bernard's process is a post-mortem result. I need not lead you again over this debateable ground, but may go on at once to say that, whichever be the true reading of the physiological question involved, this seems quite certain, that during the diseased condition which constitutes diabetes the liver produces the saccharine constituent, and that it is from the streams of the hepatic fluids that the sugar is thrown from the liver into the blood. You will ask, upon this, why does the liver produce sugar in such quantity? Is the diseased condition seated in the organ itself independently, or is it derived from a more remote source? In answer to these questions we must again turn to physiology, which teaches us, again through Bernard, that injuries inflicted upon the upper part of the spinal cord and the points near to the fourth ventricle produce, temporarily, a diabetic condition of the urine. I may tell you that these experiments do not always succeed, but they do sometimes succeed so completely as to leave no doubt that the effect is the result of the cause, namely, injury to the nervous system. There are, however, other modes of producing the diabetic condition very different to the operation described above. Thus, in 1853, I being at that time engaged in experiments on anæsthetics, observed that dogs subjected to carbonic oxide, or even for a long time to carbonic acid in small quantity, passed sometimes great quantities of urine having a high specific gravity and containing sugar in considerable amount. Since then Dr. Hesse has recorded two cases in the human subject in which the urine was left charged with sugar as the result of accidental exposure for a long time to the fumes of a stove heated with pit coal. These facts are curious, but are not (as I think) at variance with the view that injury to the nervous system is the prime source of the malady, for I can conceive that in these cases the effect of the anæsthetic is direct upon the nervous centres.

The evidence in favour of the nervous origin of diabetes is still further brought out by the observation of symptoms and of morbid conditions. I will recall your attention in support of this to two cases which have been before us in this theatre in a preceding session. I brought a man here last session suffering severely from diabetes, from whom we had direct evidence that the excretion of sugar could be increased by one simple act, that, namely, of throwing back the head, looking upwards, and retaining the posture. That man was by occupation a house-painter, and he told us definitely, and with great intelligence, that the first symptoms of his disease always came on when he was in the act of washing or painting a ceiling; that he would work for hours at a wall without any particular pain or oppression, but that so soon as he mounted his steps and began to look constantly upwards, so soon the frequent desire to micturate was developed. I explained then that the position of the head must produce such peculiar influence by an interference with the circulation of the base of the brain, and probably of the vertebral arteries, and I surmised that this man, if removed to a more compatible occupation, might recover or be greatly relieved. The surmise proved true; this patient is still living, and the last time I saw him he considered himself well, although there was still evidence of excess of sugar. In the second case which we saw, the symptoms of diabetes, then advancing fast to a close, were attended with occasional paroxysms of convulsions, and had been preceded by signs of inflammation of the meninges of the brain. We naturally, therefore in this case again, looked on the brain as the primitive seat of the affection; and the diagnosis was correct, for I opened the body of this patient after his death, and found projecting from the basilar groove of the occipital bone a calcareous growth which stood out like the point of one's finger for the space of nearly a quarter of an inch, pressing upon the nervous structure above it. I found also an abscess in the posterior lobes of the cerebrum, and great sinking of the cerebral structure. I will resume the consideration of these points in my next Lecture.

ORIGINAL COMMUNICATIONS.

◆

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART II.

No. III.—*Juvenile Insanity*—(*Continued.*)

By JOHN CONOLLY, M.D.

Female Children.—The female constitution in all stages of life, except that of old age, appears to be more generally susceptible of emotional impressions, and more responsive to them than that of the male sex, and this constitutional peculiarity is particularly observable in relation to disturbances of the nervous system and of the mind in early years. Even the healthiest female infants are sooner alarmed by unexpected sounds and sights, their sensibility is usually more acute, and as months advance their whole nervous system evinces readier sympathies with every change attendant on the growth and gradual development of the frame, than that of boys. We should, therefore, be disposed to expect that the occurrence of juvenile insanity would be more frequent in girls than in boys. There are probably no statistics existing by which this point can be ascertained with any approach to correctness; but of cases of juvenile insanity which have fallen under my own observation in private practice during several years I find the number to have been as nearly as possible equal in both sexes. The character of the cases has, however, seemed to be graver in girls than in boys, the accessions more resembling paroxysms of acute mania, and the moral perversions in the intervals being more marked and obstinate. In girls the symptoms have either not occurred so early as in boys, or have not appeared to attract such early notice as led to seeking a Medical opinion concerning them. Almost all the cases of female children presented to my own notice have been children from seven to twelve years of age; those of a little later age have manifested symptoms entitling them to be differently classed, and more associated with the approach of puberty than with the accidents of childhood. In some of the cases in which the age was even less than twelve years there have been observed indications of premature uterine or ovarian activity; and it has seemed to me that in such instances the prognosis was not generally encouraging, and that on the supervention of the age of puberty, the constitution has been liable to unusual commotion; and also, that if too much interfered with, and subjected to the active measures that have been much resorted to for some years past in such cases, the life of the patient has been placed in peril.

It is always difficult to acquire information that can be quite relied upon as to the earliest period when a child has manifested mental peculiarity, and it is most probable that in the majority of cases there have been noticeable symptoms when the children were only three years old. The same difficulty exists as to tracing the child's subsequent progress; if it is favourable, the early threatenings are willingly forgotten; if it is unfavourable, the result is carefully concealed as long as concealment is possible: and thus the investigation of all questions relative to insanity is consequently much impeded, and many "false facts" acquire a wide extension. With every desire to obtain information which could be trusted to, I have only been able to verify the entire recovery from early mental disorder in a small number of female cases, and that on the attainment of the age of puberty. I believe them, however, to be not unfrequent; although it is to be admitted that when the true history of cases of insanity in females presented to observation after the period of puberty can be arrived at, it often discloses some past derangements of mind, which, having been of no long continuance, had not, at first, been thought important enough to be mentioned. In a considerable number of cases in which these brief and early attacks have occurred, not accompanying any of the ordinary diseases of childhood, the disposition to mental disorders seems to have been inherited. In many of the cases of insanity, with accompanying uterine irritation, occurring at thirty or forty years of age, it will also, I believe, be found that the uterine functions properly commencing at puberty began some years before that age was attained, and that childish waywardness and peculiar timidity, frequent reverie or customary absence of mind, and paroxysms of irritability, were also early observed. Cases of juvenile insanity uncombined with epilepsy, or with decided and general deficiency of intellect, are not of such very frequent occurrence as to permit any one Practitioner to establish these and various other observations as facts placed beyond the reach of doubt; and I merely record them as worthy of being kept in mind by other inquirers.

When investigating any case exhibiting mental peculiarity in children, it is generally found that there has been some marked irregularity in the development of the body during early growth. It may have been most commonly noticed, because then most obvious, in the appearance of the teeth, and it may have been in the proportions of parts of the osseous system, and less conspicuous, or more evidently in the bones of the head, where it has generally been more anxiously regarded, and not without reason; such osseous irregularity, whether of deficiency or excess, being generally associated with irregular development or some existing imperfection or past disease in the brain itself. The mental symptoms about which the Practitioner is consulted in a child which has no manifest signs of bodily ailment may have had a remote origin. There may have been imperfection in the first stages of uterine life, occasioned by unhealthy conditions of either parent, or by accidental shocks and impressions experienced by the female parent during pregnancy, or by various diseases or accidents after birth, or by bad care and nursing, or errors in early management. The consequences may be either the retarded or precocious development of the child's mental capacity, or the irregular and disproportionate development of particular faculties, or, to a greater or less extent, imperfection, or even general disturbance, of all.

In the only case under seven years of age among my own notes of juvenile insanity in female children the mental disturbance was not very striking, but its accompaniments were such as experience has taught me to regard with apprehension. At the time of my seeing the child she was only six years old: her countenance was intelligent, her figure well-formed, and there was nothing irregular in the shape of her head. Her general health was good, but the second dentition was not proceeding regularly. There was no particular deficiency of temper or understanding, but the child was sometimes irritable, sometimes depressed, and had been subject since four years of age to occasional suspensions of consciousness, not of long duration, but which were becoming more frequent. In these attacks in children the eyes are not closed, but the general vision of objects ceases when they occur, although anything passing quickly near them, and particularly any gesture menacing a blow, causes shrinking; if a book is before the child, reading is stopped, but the book does not fall from the hands, and, when the attack is over, the book, or any kind of play that has been interrupted, is resumed, only with an appearance of confusion. These seizures at first only occurring now and then, may become very frequent, occurring many times in every day, and are to be considered as of a cataleptic character: if an arm of the affected child is raised by a bystander, it remains as the person moving it places it. The head is usually moved, not from side to side, but with a nodding motion; there is no preceding cry or expression of fear, and the attacks excite no pain and leave no uneasiness. They may occur with little general mental disturbance, and they are in some instances aggravated, if not occasioned, by improper diet and a neglected state of the bowels. Oneirodynia has occurred in some of the cases seen by myself, unaccompanied with mental impairment until some time afterward; but the great importance of attending to young patients so affected arises from the probable supervention of epilepsy at the age of puberty, and from the danger of the malady in that stage to intellect and life. Early treatment appeared to be useful in the particular case I have alluded to; but I have no means of learning the present state of the patient's health, who must now, if living, be in her fourteenth year.

Parents and teachers have sometimes long contended with passionate female children without success, and until the increasing strength and actual ferocity of the young people in the passionate fits have awakened attention to the possibility of something more existing than mere violence of temper. The little girls with whom they have waged an unsuccessful war are generally so made up of good and evil propensities, of capabilities of virtue and tendencies to faults, and their future career seems so much in the power of accident, so dependent on the careful superintendence of a few years, as to invest them with peculiar interest. One or two examples may suffice for description.

A. A., aged 10, tall for her age; form symmetrical; fair hair; fair complexion; light grey eyes; head generally well shaped, but narrow in the temporal region; upper part of the forehead well developed; senses perfect; answers questions rationally; health generally good; pulse natural; appetite good; tongue clean; bowels regular; but her sleep much disturbed. Is described as not fond of reading, and not fond of music; also as being untruthful, thievish, cruel to other children, and as being subject to fits of violent anger or rage, which come on without provocation and without known cause, and last for a day or two. In these attacks her face becomes red, and she breaks and destroys everything within her reach. She is also guilty of gross acts of indecency.

B. B., also aged 10, tall for her age; slight figure; symmetrical; fair complexion; grey eyes; brown hair; lively expression of countenance; an observable restlessness of the hands; forehead well formed; laterally the anterior portion of the head rather narrow; head altogether of full size. (The portions indicative, according to the observations of phrenologists, of firmness, self-esteem, love of approbation, adhesiveness, and combativeness well pronounced.) Ears rather flat; appearance of good health, but suffers often from gastrodynia and irritation of the rectum; no worms ever observed. Some indications of uterine precocity mentioned; tongue pale; pulse very feeble. Appears to have good talents, is fond of music and drawing, and of reading; but has had a succession of injudicious teachers, who have irritated and punished her, and failed to gain her affection or confidence. Described as subject to violent fits of irritability and obstinacy. Under a governess of faulty temper, she has become less manageable, and liable to more violent fits of passion, in which she uses very strong expressions, swears at her governess and attacks her, tearing her clothes and her hair, and abusing her friends and relatives, employing figures of speech not to be repeated. After these outbreaks, however, she is gentle and docile. In this young lady's case there appeared to be a tendency to insanity in the family of the father. Two particulars were recorded in her physical history; the first that she was of remarkably small size at birth; the second that when two years old she had a violent fall on the back of her head, followed by vomiting and coma.

The management of cases of this kind is extremely important: if neglected or ill-treated, they end in mania, and it is probable that a great number of the cases of mania in young women found in asylums have had this form of commencement. In the poorer classes, the girls are subjected to the usual beatings in childhood, and incur various punishments as they grow older, are cast for a few years on a life of profligacy and crime, are found intractable in prisons, and end their days in County Asylums.

The richer classes can command the means of physical and moral treatment required, and many wayward children are found capable of such improvement as enables them to pass through life creditably and even happily. But all depends upon the manner in which they are treated during the years between infancy and womanhood. Their general health, their diet and general regimen, their exercise, their clothing, their sleep, require particular attention; and their studies and amusements, and the government of their emotions and sentiments, grave or gay.

As respects Medical treatment, the Practitioner will be the most prudent who abstains the most from rough and lowering medicines. It is too much the accepted doctrine both in schools and families that naughtiness indicates a want of a dose of physic; but although many of the troubles of children are connected with disordered bowels, and even although sometimes what seems to be incipient chorea, or blindness, or paralysis, or imbecility, may be put to flight by the removal of causes of irritation from the intestinal canal, the cases now the subject of comment must be treated more discriminately, and violent impressions of all kinds avoided. Even too limited a diet is generally hurtful to such constitutions, where the peculiar irritability is usually associated with debility, not tolerating stimulants, but requiring good and ample nourishment.

The education suitable to them is not easily obtained either at home or at school. Governesses, otherwise unexceptionable, scarcely ever possess the knowledge of character and the patience required for training such special cases; and their habitual views, especially as to religion, too frequently lead them to confound faults arising from malady with those indicative of wickedness. Only a small proportion of ladies undertaking the charge of girls in schools have had a particular preparation for such an important employment, which chance alone usually causes them to adopt; and for special cases they can scarcely be prepared at all. The reception of a child such as has been described produces great disturbance in the best-ordered establishments, and sometimes does harm to other pupils. Nothing in my own experience of the insane of all degrees, and of all varieties of mental infirmity, and of all ages, and of every rank, has been so much a cause of embarrassment as the difficulty of finding calm and judicious women to superintend them, and to exercise a temperate constant influence over them. The difficulty presents itself everywhere; in asylums, in private families, in separate residences. In any of these situations it is scarcely possible to exclude gloomy and capricious discipline, small and irritating punishments, injudicious tasks or employment, and more than all, to induce a constant observance of the rules laid down by the Physician. The public asylums, which might be useful training schools for attendants, are rendered little servicable in this respect, in consequence of the matrons being usually encouraged to disregard the Medical Officers, and to usurp authority which they exercise without knowledge. Every attendant, after a short experience either in a public or a private asylum, professes a knowledge of all that is required, and is usually believed by mothers; and the consequences are that numerous cases are so mismanaged in the years most essential to improvement, and most decisive as to disposition, that when the young ladies arrive at the age of seventeen or eighteen they are found to be too eccentric to be produced in society, and too troublesome to remain with their families. Fortunately, instances of a happier description now and then occur; but it is only in institutions for the care and education of idiotic and imbecile children (as in the large Asylum at Earlswood) that the Medical student wishing to know more of this subject, will find the principles on which diseases of the mind are treated in good asylums for the insane considerately adapted to the morbid eccentricities of the young. There, almost alone, they will be able to see how much can be effected by forbearance, combined with vigilance and perseverance. In the two cases given above as examples of juvenile peculiarity with a tendency to mania, the parents, who were persons of highly cultivated intellect, succeeded in finding schools conducted by ladies of great acquirements and of admirable temper, who had the good sense not to stimulate the active intellect or to ruffle the hasty temper of their sensitive pupils; and under such wise and kind care, although the progress of the little girls was not rapid, and although paroxysmal interruptions could not for some time be wholly avoided, they became habituated to control themselves, proved capable of strongly affectionate attachment, and are now growing up so satisfactorily as to be a source of comfort, or at least objects of hope, to their parents.

ON THE EMPLOYMENT OF SANTONINE AS A VERMIFUGE.

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THE anthelmintic properties of the different species of *Artemisia*, especially of the *A. abrotanum* and *A. santonicum*, were very generally recognised amongst the ancients, as may be deduced from the circumstance that we find a recommendation of them for the treatment of intestinal worms in the works of Paulus Ægineta, Dioscorides, Galen, Celsus, and other early Medical writers; and the use of these remedial agents has been continued, in various forms, up to the present time. In France and other continental countries extensive recourse has long been had, when a vermifuge was required, to the administration of wormseed, also known by the abbreviated name of "semen-contra" (*i.e., semen contra vermes*), which consists of the broken flower-stalks, involucres, and flower-buds of several kinds of *artemisia*. The chief objection to the use of this remedy is that the large quantity—nearly half-an-ounce—given as a dose is apt to produce dyspepsia and sickness, and it has consequently been abandoned in great measure for santonine, a crystalline substance, which is procured from wormseed, and which possesses similar properties.

Santonine, or cinine, as it is sometimes called, is a white, inodorous, and, when pure, almost tasteless powder; very sparingly soluble in water, but readily dissolved in fatty oils. It has a slightly acid reaction, of which advantage has been taken in the manufacture of a series of salts, santonates, formed by its union with certain bases.

For children, one to three grains would constitute a proper dose, and for adults, two to five grains administered twice or thrice daily. It should be given in some oily vehicle, and none will be found more advantageous than castor-oil. If, for any reason, castor-oil be unsuitable, the powdered santonine may be given on a piece of bread-and-butter, or in honey, some purgative, such as jalap, being ordered to be taken about three hours afterwards. When the ascaris oxyuris is the parasite with which the patient is troubled, some of the drug may be combined with an enema.

In 1859 I published a short communication upon this subject in the *Lancet*, and I have since then employed santonine in a considerable number of cases, from which I propose to give a summary of fifty, in order to show the value of that remedy.

In twenty-eight of these cases the prevailing entozoon was the ascaris oxyuris, in seventeen the tænia solium, and in five the ascaris lumbricoides. Of the total number of patients nineteen were cured after undergoing treatment for a duration of from one to five weeks, fifteen were much relieved, nine presented some improvement, and in the remaining seven no permanent good result was obtained.

The relative efficacy of the medicine varies according to the species of parasite, the greatest degree of benefit having been procured in the cases of round-worm, next in tape-worm, and least in those of the thread-worm; this comparison only holds good, however, when the santonine is administered by the mouth, for the cure effected by the use of enemata containing santonine was very speedy in several cases of thread-worm.

It is, perhaps, worthy of remark, as serving to illustrate the periods of life at which the different entozoa predominate, that fifteen of the cases of tænia occurred in adults, and that, on the contrary, twenty-three of the individuals suffering from the ascaris oxyuris were under twelve years of age, whilst the history of the five others went far towards establishing the fact that they had been subject to thread-worms from childhood; four of the cases of ascaris lumbricoides happened in very young persons.

Some authors have raised an objection to the use of santonine, in consequence of certain secondary results which are occasionally produced by it, of which the most common is the peculiar coloration of the vision, everything appearing to the patient to be of a yellow or greenish tint. This phenomenon is only of a transient character, and passes off in a few hours after the suspension of the drug, or sooner, if a purgative be administered, without causing any injury; but it would always, of course, be proper to apprise the patient of its possible occurrence.

Various conjectural explanations of this singular phenomenon have been offered; some have attempted to account for it by supposing that the serum of the blood acquires a yellowish tinge; and others, again, imagine that a temporary influence is exerted upon the optic nerve, or the retina. Its coincidence with the exhibition of santonine internally has, as might be expected, induced some Practitioners to give that agent a trial in the treatment of deeply-seated affections of the eye. Dr. Martini, of Naples, has reported that much benefit attended its administration in several cases of nervous amaurosis; and M. Guépin, of Nantes, has confirmed Dr. Martini's statements; but further evidence of the nature and degree of the action of santonine upon the visual organs is necessary before it can be admitted into the list of acknowledged ophthalmic remedies.

38, Doughty-street, W.C.

ETHNOLOGICAL SOCIETY.—At the fortnightly meeting of this Society, held on Tuesday, the 4th inst., John Crawfurd, Esq., President, in the chair, a paper was read by George Windsor Earl, Esq., "On the Shell Mounds of the Malay Peninsula." These mounds, of the highest historical antiquity, were often eighteen feet high, composed of cockle-shells, and in them were imbedded human remains and stone hatchets, antecedent to any tradition of the Malay and neighbouring nations. The human remains were of small size. They have been transmitted to England, and will be shortly submitted to the Ethnological Society, with a view to determine whether they are identical with any existing race. Mr. S. J. Mackie interrogated Mr. Napier (who read the paper on behalf of Mr. Earl), whether these remains exhibited any supra-orbital development, or any peculiarity in the form of the pelvis, but failed to elicit a satisfactory reply. The discussion was joined in by Messrs. Evans, Laing, St. John, Mackie, Luke Burke, Hunt, Hodgkin, Johnston, White, Cull, Hamilton, and the President. The next paper was by Dr. Robert Knox, "On the Remains of the Human Crania and other Bones in the Church at Hythe." This was not read, but Dr. Hunt stated that none of these remains, which have been described by Dr. Knox in a preceding paper read before the Ethnological Society, were of females or children; they were all of adult men, and probably slain in battle. A paper was also read by Dr. Hunt, on the part of Edward B. Tylor, Esq., "On the Languages of Central America." The author had carried out the researches of Dr. Bushman on the Central American dialects. The next meeting will take place on the 18th of March.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

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GUY'S HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE ON THE DIAGNOSIS OF DEEP-SEATED TUMOURS OF THE THIGH.

Delivered by Mr. COCK, Surgeon to the Hospital, on February 13, 1862.

The subject of the lecture was a case of tumour of the thigh, on which Mr. Cock had operated on the previous Thursday. On that occasion Mr. Cock gave the history of the case, and reviewed the various kinds of tumours which might occur in that position, and present more or less similar symptoms. The case was one of great interest and of much obscurity. He would, therefore, again give the history and remarks on the diagnosis, and further illustrate the various points of the case by the results obtained by the operation.

Before the operation the only thing certain was that there was a swelling of the upper part of the thigh, evidently deep under the muscles—perhaps only under the rectus and tensor vaginæ femoris, but possibly under the deepest layer, the vasti.

The patient was admitted on November 22. The history of the case was as follows:—He had been employed as a groom, and had always had good health. He was, however, evidently of susceptible and irritable fibre, and of delicate appearance. Probably he would be subject to great change in the circulatory organs. In fact, although not really ill, he was a man of weak power. He said that nine months ago he received a blow, bruising the lower part of the thigh. This, however, did not appear at the time to be of much moment, and soon got well. Probably it had nothing to do with his subsequent illness. When Mr. Cock first saw him, there was a swelling occupying the outer and fore, and also extending rather towards the inner side of the thigh. As to its depth, it was doubtful whether it was under the superficial or the deeper layers of muscles. It was tense, did not fluctuate, but there was a general yielding from steady pressure. It extended quite up to Poupart's ligament, rendering it ill-defined. It was clear, however, that it had not passed beyond it. Below this point it extended so as to occupy the upper fourth of the thigh. The femoral artery was displaced forwards, and was traced curving over the upper part of the swollen thigh, and then dipping down again to its natural position. This showed that the tumour was, at least, below the artery. There was pain over the tumour, but this was in the course of fibres of the anterior crural nerve, which were stretched over it. When at rest he had little or no pain, especially when the limb was so placed that there was no tension over the swelling.

The history the patient gave of the origin of the tumour is extraordinary, and probably not correct. According to his account it came in a few hours, six months ago. He had had a long day in riding and walking, and his thigh, he said, was strained. He went to bed tired, and next day he noticed the tumour—then almost as large as now. In fact, Mr. Cock said, since the patient's admission, in November, there had been very little increase in size. It would sometimes be a little larger, and then subside again, but there was no real increase in bulk. The variations in size were due to manipulations in repeated examinations by himself and his colleagues.

There was no pulsation except at the inner side, where it was in contact with the femoral and profunda arteries. Probably one of these arteries was above and the other below. At the outer part there was not the least pulsation.

Mr. Cock did not believe that the man's statement as to the sudden origin of the tumour was correct, as it was not possible to conceive that a tumour so large could have formed so quickly. Probably it had existed several months, bound down deeply by muscle and fascia, and thence there could be no great access of blood to it. The day when the patient thought the tumour began, was probably when, after violent exercise, the structures which had previously bound it down relaxed or gave way, and the tumour found room to expand itself, so that in a few hours it attained considerable size. No doubt it had been before dense, hard and small, and when it became large enough to attract the patient's attention it was elastic and soft. Before the operation Mr. Cock expressed his belief that the tumour was behind all the muscles. It proved to be lying on the bone, the capsule of the hip joint and insertions of the psoas and iliacus.

As to the diagnosis of this tumour before operation. Its supposed rapid appearance, if the man's own account had been relied on, would, so far as that alone was concerned, have led to the suspicion of the giving way of a blood-vessel, or the formation of an aneurismal sac. If blood had been forced quickly from an artery there might be a mass, which would not pulsate, but if slowly, then the tissues round about might condense into a sort of aneurismal pouch, and pulsation be produced; and thus an aneurism simulated. There would be, however, none of the regular symptoms of an aneurism. There would be no regular pulsation—not the expansive pulsations of an aneurism, but possibly a thrill. But, as he had just said, there might be effusion of blood and no pulsation. In this case the blood could come only from one of two arteries, the femoral or the profunda. It certainly did not come from the femoral, as this was to be easily traced over the tumour. It was equally certain that it did not come from the profunda, as it was not in the situation of this artery. Mr. Cock said that he had seen some cases in which the profunda artery had been injured or diseased, and blood had been gradually poured out; but, as he said, blood from such a source never could reach the position of this tumour. It passes along the course of the artery in the loose cellular tissue, and does not break down the fascia and pass to the outer side, but produces a tumour in the front and inner part of the thigh. An aneurism of the profunda was not, however, always to be diagnosed. A man, a few years ago, had a swelling in the thigh, evidently an aneurism, and apparently a femoral aneurism, as the artery could be traced to it and no further. Its pulsation was checked by pressure on the trunk of the femoral; and it was cured by ligature of the external iliac; but the pulsation in the upper part of the femoral artery was afterwards found to be continued down over the position where the aneurism had been. This patient had disease of the aortic valves. He kept well for some time, and then died suddenly. It was found after death that there had been aneurism of the profunda artery. Mr. Cock mentioned another case to illustrate the diagnosis of tumour of the thigh. He was sent for to examine and open what appeared to be a huge abscess in the upper part of the thigh. The thigh was immensely swollen down its inner and front part. The femoral artery was clearly to be traced down over the tumour. It was clear, therefore, that it was not an aneurism of the femoral. As, however, he had some doubt as to the contents of the swelling, which were evidently fluid, he passed in a grooved needle. Blood, but no pus, escaped. He then conceived that the profunda artery had given way, or that it might be a malignant tumour. An operation was out of the question, as the patient, a delicate emaciated lad, was much reduced in health. He died, and at the autopsy it was found that the profunda artery had been the source of the blood. There was a single round ulcerated opening. Mr. Cock alluded to another case exactly similar. To have tied the external iliac in such cases would have produced such a great impediment to the flow of blood as almost certainly to have caused gangrene. So far then aneurism or effusion of blood may simulate tumour of the thigh; it was clear, however, that in this case there was no such cause for the swelling.

It might be that the tumour was malignant. Not probably of the bone, as there was no history of the excessive gnawing pain which is always an early symptom in these cases. Hydatid tumour was another possibility. When hydatid tumours occurred in soft structures, they were always soft, elastic, and round, but when bound down by dense structures they may thus acquire a deceptive appearance of hardness. Hydatids in their surgical aspect, generally occurred in soft structures, but they might occur anywhere. Not long ago Mr. Cock removed a tumour from the back of the thigh which was deeply placed under all the muscles. As to fatty tumours, in ninety-nine cases out of a hundred they were seated in the subcutaneous tissues, but now and then they are found deeper and in contact with bone. In one case Mr. Cock removed a fatty tumour which was deeply placed amongst the muscles of the forearm. In the operation after separating the muscle and coming down to the deep fascia it appeared a hard dense tumour, but on dividing this fascia it turned out to be a fatty tumour, which had acquired the feeling of hardness from being bound down by the fascia over it. Mr. Cock alluded to another case in which a fatty tumour of many pounds' weight had been removed from the buttock. The man had had it ten or twelve years, and it had grown to an enormous size. The Surgeon had made an incision with the intention of removing it, but finding at his first incision nothing but muscular fibre, he abandoned the operation. Afterwards the patient came under the care of Mr. Bransby Cooper, who cut through the gluteus maximus, and then exposed a large fatty tumour. It was found to pass into the pelvis and down the thigh; but although it was very extensive, its connexions were very loose. It was easily removed, almost tumbling out by itself. Another instance of fatty tumour deeply placed was in the case of a child. In this case the tumour was evidently deeply placed in the neck, and on cutting down to it, it was found to be a fatty tumour placed between the spinous and transverse processes of the cervical vertebræ. It was easily turned out with the fingers.

Then the tumour might be fibro-plastic, as after the operation it was proved to be. A fibro-plastic tumour, Mr. Cock said, was but one degree removed from cancer. Formerly it was called malignant, and hence the records of cure of cancer. Some years ago Mr. Cock removed a tumour of this kind from the side of the neck, which extended from the jaw to the clavicle. The patient still remains well. A year ago he removed a tumour deeply placed in a boy's neck. At the first attempt to remove it there was so much bleeding that he was obliged to desist. This made it more likely that it was malignant. It grew larger, but, as Mr. Cock had reason to alter his opinions as to its character, he again operated. It was removed, and the boy recovered. It turned out to be a fibro-plastic tumour. Tumours of this kind were very likely, he said, to return, but nearly always in the same place. In one case of fibro-plastic tumour in the thigh of a woman, he removed the growth many times, but at length it became so deeply seated, involving the artery, that removal, he considered, was unadvisable. The patient and her husband, however, were extremely anxious that the tumour should be removed, and the limb was amputated. Death followed forty-eight hours after the operation. Mr. Cock said that he believed that in removing such tumours the damage necessarily done to the surrounding tissues sowed fresh seed for the growth of future tumours.

In another case, in which he removed a similar tumour from the thigh, the disease returned, and in three or four years from the date of the first operation he amputated above the knee. The stump healed well, but the patient died of tumour in the chest and lungs.

In another case, a girl, he removed a fibro plastic tumour from the thigh eleven times, but at last it involved the femoral artery, and he therefore declined to remove it. This decision did not satisfy the patient, and she therefore went to another Hospital. An operation was performed. She died a week or two after.

In the case of the patient the subject of the Lecture, Mr. Cock said, in reference to the operation, that he had been anxious that as little blood as possible should be lost, knowing that necessarily a good deal must be lost. He therefore cut (away from any known source of arterial hæmorrhage) between the position of the tensor vaginæ femoris and rectus femoris. Having bared the fascia under these muscles, a solid rounded mass was seen, but the tumour itself was not yet exposed. On cutting through the fibres of the crureus and vastus externus, the tumour itself was fairly exposed, and was found to be lying on the bone. On the first incision, some of the tumour forced itself through the wound. The wound was enlarged, and the finger passed in, and by the finger, and not by the knife, the whole of the mass was turned out. It was not in one circumscribed form, but there were many off-shoots and spurs in pigeon-holes of fascia. The finger was evidently passed over the capsule of the hip-joint, he insertion of the psoas and iliacus muscles, and over the bone. Except a little on the inner side, the whole was removed. In this direction, the inner side, it was impossible to separate it, and it would have been unwise to have used force. What remained he tied.

The bleeding was restrained by stuffing the cavity with sponge and binding it firmly down. The patient suffered a good deal from chloroform, but he had rallied a good deal next day. The healing of such a wound must be long, and there was some fear that pyæmia might ensue.

Dr. Wilks examined the tumour. He said that it was fibro-plastic, containing long nucleated fibres, none of the cells of cancer. It was not simple fibre, but showed a growth of some activity.

THE ROYAL INFIRMARY FOR CHILDREN.

CLINICAL REMARKS ON THE TREATMENT OF DIARRHŒA IN CHILDREN.

By Dr. WILKS.

At the Royal Infirmary for Children but few remedies are in use, and respecting these we are favoured with the following remarks by Dr. Wilks. He states that the practice of a Hospital or Infirmary can scarcely be compared with that of the General Practitioner, and thus, probably, the variety of opinions concerning the treatment of this disease; and that, as diarrhœa so often occurs from some indiscretion in diet, from cold, or from some slight temporary cause, that the ordinary means adopted by Medical men, or (amongst the poor), by the chemist, as a dose of castor-oil, tincture of rhubarb, or may be an astringent mixture, are for the most part successful. Such cases do well under the simplest treatment, or even under one which most Medical men adopt in their own cases,—starvation for twenty-four hours until the attack be past. If the case do not, however, soon recover, all such means are useless, and the poor person, tired of the trouble or expense, comes to the Hospital. It is then a case of one or two or perhaps three weeks' standing. The mucous membrane is relaxed, and cannot be compared with the condition arising from the temporary cause above mentioned. Dr. Wilks thinks the general use of astringents is owing to their name, and a general *à priori* belief in their efficacy; and also on account of the apparently good result which follows their administration in simple cases. If, however, the case should be protracted, as it is when it comes before the Hospital Physician, he finds these remedies of little value. Of this class of remedies the one which he likes best is the hæmatoxylon. This, however, being given with other medicine, a direct conclusion as to its efficacy can scarcely be arrived at. The mixture he uses is composed of extract of hæmatoxylon, ipecacuanha wine, and tincture of opium, made up with the ordinary chalk mixture. This is a very capital mixture where ulceration of the bowel exists, as in phthisis. Dr. Wilks's favourite remedy, however, is a mineral acid. Sulphuric acid he has often found successful, but also disappointing, and has thus preferred a mixture which has been spoken of lately as a new discovery—nitric acid with tincture of opium. This may be be found recommended in the first edition of Maunsell and Evanson's work on "The Diseases of Children," published many years ago, and in which the authors speak of it as a well-known remedy, and used by the late Dr. Baillie in combination with infusion of simarouba. The re-discovery (if the term may be used) is a sufficient proof of the value of the remedy. Dr. Wilks finds it, above all others, useful in those chronic cases which come to the Infirmary. Should the case put on a dysenteric character, he adds some vinum ipecacuanhæ. Indeed, in very long-standing cases, the acid with the ipecacuanha will often effect a cure when opium and all other remedies have failed. It is a remarkable fact, that although ipecacuanha seems to have as specific an effect on the intestine as any remedy which is deserving of the name, and was actually introduced into Paris two centuries ago under the name of *Radix antidysenterica*, yet many Medical men do not employ this drug for gastric or intestinal complaints; and thus for years we have heard of the treatment of dysentery by various remedies, to the exclusion of this one. Of late, however, it has again been used in India with its old and wonted success.

It should always be remembered that "diarrhœa" is a general term, denoting merely looseness of the bowels; and it is for the Medical man to determine on what cause this may depend, as a great variety may exist. The remarks here, however, apply to those cases especially amongst children where we know, from examination after death, that no very marked organic change has occurred, and therefore the simple term "diarrhœa" must be employed. In some of these cases where the nitric acid has failed, a mixture containing nitrate of silver has been given with success. This is a formula introduced into the Pharmacopœia of the Infirmary by Dr. Willshire, who has used it for years with much success. The dose is $\frac{1}{16}$th of a grain in ʒj. of water.

There is extreme difficulty in arriving at a conclusion as to the relative merit of the ordinary medicines for diarrhœa, as it often happens that two cases may come to the Institution on the same day apparently alike in every respect, and to which the same medicine is given; and yet one is soon relieved, whilst the other patient receives no benefit. Then, by employing another medicine, a cure is immediately effected. Again, if in a third case this same medicine be given, the diarrhœa will continue until the remedy, which was unsuccessful in the previous case, be now administered. It is remarkable how often a change of medicine of this kind appears necessary, and what is beneficial for one case is useless in another. It may be, that two cases which appear exactly alike, are not absolutely so, but require different means from the onset. And what is more probable is, that in one case the original cause of the disease may have been long removed, although a chronic morbid condition of the mucous membrane may remain, whilst in another the irritating cause, whether that is improper food, water, or air, may still be present. The cause being persistent, the disease is so also, in spite of the counteracting influence of the medicines. All such causes may be removed in the case of a private patient, and a correct conclusion be arrived at regarding the value of any particular medicine, but amongst the poor, who flock to our charitable institutions, although an opportunity is offered of comparing together large numbers, yet the particular circumstances of each cannot be so well known.

Dr. Wilks also states that amongst the children patients, a large number come under the class of atrophy, a condition generally ensuing on weaning, or occurring before this period if the mother's milk be deficient or bad, or from other causes. In these miserable infants the limbs waste, the belly grows big, the chest falls in, and the head often enlarges. There may be difficulty of breathing, rolling of head, diarrhœa, etc., and, according as any of these is prominent, so the case may be treated by directing the efforts against one of these maladies. In such cases it is often found far better than treating the diarrhœa, to put the child on cod-liver oil and steel wine, when, as the general condition improves, the individual symptoms cease.

THE LONDON HOSPITAL.

POISONING BY ANILINE AND BY NITRO-BENZOL.

(Under the care of Dr. FRASER.)

[Communicated by Dr. MORELL MACKENZIE, Registrar to the Hospital.]

George L., aged 16, was brought to this Hospital on June 8, 1861, in a state of semi-sensibility. The general surface of the body was pallid and cold; the lips, buccal membrane, face, and nails were of a deep purple colour. The pulse was slow and scarcely perceptible, and the apex beat of the heart very feeble. He had vomited several times before admission, and was now just sufficiently conscious to complain of pain and swimming in the head. He smelt strongly of coal-tar. It appeared that he had been found in a state of insensibility in the interior of a vat used in the manufacture of aniline, which he was engaged in scrubbing. All his clothes, which were strongly impregnated with the peculiar odour, were removed; he was placed in a warm bed, and some hot brandy and water and a dose of camphor and ether were administered. When the patient had rallied a little, his body was well washed with soap and water, to prevent any further absorption from impurities adherent to the skin. On the following day, the patient was still rather blue, and complained of weakness, and his breath still smelt strongly of aniline. These symptoms gradually passed off, and a few days afterwards, being quite well, he left the Hospital.

This is the first case of poisoning by aniline placed on record, and it differs in many respects from the recent case of poisoning by nitro-benzol, which occurred at the same chemical works. Through the courtesy of Mr. Fletcher the following facts have been ascertained concerning the death of the lad from nitro-benzol:—He was employed, it appears, in the laboratory, and finding that a siphon did not act properly he thoughtlessly sucked through it some of the fluid (nitro-benzol), which he wished to transfer from one vessel to another. He did not, however, attach any importance to this act until some time afterwards, a circumstance which shows that gastric uneasiness was not immediately produced.

Mr. Fletcher noticed in the morning that the lad did not look well, but, on being questioned, the boy said that he felt "quite well, only sleepy." When he went home he told his mother that he felt "as though he were drunk." It was then that he first mentioned his imprudence with the siphon. He ate very little for dinner; the stuper became gradually more profound till it was impossible to rouse him, and he died at ten o'clock p.m., about twelve hours after swallowing the nitro-benzole. It is stated that neither vomiting or convulsions occurred.

Dr. Letheby, under the order of the Coroner, made a post-mortem examination of the body, and his observations, about to be published, will be anxiously desired by the Profession.

CASES OF CHOREA TREATED BY SULPHATE OF ANILINE.

(Under the care of Dr. FRASER.)

[Communicated by Dr. MORELL MACKENZIE.]

Case 1.—J. W., aged 14, admitted on January 7, 1862, with a mild attack of acute rheumatism, affecting both ankles, the left elbow, and right wrist. There was some irritability of the heart, but no murmur. The alkaline treatment was adopted; and in a few days the patient had just got rid of his pains, when one morning he was suddenly seized with twitching of the left side, affecting both the arm and leg. On the following day, hemichorea was fairly established. Except as illustrating the supposed connexion between chorea and rheumatism, there was nothing remarkable in the case. Sulphate of aniline, in doses commencing at a quarter-grain, and going up to seven grains three times a-day, was prescribed; in twenty-three days 284½ grains were taken. The mauve colour of the lips became first apparent when the patient was taking three grains three times a-day. As the patient did not appear to derive any benefit from the sulphate of aniline, arsenic was ordered, under which treatment the patient became rapidly better. He is now quite steady, and though still weak, may be considered cured. This patient, whilst taking the aniline, did not complain of any pain in the head; an agreeable sensation of warmth at the epigastrium being all that he noticed. It may be remarked here that the colouring of the lips from the administration of aniline, is of a much lighter tint than the cyanotic hue caused by venous congestion. Whilst the mucous membrane in this case was of a fine mauve tint, a few drachms of blood were drawn for experimental purposes: to the naked eye the colour of the blood appeared deficient in brilliancy, and of a somewhat lighter shade than some blood drawn from a patient not taking the aniline. Under the microscope there was no alteration in the character of the globules.

(Under the care of Dr. FRASER.)

Case 2.—J. H., aged 19, was admitted on January 9 with severe chorea. The disease was of four months' duration, and affected both sides of the body; the features were much distorted in articulation, and the speech was now stammering. Deafness was present, and he complained of pain in the head. Whilst walking, the patient was constantly seized with sudden clonic spasms of the lower extremities, more especially of the anterior tibial muscles, by which he was thrown forwards on his toes; and whilst sitting, the scapulæ were elevated and the spine suddenly extended by similar spasmodic contractions of other muscles. Chorea electrica would well describe the character of the disease, if that name had not been applied by Dubini to a complaint of a somewhat different nature. This patient was ordered half a grain of the sulphate of aniline with five drops of dilute sulphuric acid three times a-day. The dose was gradually increased, so that on January 30, the patient was taking 7 grains three times a-day; he continued taking 28 grains daily for ten days without any improvement. Under these circumstances, on February 10, the sulphate of aniline was discontinued, and the arsenical treatment adopted. His condition is now much improved, and since he was put upon the arsenical plan of treatment he has become considerably steadier, the electrical contraction of the muscles being rarer and less violent. In 34 days this patient took 406¾ grains of the sulphate of aniline, and during the last fortnight, whilst he was taking the drug, the deafness and buzzing in the ears were greatly aggravated; he also complained of pain in the frontal region, which reached its acme about an hour after taking a dose. The lips and mucous membrane of the mouth became tinged of a dull mauve colour, when the patient was taking 2 grains of the sulphate three times a-day; and the colour became deeper as the dose was increased.

(Under the care of Dr. FRASER.)

Case 3.—C. G., a girl, aged 14, admitted January 7, 1862, with chorea. The hands were the parts principally affected, though the lower extremities were so in a less degree. The disease was not severe, though of six weeks' duration. The sulphate of aniline was given in this case, and the dose was gradually increased from a grain and a-half to 24 grains daily.

In thirty-four days this patient took 278½ grains. The lips became of a deep mauve colour, and the general surface of the skin was slightly tinted. This patient complained of supra-orbital pain whilst taking the aniline. After trying the aniline for more than a month, the symptoms being in no way relieved, on February 10 the arsenical treatment was commenced. The patient rapidly improved and she is now perfectly steady.

(Under the care of Dr. FRASER.)

Case 4.—F. H., a girl, aged 14, admitted on January 28, with mild choreic symptoms, in which there was nothing peculiar. Half-a-grain of the sulphate of aniline was ordered three times a-day. On February 1 the dose was ordered to be increased by half-a-grain daily. At the end of a fortnight, after taking 141 grains of the sulphate of aniline, the patient being in about the same condition, and not at all steadier, she was made an out-patient to make room for more urgent cases.

In this case the mauve tint was well established, but the patient did not complain of pain or any uneasy sensation.

(Under the care of Dr. DAVIES.)

Case 5.—H. R., a girl, aged 12, admitted on February 4, with a mild attack of chorea. She was ordered two grains of the sulphate of aniline with a few drops of dilute sulphuric acid three times a-day. The medicine was continued for nine days without the slightest improvement in the symptoms.

On February 14 the aniline was abandoned in favour of arsenic, and on the 22nd the patient was discharged convalescent. Whilst taking the physic the patient complained of pain in the frontal region, and some giddiness.

Clinical Remarks on the foregoing Cases by Dr. Fraser.—They are not sufficient to warrant a general deduction as to treatment; the result nevertheless points to the inefficacy of the sulphate of aniline in five cases, and is, therefore, *pro tanto*, a clinical fact to be noted. The theory for the employment of aniline in cases of chorea may be founded upon this physiological fact, determined by experiments now being conducted by Dr. Letheby in the Laboratory of the London Hospital Medical College, that upon the administration of aniline to dogs, rabbits, etc., the functions of the brain proper are arrested, while those of the spinal marrow are highly exalted; as demonstrated by the extraordinary clonic spasms at the time when the animal is entirely deprived of ordinary sensation and voluntary muscular action; for example, a dog under the influence of ʒj. of aniline will remain for three or four hours comatose, while the limbs are in a state of constant motion, as if in the act of running. Hence it might be inferred that the abnormal muscular movements in chorea may, by the action of the aniline, be arrested, and give place to the normal voluntary movements; but so far as these cases go there has been a signal failure. A curious chemical question arises from the fact of the characteristic mauve hue being produced on the lips and buccal membranes. The production of the mauve colour from aniline is proved by the published results of Dr. Letheby to depend upon oxidation, and he has shown also (*vide Chemical News*, February 15), by means of the oxygen from the positive pole of a galvanic battery that aniline is changed into mauve. It would seem, therefore, that aniline, while circulating in the system, receives oxygen from some source, and acquires its mauve colour.

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Medical Times and Gazette.

SATURDAY, MARCH 8.

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SYPHILIS AND VACCINATION.—A JUDGMENT.

Is syphilis communicable by vaccination? This is a question which is now agitating the scientific Medical world, and it is so important, as involving the health and happiness of families and the credit of our Profession, that we propose to give it here a somewhat extended consideration. That we should be in a position to settle the question definitively, when we find such men as Ricord, Diday, Guersant, Bamberger, and Rollet on the Continent, and such men as Simon, Marson, Acton, Whitehead, etc., in our own country, maintaining opposite views upon the subject, is scarcely to be expected. But what we can do is to lay before our readers, as briefly as the nature of the subject permits, the *pros* and *cons* of the question, and to draw such provisional conclusions as may suffice to show the side to which the probabilities incline. Unprejudiced ourselves, and unpledged to either party in the controversy, we hope to be able to place the facts adduced fairly before our readers, to express our approval or dissent with moderation, and to weigh every statement in an even and correct balance. Of one thing we are satisfied, viz., that truth ought not, by a Profession claiming, as ours does, the palm for sincerity and upright dealing, to be denied because it is unpalatable, or to be explained away by any artifice of sophistry. But then, when truth is declared, it must be the whole truth, and truth bounded by the strict limitations within which Nature has entrenched it. Thus put forth, we have, as a Profession, nothing to fear, nothing to conceal.

In 1856, Mr. Simon, the Medical Officer of the Board of Health, addressed a circular to members of the Medical Profession, both here and abroad, as well as to foreign Governments, and to the heads of Departments in our own public service, inquiring, among other things, "Whether they had any reason to believe or suspect that lymph from a true Jennerian vesicle has ever been the vehicle of syphilitic infection." Now, what was the object of this circular? If it was to arrive at the truth or falsehood of the alleged transmission, we take the liberty, with every expression of respect for Mr. Simon, of saying, that all he could possibly look for in the replies was the impression upon the minds of those he applied to, some of whom had been well trained and long practised in the art of logical inference; but others, and perhaps the greater number, liable to be led astray by appearances or by the prejudices of their education. Of the former class, Ricord and his school, at least those of his disciples who had been most deeply indoctrinated in his views, could by no possibility be expected to give an affirmative answer; and, of the rest, many were already pledged to one side or the other, were known adherents to the popular idea of the day, or were anxious, rightly or not, to cast the weight of their authority into the scale in favour of the universal innocence of vaccination. But even among the replies which Mr. Simon obtained there were some strongly affirmative, which we think should have led to some degree of hesitation. Some warning against a hasty conclusion should have been conveyed by the cautious reply of Dr. Laycock, that "our knowledge of morbid poisons is too imperfect to speak positively of what may happen." This reply should, at any rate, have counterbalanced the host of negative replies which were based alone upon hypothetical assumptions. If, on the other hand, the object of Mr. Simon was to reassure the public mind, somewhat disturbed by contradictory whisperings, if he merely desired to convince the masses, he acted the part of a good advocate—he multiplied his witnesses.

In discussing this subject we shall follow a different course; but first we must have a standing-place, and as what is believed to be true to-day may be proved to be false to-morrow, as we may have at any time to look at the facts presented to us from an altogether different point of view, it is clear that this standing-place, secure or shaky as it may turn out, can only be the *present* condition of our knowledge in respect to syphilis and the mode of its transmission, independently of vaccination. To this then we shall first apply ourselves.

1. It is now universally admitted that there exist two kinds of primary venereal sores. First, there is the "*simple contagious ulcer* of the genitals," the "soft" or "chanchroid" ulcer. This is purely a *local* disease, and is accompanied by the suppurating enlargement of the lymphatic glands. It is *non-infecting*, that is as much as to say that it is not a disease of the whole system but only of a part, the general constitution is not affected by the poison which produces it. It can be transferred or transplanted by contagion or by inoculation from one part of the body to another, and thus a person who is the subject of it may accidentally come to exhibit several sores of a similar character at more parts than one, or it may be inoculated from its first seat by an operator upon any other part that he pleases. It is said thus to be *auto-inoculable*. The general system not being infected, an attack of the primary disease is not succeeded at any future time by general symptoms, it is not followed by what we call "secondary" symptoms. Secondly, there is the "*true chancre*," the "indurated," or "Hunterian" chancre. This, although local at first, does not remain long a purely local disease. It is accompanied by indolent, non-suppurating multiple enlargement of the related lymphatic glands. It is an *infecting* sore, that is to say, it becomes shortly accompanied by a general condition of the whole system, which is that said to be infected by the poison. And this general infection of the system is of a character which renders it proof against a second invasion of the primary disease. In this it resembles other virulent diseases which manifest, as is universally known, more or less of a similar property, such as small-pox, vaccine disease, measles, scarlet fever, etc. Hence the primary malady cannot be transplanted either by contagion or inoculation by an operator to any other part of the body of the sufferer. It is *not auto-inoculable*; nor can true chancre be transplanted to the subject from any second person labouring under the same form of disease. And the general infection of the system, which is the cause of this protective power, exhibits itself sooner or later in various ways. One way in which it shows itself is by certain general symptoms, general because varying, and more or less universal in the seat of local manifestation—their remarkable character is ubiquity. These manifestations are what are called "*secondary*," or "*tertiary*" symptoms. To this form of venereal affection alone ought the term syphilis to be limited. But we should be placing boundaries where Nature cannot be shown to have absolutely defined them, were we not to add, that all this must be taken as the expression of a general rule rather than of one which we can absolutely in the present state of our knowledge assert as universal. Thus it happens that cases arise from time to time to puzzle the most acute and experienced observers. Such cases which probably are explicable simply enough, but yet to us at this moment mysterious, are referred to by M. Ricord in a lecture recently delivered upon our present subject (*Gazette des Hôp.*, January and February, 1862) as calculated to induce caution into our generalizations. Still they ought not to be permitted to carry too much weight. At the most they are exceptional, and probably only apparently so on account of our own ignorance of all Nature's doings. At all events, we can lose nothing by modestly admitting thus much. And we must further allow this additional modification of our statement. Mr. Henry Lee has pointed out (Med. Chir. *Transactions*, vol. xlii. p. 437) that there is a stage of indurated chancre when it is auto-inoculable, but that is no real argument against the distinction we have drawn, but rather it is the exception which proves the rule. This stage is a very early one, before the protection derived from the general infection of the system has been obtained. And there is, according to his observations, also a condition in which at any stage the indurated chancre is auto-inoculable, and that is a condition of irritation, such as may be produced by blistering over the sore, and the application of an irritating ointment. The secretion of true pus-globules by the sore is an essential nature of this condition. This fact opens up a new field of inquiry.

2. The *general manifestations of syphilis* only appear after the expiration of some time from the occurrence of the primary disease. Syphilis, then, in its manifestations as a general or constitutional affection ("secondary" syphilis) has a period of *incubation*, short, sometimes, but at other times prolonged. Ricord believes that it may slumber in the system for as long as forty years. The interval is one marked by no characteristic disturbance of the general health. These general manifestations may break out, as we say, spontaneously, but truly in accordance with some etiological concurrence which our ignorance does not permit us to appreciate. But now and then there are appreciable circumstances which precede their outbreak; and these are ordinarily so similar that we cannot be wrong in attributing to them a causative operation. Perhaps the most universally-recognised of these circumstances is the occurrence of deep disturbance of the *status quo* of the constitution. It may, perhaps, come nearest to our present purpose if we adduce as an example of what we mean the occurrence of these manifestations consecutively to an attack of small-pox. Two such cases are related by Bamberger, of Würzburg, and quoted by Viennois (*Arch. Gén. de Méd.*, June, 1860, p. 649). This is quite in accordance with what we know of the etiology of other virulent diseases; in many of which something more than the presence of the poison is requisite to induce the outbreak of the disease. We may recall, in illustration, the remarkable fact that a child may be exposed freely to the influences of the poison of scarlatina, and yet fail to suffer from the malady, while at some subsequent period a most trivial exposure to the contagion, or even when no exposure at all can be discovered to have taken place, the disease will break out. Possibly, even here, the analogy may be closer than we suspect,—it may be that for months or even for years the poison may (like that of syphilis) have lain dormant in the system until some cause which we cannot appreciate, but which is essential to its activity, shall be present for co-operation. But in these instances of aroused latent syphilis what appears? *Not a chancre*, which in no case ever arises but from the local application of its cause, but *some form of what we call "secondary" or constitutional syphilis.*

3. Constitutional syphilis is transmissable to offspring. No one now-a-days denies this. It is a *hereditary disease*; and like the constitutional malady in the parent, out of which it springs, it exhibits its manifestations in the general system. This is as much as to say that the symptoms of hereditary or as it is termed, "congenital syphilis," are what we call

“secondary” symptoms. *If we meet with a chancre in a child* we may be sure then that it arises not from a hitherto latent syphilitic taint, but *from the local application* of a syphilitic poison. Rollet (“Recherches Cliniques et Experimentales sur la Syphilis,” p. 242,) has taken pains to show that in congenital syphilis the most ordinary seat of its manifestation is the mouth of the infant. It is not the only seat, anything but this, for the disease possesses ubiquity. The evidences of congenital syphilis may appear in the child at its birth, but if they do not thus appear, it may be predicted with tolerable certainty that they will appear within a period far from indefinite. In fact the period of incubation, or latency, more correctly speaking, is tolerably well ascertained. From the cases collected by Diday and others (Diday on “Infantile Syphilis,” p. 101, Syd. Soc. Edit.,) it appears that the disease manifests itself generally before the completion of the first month of extra-uterine life. “When the third month is past there is no longer much probability that any symptoms of the kind will manifest themselves” (*op. cit.* p. 102). Still, as an exceptional case, Diday has seen them deferred to as late a period as two years of age.

4. As to the transmission of syphilis by *contagion*. We are now entering upon debatable ground, and must be doubly careful where we rest our feet. No one questions the contagious nature of the primary sore. But what of the local affections which arise as manifestations of constitutional syphilis? Are these transmissible by contagion? Hunter denied it. So, hitherto, has M. Ricord and all the most staunch adherents to his school. But are Hunter and Ricord, although great authorities, necessarily right? At any rate there are indications that the tide of opinion is on the turn—if it be not absolutely and completely set in the opposite direction. Rollet, Diday, and Henry Lee, no mean names, may be mentioned as supporters of the contagiousness of secondary manifestations. Both of the former, in the works we have before referred to, dwell with emphasis upon the transmission of syphilis to the nurse from the mouth of the diseased suckling. Of course we are aware that we are only expressing our own individual opinion when we say that to our mind the proofs adduced by them as well as by others holding the same views are satisfactory. That attempts have been made to explain away occurrences such as we have alluded to, is perfectly true, but they are not such as have been successful in shaking our own conviction. We cannot enter fully into the discussion; we must be content to refer our readers to the works of the authors we mention, that they may judge for themselves. And when we speak of secondary syphilis, we particularly, though not solely, refer to the congenital disease, with which in the issue of this controversy we have chiefly to do. Diday (*op. cit.*, p. 129) indeed holds that congenital syphilis is especially virulent, “contagious by its slightest symptoms,” and “only to be compared to itself.” Henry Lee endorses this opinion. He says (*op. cit.*, vol. xliii., p. 61), “the syphilitic poison appears to have acquired increased activity with the new life of the child, and with that activity to have become more readily communicable by contact.” Both Rollet and Diday quote instances where in a limited community syphilis introduced by a syphilitic nurse child has spread like an epidemic where it was unknown before. Is M. Ricord wavering? In the lecture we have already quoted, and which contains his last confession of faith, after saying that hitherto he has been opposed to the possibility of contagion from secondary accidents, he adds, “*Aujourd'hui je l'admets,*” but qualifies his admission by explaining that he does not admit it in the same absolute manner as some partisans of the doctrine hold it. “*Je viens aujourd'hui faire cette profession de foi: pour moi, l'accident primitif reste la source constante, essentielle, de la contagion; comme infinie exception à cette grande loi, il paraît que l'accident secondaire peut aussi se transmettre; des faits semblent le démontrer.*” (*loc. cit.*, p. 45). There is nothing surprising in this. M. Ricord fights manfully and obstinately, but still, we believe, in the honest conviction that he is in the right, and nothing but the accumulation of evidence upon evidence will cause him finally to give in. Is his mind in that transition stage which such a mind can pass but slowly? Allowing, then, as we think we may, the contagiousness of certain “secondary” phenomena, what are the phenomena which appear on the recipient of the poison? All agree in this, that whether the disease be really imparted in the alleged instances by the poison from a “primary” or from a “secondary” affection, *the disease which appears upon the recipient is always the “primary” disease,* always a chancre or the induration which only requires the most trifling modifications to become a sore. Rollet dwells most forcibly upon this: so does Lee, who maintains in addition that those “secondary syphilitic affections which are not capable of being communicated under ordinary circumstances to another individual, may, in like manner to the chancre, under increased activity, become infectious.” He explains in this way the difficulty which Hunter opposed to communication of the venereal poison to the inhabitants of the South Sea Islands on the ground that it was almost impossible to carry a chancre so long a voyage (*op. cit.*, pp. 39, 63). *A chancre appears* upon the place *where the matter of contagion has been applied.* It exhibits an *incubation of about three weeks.* The imparted disease never appears *first* in the form of a constitutional malady, although at their due time secondary symptoms become manifested. Here, then, is at once a mark and *a test* by which we can distinguish between an imparted syphilis and one which is merely aroused from latency.

5. As syphilis is contagious, so also is it *inoculable*, by the use of the fluids or the secretions of the diseased part introduced by a lancet into some part of the surface of the body of a healthy person or applied to a blistered surface. This has been proved in respect of the primary chancre by actual experiment. We say nothing of the morality of such proceedings, for they were quite unjustifiable; but such is the case. Three such inoculations are recorded by Rollet: one performed by himself where the chancre appeared after an incubation of eighteen days; another by Rinecker when the incubation was twenty-three days; and also one by Gibert. But here again, the controversy turns upon the inoculability from the secondary affections. The supporters of the affirmative doctrine adduce experiments of Wallace in 1835, of Vidal in 1849, of Waller in 1850, and of Rinecker in 1852. All these assert that the inoculations were successful, and the result was a primary lesion having all the characters of the infecting chancre. A remarkable character of these inoculations was *the period of incubation* of the disease which, Rinecker tells us, never appeared before the expiration of the second week, but, *in general, not till after the expiration of the fourth week.* There was then, in these instances, a prolonged period of incubation, much longer than when the inoculation was from a primary sore. The first alteration was always observed at the spot where the inoculation had been practised; the disease produced had *a progress essentially chronic*, so much so, indeed, that the local affection was still present when the general symptoms appeared, if not subjected to treatment. The general symptoms only appeared at the end of a month, and often much later after the first manifestation of the local lesion. To all this, Ricord, in his recent lecture, objects. First, he complains that he has been unfairly accused of having made his inoculations upon infected subjects, and asserts, on the contrary, that he has seen students free from infection inoculated from secondary accidents, but always without result. Is it asserted that he did not wait long enough for the result? then M. Cullerier inoculated himself with the pus from a syphilitic ecthyma also without result at any time.

Next he insinuates that the alleged successful inoculations were really made from primary, and not from secondary lesions, though apparently from the latter; that the mucous patch is the lesion always selected as the source of the poison, and that no distinction was drawn between such a lesion with ganglionic enlargement, which he regards as a primary affection from such as are truly secondary; he further objects that of all secondary lesions, the mucous patch approaches nearest to the character of the primary disease. But so long as the lesion from which the virus was taken was constitutional, and not the result of local contagion, how can it matter that one form of the affection was preferred to another? M. Ricord does not tell us, except in M. Cullerier's case, what was the particular lesion from which the virus was taken in the instances he adduces. It may be, it probably is the case, that the virus cannot be obtained from every form of secondary lesion. But have all the successful inoculations been made from the mucous patch? Wallace's were not, Vidal's case quoted by Rollet was not, and Waller's was not. In the last case the source was an infant with congenital syphilis. So far, then, as we can see at present, the argument is in favour of the affirmative proposition, and that the virus is communicable from other secondary lesions beside the mucous patch.

6. Lastly, it has been asserted that syphilis may be transmitted *by inoculation of the blood of a syphilitic subject.* This is a step further. Can we take it? Viennois who, as we shall see in the sequel, has a hypothesis to support in connexion with it, labours hard to convince himself and his readers that such a thing is possible (*loc. cit.*, p. 662). How does he argue? First, from analogy, thus: "Syphilis is a virulent malady." This is his minor proposition. "The blood is contagious in all virulent maladies, in glanders, rabies, scab, small-pox, measles, plague, and diphtherite": this is his *major. Ergo*, the blood is also contagious in syphilis. Are we retrograding in our logic? We thought that the days for such syllogism were long past and gone. What of vaccinia?—is not this a disease dependent for its origin upon a specific virus? Is it sufficient to inoculate with the blood to produce the vaccine vesicle? Is the truth of M. Viennois' major proposition indisputable? M. Rollet has another argument equally fallacious: thus—Is it possible to believe in hereditary transmission and the contagion of secondary lesions, and at the same time to deny the contagious property of the blood? "I ask such an one what is the system which puts the chancre, the primary source of the virus, in communication with the secondary accident to which this virus arrives at the last—what if not the vascular system, the blood?" (*Op. cit.*, p. 350.) If the virus is contagious, then he would have us conclude so must be its vehicle. To show the fallacy of this argument would lead us, however, too far into the philosophy of pathological occurrences. But both Rollet and Viennois take a higher position, and here we may follow them. They appeal to experiment: to one performed by Waller in 1850, one by Gibert in 1859, and to nine inoculations performed by a nameless individual, the results of which were communicated to the Society of Medicine of the Palatinate by its Secretary (*Arch. Gén. de Méd.* 5e serie, t. xi. p. 603) in 1856. We object to these as unsatisfactory and inconclusive. We may dismiss them briefly. In Waller's case, which is recorded at length by Rollet (*op. cit.* p. 344), the patient from whom the blood was taken by cupping is said to have had *primary* ulceration *five or six times*, but that "during the treatment of the *two last chancres*, which had occurred at *fourteen days' interval*, she began to emaciate and grow pale, and when the last chancre was cured . . . . tubercles formed upon the skin of the face and spots all over the body." Now, we ask, is this the history of infecting chancre? If not, the inoculation was worthless. If it be, we have another objection, based upon the neglect to cleanse the surface thoroughly before the blood which was taken for inoculation came in contact with it. How do we know that some of the virus from the local lesions was not carried away with the blood? The inoculation was performed carefully enough by scarification and the application of charpie soaked in the blood on the left thigh of a child *suffering from lupus.* Thirty-four days after the inoculation two tubercles appeared at the seat of inoculation, but a similar tubercle appeared also where there had been no inoculation—namely, on the left shoulder. The tubercles on the thigh, having united, ulcerated; but we hear nothing of multiple lymphatic glandular enlargement as a concomitant. Subsequently there appeared what was recognised as syphilitic roseola and papules, and tubercles on the thigh and belly. Can any reliance be placed on an instance such as this? It is full of fallacies. Next there is Gibert's case. The blood was in this instance taken from a large squamous papule on the forehead; "the point of the lancet was thrust *into the circumference of this papule*, and charged with a blood *which was somewhat serous*" (p. 347), evidently then mixed with some of the products of the diseased action in the papule itself. Surely no unprejudiced mind can place confidence in such an experiment as this. Lastly, there are the inoculations by the anonymous individual in the Palatinate. No details of these are given by either of the authors we have been quoting from; and all we read in the communication of the Secretary is positively the following:—"Of the nine inoculated with the blood, three were successful, and these were cases where a large absorbing surface had been rubbed." Can any statement be looser than this? We believe we have now given all that has yet been adduced in favour of this mode of transmission. Are our readers convinced? We are not.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

In his third lecture, on Monday last, Dr. Beale spoke of the probability that the principle of central formative activity and simultaneous peripheral degeneration may be traced in large as well as in small growths; in the lobule as in the simple cell, and in the entire liver as in the lobule. He proceeded to describe the ultimate distribution of the several vessels of the liver. The branches of the portal vein embrace the lobules, but not in the completely annular manner described by Mr. Kiernan by way of diagram, and assumed as reality by some subsequent writers. From these branches other smaller and very short ones proceed at intervals, and break up into the capillary network of the lobule; and the whole branch of the vein is speedily disposed of in the same way. The hepatic artery supplies numerous branches to the capsule, the gall-bladder (in which its distribution furnishes a beautiful subject for injection), the larger portal canals, and some of the bile-ducts. Lieberkuhn asserted, and Kiernan denied, the possibility of injecting the portal capillaries through the hepatic artery. There is no doubt that the former was right, as the two sets of capillaries are shown by injection to be continuous with each other. The question arises, Has the plentiful supply of arterial blood which reaches the liver reference to the nutrition of the organ? In other words, is the presence of oxygen needed for the maintenance of the tissue, or for some special purposes connected with its function? It is generally believed that the distribution of arterial blood to the liver and other organs has reference to the nutrition of the tissues of which the organ is composed. Dr. Beale advanced many facts which appear quite opposed to this general view, and adduced others which seemed to show that the oxygen of the arterial blood was required for effecting most important changes connected with the function of the organ. Rapid growth and cell multiplication are not associated with a free supply of oxygen. The active formative changes occurring in the cell or elementary part, as well as those upon which its growth and increase depend, take place in the germinal matter in the interior, while, on the other hand, the oxygen acts upon the oldest part of the formed material which is on the outside, and by the influence of the oxygen, this is resolved into products of excretion. In certain organs in insects, the rapid oxidation of the formed material is provided for by the very free distribution of tracheæ upon the outside of the cell. These tracheæ do not penetrate into the central part, where nutritive and formative changes are taking place. The free distribution of arterial blood to the outer parts of the lobule of the liver, to the capsule, to the ducts, and to the gall-bladder, has reference, not to the nutrition of these structures, but to the formation of bile from the formed material of the hepatic cells: and by the anatomical arrangement which was described, the action of oxygen upon this bile as it slowly passed towards its destination was ensured. The branches of the hepatic vein, starting as they do singly from the midst of numerous portal veins and their capillaries, are necessarily larger and more thickly studded with smaller branches than those of the portal vein, in order to facilitate the speedy removal of the blood which has passed the capillaries. In the seal the hepatic vein is beaded, or constricted at regular short intervals by circular bands of muscle. This is probably part of an arrangement for relieving the liver capillaries of pressure from above, which is found in all diving animals, the main safety-valve being a large distensible pouch placed at the exit of the hepatic vein, and capable of dilatation (in the seal) to the size of two fists. The anastomoses of all the liver-vessels are exceedingly free, and "vasa aberrantia" occur in great number. This is most to be noticed in the case of the bile-ducts, where, however, some writers have denied their existence. The lecture was illustrated by the following injected specimens:—1. *Portal Vein.*—(Human liver,) showing mode of dividing into smaller branches. P. V. white, A. red. 2. *Portal Vein.*—Liver of common eel. 3. *Hepatic Artery.*—(Liver of pig,) showing anastomoses, with branches communicating with capillaries at the margin of the lobules. 4. *Arteries and Veins of Human Gall Bladder.*—Showing numerous anastomoses, and two branches of the vein accompanying each branch of artery. P. V. white, A. red. 5. *Hepatic Vein.*—(Human liver,) showing capillaries opening immediately into trunk on all sides. P. V. red, H. V. yellow. 6. *Lymphatics.*—Surface of liver of ox. 7. *Lymphatics.*—On surface of portal canals (liver of ox). 8. *Duct.*—With parietal sacculi and numerous anastomosing branches.—(Liver of human fœtus, 7th month.) 9. *Vasa Aberrantia.*—Between right and left hepatic ducts.—(Transverse fissure of adult human liver.) 10. *Vasa Aberrantia.*—(Transverse fissure of human liver,) with arteries and veins. P. V. white, A. red. 11. *Large Ducts.*—With parietal sacculi and aberrant appendages.—(Liver of pig.) 12. *Nerves.*—Distributed around vessels in folds of peritoneum, near gall duct (frog).

STATE OF THE INCURABLES IN MARYLEBONE WORKHOUSE.

The following extract from a letter by Mr. Furnall, Poor-Law Inspector, will show what his impressions are of the management of the sick and disabled poor in Marylebone:—

"I found to-day 1667 inmates in this defective Workhouse, of whom about 1500 were old and infirm and disabled people; and of that 1500 about 900 were females. It is especially on account of these old and sick people that I make the following suggestions:—That a warm shawl be provided for each woman who is confined to her bed, and obliged to take her meals there; that a warm cape with sleeves be supplied to each man similarly situated; that two warm dressing-gowns be supplied to each bedroom occupied by the old, infirm, and disabled; that a few Windsor chairs be placed in each sick-room, and that every bench in such rooms shall have a back put to it; that one or two small looking-glasses be supplied to each of the above rooms so as to prevent the necessity of the inmates hoarding up, as they do now with so much care, bits of broken looking-glass; that a sufficient library of instructive and amusing books be purchased for circulation in these rooms. It is perhaps needless for me to point that such an acquisition would enable the sick and aged inmates to while away many a long hour now, perhaps, passed wearily and unhappily. That all the above classes be supplied when necessary with spectacles; that in order to get rid of some of the thirty pauper nurses who now attend the sick at night, and to see that the rest do their duty, two paid night nurses be appointed for the Infirmary, and also two paid night nurses for the body of the house; and that three paid day nurses be appointed for the Infirmary, and three paid day nurses for the body of the house. I well know that the great majority of the paid nurses are in every respect unfit for the delicate and important duties which they are supposed to perform."

We spoke the other day of the Workhouse Visiting Society. What an awful mass of human misery Mr. Furnall's letter brings before our eyes! Fifteen hundred infirm and aged people, wearing out the miserable remainder of their lives in hopeless apathy! Yet within a stone's throw of the gloomy building in which these poor creatures are immured, are an abundance of women who would find solace and occupation in ministering to their unfortunate fellow-creatures.

ALLEGED INCREASE OF LUNACY.

There is a prevalent idea that lunacy is on the increase. Dr. Randall, the very able Medical Officer for Marylebone, has shown that this is not the case with that parish and its 161,680 inhabitants. The average number of pauper lunatics sent to Asylums during the last seven years has been 64, and it is not increasing; the number fit to be retained in the Workhouse was 75 last year, which is a decrease of 12 during the preceding five years. During 1861 200 individuals were temporarily admitted into the lunatic wards; of whom twelve men and six women were affected with delirium tremens. Dr. Randall shows that any apparent increase of pauper lunatics at the Lunatic Asylums is due to the prolongation of the lives of these unfortunate creatures by the pure air and good food they enjoy there.

THE NEW LUNACY BILL.

The Windham Case has borne fruit in a Bill which has been laid on the table of the House of Lords by the Lord Chancellor. Its principal provisions are, that in future, to avoid the enormous expenditure now incurred, the period of the alleged lunatic's life over which the investigation shall extend shall be limited to two years. That, in place of the present Commission, a writ shall be directed to one of the Judges in Westminster-hall, and that the case shall be tried precisely in the same manner as any other question of fact, or as a criminal question would be tried, according to the ordinary rules of evidence. That, subject to the discretion of the judge, the alleged lunatic shall be visited and examined by the Judge and jury before they enter on the reception of the evidence to be adduced. That the jury shall be limited in number to twelve, and that scientific evidence shall be excluded, except in cases where other evidence fails. The other provisions of the Bill refer to the visitation of lunatics. Lord Westbury proposes that insane patients shall be visited at least twice a-year by one legal and two Medical visitors; that their visits shall not take place at stated periods, but that they shall be made whenever the visitors think fit, without previous notice to those in charge of the patients. A large proportion of the provisions contained in this measure will, we think, command general assent. The one which chiefly requires, and which we hope will receive, grave consideration is that which excludes all scientific evidence except in cases where insanity cannot be proved by ordinary evidence. It is a question whether it be possible, in the very large majority of cases, to arrive at a conclusion without Medical testimony. In the speech in which His Lordship introduced the Bill, he is reported to have said:—"I object to the judicial attention being so particularly directed to the Medical testimony. It is a radical error to deal with these cases as if the subject were to be inquired into physiologically, and not like every other question. If the inquiry were whether the brain is in a state of disease, then it might be right to prosecute the matter as a question of physical science, and to regard it as we regard any other fact in philosophy. But a jury should only receive evidence by which ordinary men can arrive at the fact of the state of mind as they would arrive at any other alleged fact,—such evidence as every man can understand." Now, to this line of reasoning it may be objected that although the jury are not empanelled to inquire whether the brain be in a state of disease, they are empanelled to enquire whether the lunatic be incompetent to take care of himself and his affairs by reason of disease. Insanity is as much an acquired disease as epilepsy, and idiocy as much a congenital disease as infantile syphilis. The question, then, is how far a jury should be trusted to arrive at a decision on a matter which necessarily involves a scientific question, without receiving the guidance of men of science. A few cases doubtless occur in which Medical evidence might be dispensed with, but they are usually those in which the allegation of insanity is so glaringly false that they never should have been permitted to come into open court. It is allowed that in cases in which a reasonable doubt exists, Medical testimony must be called to decide that doubt; and it appears to us unreasonable that any individual should be deprived of the power of self-government because of a diseased condition, without clear evidence as to the existence of that diseased condition being obtained from those who, by a study of its semeiology and diagnosis, are best qualified to recognise it.

WHAT CONSTITUTES UNWHOLESOMENESS IN MEAT?

It is rather an important thing to know, at what time after any given disease from which an animal has recovered flesh may be pronounced fit for food. We all know how commonly the human subject is affected with pleuro-pneumonia, and how frequently pleuritic adhesions are found after death. Are old adhesions any sign of unsoundness? or, are they not compatible with an entirely healthy composition of fresh blood? We know, as matter of fact, that the flesh of animals affected with pleuro-pneumonia, is sent to market in three stages: first, so soon as the animal is seized with the illness. Many a shrewd farmer sends his beast to his butcher on the very first signs of disease, before important local changes have occurred, and before general emaciation. In this stage we are not aware that any proof has been offered of ill consequences from eating the meat, though we should not choose such meat knowingly. Secondly, during the height of the disease, when the inflamed part is loaded with exudations, which have a tendency to decompose even within the living body, and when all the muscles are emaciated and *wet* from serous effusion; at this time the use of the flesh would be disgusting. But supposing that the animal recovers, that the exudations are absorbed, leaving only the solid parts in the form of common *adhesions*, and that the universal muscular system recovers tone, colour, and plumpness; shall the flesh be condemned on the ground of the pleural adhesions, the vestiges of past and cured disease? So Dr. Letheby seems to think, if we may judge from the Police Reports. The carcase of a sheep was seized on the ground that it "had suffered" (we quote from the *Times* of the 3rd instant) "from the lung disease, as was evident from the outer membrane of the lung having adhered to the inside of the carcase, which rendered it unfit for food.

"Dr. Letheby, the Medical Officer, said that a sheep afflicted with lung disease would be affected throughout the whole body, so as to render it unfit for human food, and even dangerous to the consumers of such meat as food. Meat would be equally unfit for food if the animal had been over-driven so as to produce inflammation.

"Several salesmen of great experience were called for the defence, who stated that a large number of sheep that come to market were affected in the same way as far as the appearance of the lungs adhering to the carcase went, and that the meat was none the worse for it. The Inspectors admitted such to be the fact, but added that in such instances the disease had not reached the same advanced stage. At this point of the case the carcase of the sheep was produced in Court, and astonished everyone by the wholesome appearance of the meat. A shoulder of the sheep was cut off and passed up to the Bench for the magistrates' inspection, upon which Alderman Humphrey said the meat appeared good enough, and he should not object to eat it had it been placed before him; and he thought if all meat as bad as that were seized, half the meat that came to market would have to be condemned.

"Alderman Finnis said he certainly could see nothing amiss with the joint before him, or with the external appearance of the carcase generally.

"Dr. Letheby, when asked to point out the indications of disease in the shoulder, said he could not do that, as that was the part which was not affected by the disease.

"Mr. Wontner reminded him that he had stated that the whole of the animal was affected, whereupon

"Dr. Letheby said the whole of the animal was, no doubt, affected by it, but it was not so easy to point out the disease in the shoulders.

"Mr. Wontner said Mr. Bonsor did not contest the order on account of the value of the sheep, as he was only the salesman. A very important principle, however, was involved, which would affect every salesman in the market, and every grazier in the country most seriously; for it was a well-known fact that half the sheep that came to London presented the same appearance when killed. Inspector Newman had been a baker, and Inspector Davidson a hair-dresser, before following their present occupations. They could not possibly have the same practical knowledge that salesmen and butchers had. With regard to the meat in question, it had been sold to one of the witnesses present at a sound meat price, and he was even then willing to take the carcase away at the same price. It had also been seen by the other Inspector of the Market (Fisher), who had pronounced it good sound meat. Under these circumstances he trusted the Court would not make the order.

"Alderman Finnis said the disease was apparent on the inside of the carcase, and as Dr. Letheby had sworn that it was unfit for food, he could not do otherwise than condemn it."

We can but express our admiration of the keen sense of responsibility displayed by the magistrates in supporting the opinion of Dr. Letheby. For our own parts, we should most implicitly have taken the verdict of a brace of London Aldermen as to wholesomeness of a joint of meat. What higher Court of Appeal is there in such a matter? Dr. Letheby's opinion is no doubt sound in theory, yet there may be room for a little discretion and common sense in the application of it.

POOR-LAW ECONOMY AT BELFAST.

A few of the Belfast people desire that each ratepayer in their Union shall receive five farthings annually, in the shape of a diminution of poor's rate. This magnificent gift is to be provided by reducing the Medical Staff of the Workhouse, and by abolishing one of the Dispensary stations in the town. Well, be it so. Of course those sages know what they want. Humility will scarcely allow us to write the flattering terms in which they delight to speak of our Profession. We are told that people get into Hospitals by "soaping their tongues."

"Plenty of stuff," said one of the orators, "was ordered by the Doctors, and they thus endeavoured to show that there was some business done—always the same amount of business. With regard to Dispensary Doctors the Committee considered that, instead of having six as at present, that by giving three £100 a-year each to devote their whole time to the duties, the poor would be better attended to. Mr. Thomson, the great banker, had told him that, 'by advertising, 1000 young men could be got at the salary in a fortnight.' (Laughter.) There would not be so many prescriptions sent to the dispensaries then as at present—prescriptions for cough mixtures for poor people that had not a coal to make a fire, and hardly anything to eat. The people needed coals and blankets rather than drugs and cough mixtures."

Some of the speeches made at the Board of Guardians when this question came on for discussion had a singular smack of the Lunatic Asylum, and the majority of the Guardians decided that the Dispensary should not be abolished.

SCARCITY OF WATER AT SCARBOROUGH.

We should be sorry to entertain the idea that so popular and picturesque a place as Scarborough, one which has such claims as a health resort, should labour under the stigma of deficiency of water. Yet this appears to be the case. The water is so dear, that a respectable inhabitant is charged four guineas per annum for the water supply to one closet, over and above the per-centage charge on the rental for the water used for domestic purposes. At the West End of London, houses each rented at £230 per annum, pay only six guineas for water without stint. In houses inhabited by prudent persons, the servants are directed from time to time to allow a certain quantity of water to run through the various sinks and closets to flush them. At Scarborough the Water Company actually summoned a householder before the magistrates for doing the same thing, and attempted to mulct him in the penalties which their Act of Parliament had provided against any one who should wilfully break or injure their pipes, and so cause water to be wasted! The Bench dismissed the summons, and so saved their town from a most odious imputation.

MR. DURHAM'S LECTURE AT THE ROYAL INSTITUTION, "ON SLEEPING AND DREAMING."

The theatre of the Royal Institution on Friday week was thronged by an unusual crowd of visitors, especially of the gentler sex, in a state of vivid expectation almost equal to that which reigns when the illustrious Faraday is the speaker. The subject announced was "Sleeping and Dreaming," and the speaker, Mr. A. Durham, Assistant-Surgeon to Guy's Hospital. *Certes*, a more agreeable speaker has seldom appeared at the table, whether as regards fluency and brilliancy of language, apt quotation, copious anecdote, distinct delivery, or clear, logical treatment of the subject, which could not fail to have been comprehensible to the understanding of every one of the gentle beings who came, we suppose, in the hope of learning how to dream agreeably. Sleep, he said, was pleasant, irresistible, necessary. Pleasant, because good; irresistible, so that victims on the rack, Indians suffering death by slow fire, children whilome in English factories, and sailors at the Battle of the Nile, have been known to sleep in the midst of their occupations and tortures; necessary, insomuch that persons who are deprived of sleep, die. Southey did not die of overwork, but of want of sleep. A Chinese merchant, kept awake by way of torture, died on the nineteenth day; the poor little Louis XVII. was slowly murdered in the same manner by his Republican jailers. How much sleep is necessary? Most persons will endorse the opinion of St. Austin, who claimed eight hours; but on the other hand, General Elliot, who defended Gibraltar, was content with four; John Hunter with five; whilst Quin, the Epicurean, would take twenty-four or more. Whoever has read "Humphrey Clinker," knows how Quin could sleep, and whoever has not, does not deserve to be told. Sleep is promoted by whatever lessens exertion, sensation, and emotion; hence by darkness and silence. But is the night so far the best time for sleep, that we take injury by sleeping in daylight, or working at night? So far as analogy guides us, we find that in most climates the night animals are superior to the day; the carnivora, who prowl in darkness, to the herbivora, who gorge themselves by daylight. Day seems better adapted for muscular exertion and the animal faculties: night for the works of intellect and imagination. What is sleep? Psychologically it may be described as a period in which consciousness, sensation, emotion, intellect, and will are in a state of abeyance in various degrees; but to constitute sleep the subject must be wakeable, otherwise it is not sleep, but coma. Physiologically it is a period of greatest repose. Every organ has its periods of rest, long or short; the heart but the fraction of a second, the respiratory muscles four times as much, the peristaltic abdominal organs their measured quantity, the brain its measure of sleep. During sleep the brain takes in nourishment, and lays up store of that matter which it expends in its waking operations; for all action is attended by oxydation of the acting organ. Anatomically sleep is a state in which the circulation of the brain is slow, the arteries comparatively empty, and in which arterial blood does not rush rapidly through the capillaries, as when it brings red corpuscles and oxygen for waking exertion, but a languid current permits the brain leisurely to absorb and assimilate the nutrient elements. The state of the brain during sleep has been shown in cases of wound of the skull to be pale, sunken, and motionless, and to rise and move with arterial injection during dreams and on waking. The speaker had trephined a dog under chloroform, and fitted the aperture with a plate of glass, so that the different states of the brain, awake and asleep, could be verified. The different volumes of the brain when distended with arterial blood, or the contrary, are compensated for by the exudation and absorption of the cerebro-spinal fluid, which fills the brain-cavities when the blood-vessels are empty, a process greatly facilitated by the recumbent posture. *Why* does sleep follow the waking state? Because the brain fluids become charged with products of disintegration, and the capacity for further chemical action ceases; just as in a battery the sulphate of zinc accumulates, as alcohol accumulates in a fermenting liquid, and stops the very process by which itself was generated, and as air charged with carbonic acid refuses to support combustion. Dreams, the speaker was proceeding to say, were states of activity of portions of the brain; but the inexorable clock cut short the development of this, the most interesting part of his subject, which the ladies had come expressly to hear. Unfortunately, a large portion of time was occupied in a not very successful attempt at demonstrating the circulation in a live frog's foot. Now the audience, who were expecting to hear of sleep and dreams, would willingly have taken the speaker's word for the fact of the existence of arteries, veins, and capillaries; for, after all, the demonstration of these organs in the web of the frog's foot goes a very little way to prove the fact that sleeping and waking depend on variations in the circulation of the brain. Moreover, the frog's foot seemed to be scorched, and the capillaries to be shrivelled by the heat of the lamp used to demonstrate them. It is occasionally our duty to denounce some selfish and conceited persons who write popular works on Medicine, and make their Profession ridiculous by their self-complacent ignorance and vanity. But of popular information on physiology, or on any other branch of Medical knowledge, if diffused by men who can come before the public with credit, we cannot have too much. Hence we note with pleasure the appearance of Mr. Durham at the table of the Royal Institution, and may say that if his Lecture disappointed the auditors because it was a little too diffuse, yet it left them with an appetite for more, which we hope will some day be gratified.

THE LATE BLENHEIM DISPENSARY: LUCOMBE AND ANOTHER *v.* ASHTON AND ANOTHER.

Two of the Medical Officers of the late Blenheim Dispensary have lately been sued for an amount of £417 12s., by the firm of wholesale druggists carrying on business under the name of Hodgkinson and Co., for drugs supplied to that Institution. One of these gentlemen was Surgeon, the other was Physician to the Dispensary, they both were members of the Committee of Management. We elsewhere publish some facts, forwarded by a correspondent, relating to the mode in which the debt was incurred, and the Medical Officers made responsible. The plea set up by the defendants was that they were not personally liable; they contended that the medicines were supplied on the credit of the funds of the Institution only. The jury found a verdict for the plaintiffs for the full amount claimed. It is needless to say that we regret the circumstances of the case, although we acknowledge that the finding of the jury was in strict accordance with law. It should serve as a warning to Medical men not to allow themselves to be mixed up with the pecuniary management of Medical Charities to which they may be attached. It is enough for us that we give our skilled services to the poor more freely and ungrudgingly than any other Profession or class of the community. Let public charities be administered and supported by the public.

REVIEWS.

Handbuch der Lehre von den Knochenbrüchen. Von Dr. E. Gurlt, Privat-docenten der Chirurgie an der königlichen Universität zu Berlin. Erster oder allgemeiner Theil. Mit zahlreichen Holzschnitten, etc. Berlin: Max Hirsch. 1862.

(*Handbook of the Science of Fractures.* By Dr. E. Gurlt, Private Teacher of Surgery in the Royal University of Berlin. First or General Division. With numerous Woodcuts, etc.)

When we take up a stout octavo volume which professes to treat of fractures in general, reserving all particular fractures for future consideration, and when, as we turn to the last page, the figures 800 meet our astonished gaze, we confess to some degree of dismay and despondency. Have we, then, so much to learn? Does the whole subject of fractures need such total revision? We had fancied that these accidents had been treated indifferently well in our English Hospitals for some time past without the aid of such gigantic treatises.

A further examination of Dr. Gurlt's book relieves us from much of the terror with which we at first regarded him. He is writing for Germans, and they certainly manage these things differently in Germany. With us, a writer who wishes to gain the ear of practical and hard-worked men endeavours to narrow his subject as much as may be, and to let all his sayings be to the point. With them, the more a subject can be expanded, and the more it will bear to be loaded with matter only slightly bearing on it, the better the author likes it, and the more agreeable, we must suppose it is to his readers. In accordance with this principle, Dr. Gurlt commences the study of fractures as soon as possible after the commencement of ossification in utero, and ends it, we presume, though we have not hit on the exact passage, with those which occur post mortem. Moreover, he gives us a digest of almost all that has ever been said or written on the subject of fractures, and on diseases of the bones which predispose them to fracture. In this general view of the literature of the subject, which is prepared with great labour and laudable impartiality, we cannot but notice with satisfaction the prominent place occupied by English Surgeons in all that relates to practical experiment and treatment. And here we must thank Dr. Gurlt for the pains which he has taken to acquaint himself with English literature and practice in relation to his subject,—pains evinced by a correctness of estimate and exactitude of quotation not by any means universally found in the books of our friends on the Continent.

The book commences with a list of works published on fractures in all languages since 1705; then we have a general statistical estimate of the relative frequency of different kinds of fractures, and of the influence of sex, age, the side of the body, and the time of year. The author's conclusion is that of all fractures one-twentieth occur in the head, about one-seventh in the trunk, nearly half in the upper and one-third in the lower extremity. Men are much more liable to these accidents than women, the proportion between the ages of twenty and forty being from 10 : 1 to 11½ : 1. But among very old people the proportion is reversed; between the ages of 70 and 80 cases occur 2½ times as often among women as among men, and between 80 and 90, seven times as often. This change is attributed partly to the fact that the world contains a greater number of old women than of old men.

The Author then proceeds to classify fractures in an elaborate manner, giving greater prominence than usual to partial fractures and forcible bending of bones. The facts produced certainly tend to prove that injuries of this kind vrey often occur, although the signs of them are by no means easily distinguishable, and generally pass unnoticed. Of course all possible directions, conditions, and degrees of completeness, in which bones can be broken, are most copiously discussed, as are all the possible positions which may be given to the broken parts after the accident.

We are next introduced to the general symptoms and diagnosis of fractures; subjects on which we need not refer any man who has acted as dresser in one of our great Hospitals to a work of this kind. We doubt whether the author's approval of the plan of exploring fractures not already compound by the free use of a stout needle will be endorsed by all his readers. Predisposition to fracture is discussed at some length, and with considerable judgment. Among the causes whose relative importance is estimated, are atrophy of the bone-substance, by which the cortical portion is sometimes reduced to the thickness of paper, senile atrophy, marasmus, paralysis, osteomalacia, small-pox, syphilis, mercury, etc. Fractures occurring in rhachitic bones are often only partial, one wall of the medullary canal giving way while the other is merely bent. The consequence of this is, that the canal is intruded upon by the parts of the broken wall, and completely divided into two by the subsequent deposit of callus. We pass over the immediate causes of fracture, both internal and external to the body, and the greater part of the chapter on the process of repair. Some statistics which are given to show the average time occupied in the recovery of fractures are too limited in their range to be of any great use. For example, little can be gathered from the fact that five cases of fractured neck of the femur in the Breslau Hospital recovered after intervals varying from 56 to 207 days, the average being 120; and our own experience would not lead us to place the average for fractures of the shaft of the same bone so high as 91 days. All the untoward accidents which may retard the recovery of the broken limb need not be repeated here. They are dwelt upon with much care by Dr. Gurlt. An ingenious theory, started by a Saxon Surgeon some twenty years ago, to the effect that while the formation of callus is going on in a limb, the growth of the nails on the corresponding hand or foot is retarded, and that, therefore, the progress of the reparative process might be discerned by taking accurate measurements of the nails, is found to have the evidence of facts opposed to it, as was shown by Malgaigne.

In order that nothing might be omitted, the author has allotted twenty pages to the consideration of the means of transport for persons with broken limbs; and this commences with the mode of lifting him from the ground after his accident. Many ingenious devices are suggested for conveying the patient undisturbed, by means of slings, etc. A good substitute for a double inclined plane in cases of fractured thigh may be obtained by placing the thighs against the hinder aspect of the back of a chair, and the legs at right angles to them against the under surface of the seat. In this chapter the ambulance waggons used by the different armies of Europe are compared, and commendation is given to the pattern adopted for the English army in the Crimea.

A very complete and useful analysis of the results of various modes of treatment of false joint and ununited fracture furnishes us with some excellent statistics. Among the remedies tested are,—applications to the skin; electropuncture; immobilisation of the limb; "exasperation," or violent rubbing together of the broken ends; subcutaneous scarification of the ends; ivory pegs and steel screws, setons, and resection. Of these the last and most severe is proved to be the most successful, 71 cases out of 125 in which it was employed having recovered; while in 140 cases in which setons were used only 66 were successful, and of 30 united by ivory pegs and steel screws only half were equally fortunate. Of the 657 cases of treatment collected, 337 (or nearly half) were successful; the number of recoveries was greatest in fractures of the leg,—viz. 1 in about 1½: the proportion in cases affecting the forearm being 1 in 1⅔, in the thigh 1 in 2 (nearly), and in the upper arm only 1 in 2⅔. The greatest number of deaths followed resections of the femur, eight cases out of thirty-six terminating fatally. Among the whole number of 657 cases, however, the list of deaths amounts to only 18, and that of amputations found necessary to only 23. But it must be remembered that the 657 instances in which treatment was applied include 202 in which it was repeated after failure; so that the proportion of recoveries to persons operated on is nearly as three to four. Repetition of treatment was necessary in more than half the number of cases affecting the upper arm, but only in somewhat more than a quarter of those affecting the leg; the fore-arm and thigh being between these proportions. On the whole, the result of these statistics is decidedly encouraging as regards the chances of restoring ununited fractures. Their tendency certainly is in favour of the more radical, as compared with the milder modes of treatment, the proportion of failures having been notably greater in the latter.

We say little about the treatment recommended in this work for fractures in any stage, good and practical as it is, because from what we have seen in German Hospitals we are certain that English Surgeons have not much to learn in that branch of their art from their German brethren. The object of the work, and a very laudable one it is, appears to be rather to make the Germans acquainted with what is being done in other countries, than to address or instruct strangers. Dr. Gurlt has included in his researches the Museums and Hospitals of London, Edinburgh, and Dublin, besides those of all the principal towns of Germany: in fact he claims to have seen with his own eyes the greater part of all the specimens existing in this quarter of the globe. His work is consequently a most valuable book of reference for facts and statistics relating to fractures of all kinds; and a well classified table of contents renders the search for particular subjects an easy matter. But we have before us only the foundations of his intended edifice. We know not what store of material he may have laid up for the superstructure, but if it bears any proportion to this vast base, we shall be compelled to give its author even greater credit for candid and laborious research than that which we now award him. He has certainly conferred a benefit on Surgery by bringing together and impartially weighing so large a mass of evidence; and if he prefers to address his countrymen in their own manner, we must not complain of it, though this manner does not entirely agree with our own ideas.

A Manual of the Diseases of India. By W. J. Moore, Licentiate of the Royal College of Physicians, Edinburgh; M.R.C.S. Eng.; H.M. Indian Medical Service, Bombay Establishment, etc. Pp. 220. London.

Mr. Moore's book is one of very modest pretensions, nevertheless it is carefully got up, and is, we should think, well calculated to promote the object the author professes to have in view. These objects are to furnish the Surgeon proceeding to India with an introduction to the study of the larger standard works upon Tropical and Indian Diseases, and to supply a Manual for the use of European and Native Hospital Assistants at the different Medical Establishments. Of course it is a compilation, and Mr. Moore has evidently read sufficiently to qualify him to make one that can be relied upon. At the same time, where the remarks are original, his opinions and statements are put forth in a manner which is unobtrusive and with a clearness and brevity which we cannot but approve. A copious index adds value to the work.

After some introductory remarks of a general character and two chapters on Indian Hygiene, the several diseases usually met with in Indian practice are discussed. The author distributes them into eight sections, as follows:—1. Diseases depending on malarious influences as a chief cause. 2. Diseases depending on heat as a chief cause. 3. Diseases depending on the combined effect of heat and cold as a chief cause. 4. Diseases depending on vicissitudes of temperature as a chief cause. 5. Diseases depending on specific poisons as a chief cause. 6. Diseases depending on defective diet. 7. On the entozoa commonly met with in India. 8. Diseases depending on climatorial influences, or, secondarily, one or other of the preceding diseases. 9. On some affections supposed to be caused by the moon. Wherever the disease is one of any great importance, a marked predominance in the extent of the chapter devoted to it is given to the detail of treatment. We will transcribe the author's remarks upon "Ardent Fever" as an illustration of the manner in which Dr. Moore manages his subject—not because this is the best chapter in the book but about the shortest typical one. He says this disease

"Is characterised by intense morbid action, tending to rapid exhaustion; chiefly prevails in the months of April and May, and in localities where the temperature is more than commonly elevated. It has by some authorities been regarded as a minor degree of insolation or sun-stroke.

"*Symptoms.*—The attack is generally sudden, with premonitory chills. Dr. Arnott has thus described ardent fever,—'Pungent heat of skin; great thirst; parched, red, and dry tongue; quick, full, and strong pulse; racking pains in different parts of the body; acute headache, with flushed countenance; throbbing of the temples; restlessness, nausea, and vomiting of bilious matters.'

"The duration of the disease is about sixty hours; sooner or later collapse comes on, with more or less of those signs to which 'malignant' may be applied.

"*Complications.*—Inflammatory and congestive conditions of the cranial and abdominal organs.

"*Post-mortem Appearances.*—Serous effusion in the trachea and between the membranes of the brain. Turgescence of the vessels. Redness, ecchymosis, softness, and the products of inflammation in the texture of the bowels and cavity of the peritoneum. Softness and turgescence of the liver.

"As Mr. Low observes, the blood previously deprived of its watery constituents by profuse transpiration, loaded with the carbonic acid of the system, is no longer able to carry on the supporting function of life; the depressed nervous functions can no longer supply the stimulus needed, and congestion of a formidable character ensues. Mr. Day considers the 'nature of ardent fever very much the same as that of continued fever,' being called into being by great atmospheric heat.

"*Treatment.*—Here there is no morbid material in the blood producing the debilitating effects of malaria; and energetic and decided treatment is imperatively demanded. This consists in general and local blood-letting, cold affusion, mercurial and other purgatives; but such means must be adopted at the commencement of the disease, or the rapidly increasing exhaustion will forbid their application. When the patient does not come under treatment till the powers of life are becoming exhausted, we must trust to restoratives, as ammonia, wine, affusion, brandy, and camphor, afterwards resorting to the use of tonics. Particular congestion and inflammation must be combatted by the application of leeches, the exhibition of calomel and opium, the use of hot poultices and fomentations, laxatives and diaphoretics."—P. 100.

Wherever Mr. Moore quotes the opinion of another, he invariably furnishes the reference; so that really the bibliography introduced by way of foot notes is worth something. We anticipate that this little book will meet with a rapid sale.

Memoirs of Baron Larrey, Surgeon-in-Chief of the Grande-Armée. (From the French.)

We cannot say much for this anonymous production. It professes to supply an account of the labours of a great man and a Father in Surgery. In its present form we do not think it will meet from English readers with the acceptance which its translator anticipates. It abounds in Gallicisms which render the meaning of the author by no means at all times clear, and with what we are sure must be mistranslations. We read, for instance, early in the volume of "the use of *boiling* decoction of emollient substances for the parts affected," of "the nitrate of purified potash," etc., etc.

On the Immediate Treatment of Stricture of the Urethra by the Employment of the Stricture Dilator. By Barnard Holt, F.R.C.S., Senior Surgeon to the Westminster Hospital, Lecturer on Surgery, etc. Pp. 56. 1861. London: John Churchill.

Mr. Holt, as our readers may be aware, advocates the treatment of stricture by a process of stretching or tearing, which shall at once restore the natural calibre of the canal, and avoid the tedium of protracted treatment. A full description of his method appeared in the *Medical Times and Gazette* of last year, and we may observe that we have on our table an additional essay by the author, which we hope shortly to publish. This volume contains the papers already published, together with a drawing and description of a strictured urethra, on which the operation of splitting had been performed after death. Mr. Holt's further experience shows him that the method is as safe as it is speedy.

The Royal College of Physicians and Surgeons under the Medical Act: The Introductory Address at Surgeons' Hall, Session 1861-62. By John Struthers, M.D., etc. Edinburgh: Maclachlan and Stewart. London: Simpkin Marshall and Co. 1861.

A short time ago we expressed our disapproval of the want of taste which would convert once a year the lecture-room into a Medico-political forum. The principal aim of the Introductory Address which is now before us, is to enlarge on the "injustice" of the Apothecaries' Act of 1815, to celebrate the removal of "this strange and injurious monopoly," and to exalt the value of the licence to be obtained from the Edinburgh Colleges of Physicians and Surgeons at the expense of that offered by the trading Society in Blackfriars. There is one species of trading we must, however, observe by which the Apothecaries' Company has never degraded those who have affiliated themselves with it, we mean the sale of its qualifications. This is more than can be said of all the Examining Bodies north of the Tweed.

British Poisonous Plants. Illustrated by John E. Sowerby. Described by Charles Johnson, Botanical Lecturer at Guy's Hospital, and C. Pierpoint Johnson. Second Edition. Illustrated with thirty-two coloured Plates, including the principal Poisonous Fungi. Pp. 108. 1861. London: John Van Voorst.

This is a work intended to teach clergymen, schoolmasters, and residents in the country, who are not professed botanists, how to distinguish the common poisonous plants of the woods and hedges. The descriptions which it gives of the plants, and the plates which accompany them, are not only sufficient for their avowed purpose, but calculated to give the reader some insight into the pleasures and advantages of botanical knowledge. The description of symptoms produced by the various poisonous plants is full enough, and the rules of treatment judiciously short; for the authors are not fond of "domestic medicine," and do not wish that a patient who has recovered from a poison should be killed by the antidote. Moreover, there is an abundance of cases showing the ill effects of some of those "simples," or herb medicines, which country folks give so rashly to the sick.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, March 1.

THE SOCIÉTÉ DE CHIRURGIE.

At the late anniversary meeting of the Société de Chirurgie, (one of the most influential Parisian Medical Societies,) M. Laborie, on resigning his seat as President, delivered a short *résumé* of the labours of the Society during the past year, which showed the great progress continually made in France in every department of Surgery. A prize and honourable mentions were then awarded to Dr. Fournier for an Essay on Syphilitic Contagion, to Dr. Eugène Nélaton for a Paper on Tumours, and to Dr. Péan for a *Thèse* on Scapulalgia; after which M. Broca, the First Secretary of the Society, delivered an oration on the lately deceased Professor Lallemand, who had been Honorary Member of the Société de Chirurgie. He said that Lallemand had been one of the most original French Surgeons of the present time. His independent spirit led him to avoid the beaten track, which is still followed by many of the so-called Heads of the Profession; and his studies were directed to the most diverse subjects. He delighted in taking up the most arduous points in Medicine, and his Essay on the Brain ("*Lettres sur l'Encéphale*") will always be considered one of the best Medical books of the nineteenth century. In studying the cerebral affections, he discovered the remarkable connexion existing between certain disturbances of the intellect and loss of sperma, and then wrote his "*Traité des Pertes Séminales,*" which M. Broca described as one of the most remarkable works in the whole range of Medical literature; it was entirely novel, the form not less than the idea. A fertile imagination, controlled by a still more powerful understanding; a manly and generous perception; a profound knowledge of man in his physical, intellectual, and moral character; a nervous, clear, elegant, and rich style—these are the qualities which, according to M. Broca, distinguish this work, in which physiology, pathology, philosophy, and anthropology, shine with an equal brilliancy. Without wishing to break through the old-established rule of "*De mortuis nil nisi bonum,*" I believe we may justly question the unconditional praise bestowed by M. Broca on this work of Lallemand's, in which. no doubt, a "fertile imagination" is not only "manifested," but is allowed to run riot, and delights in setting up fantastic theories, which have not only done an immensity of harm in their time, but continue to do so even now-a-days; there being no doubt that Lallemand, although a man of the purest intentions, became unwillingly the father of the abominable literature on spermatorrhœa which is the reproach of our time.

M. Broca afterwards enumerated the merits of Professor Lallemand in Practical Surgery. Amongst these, the most important are his treatment of erectile tumours by artificial obliteration of the morbid tissues; more secure proceedings for the cauterisation of the urethra; a new operation for vesico-vaginal fistula; besides a large number of less important modifications of operations, accounts of which are to be found in different periodicals.

In 1845 Lallemand was elected Member of the Institute of France. He then gave up his practice at Bordeaux, and came to live at Paris. In this new phase of his life, he gave his leisure time to composing books on education, morals, and politics. In 1848 he published a treatise on physical education, and, in 1852, one on moral education. One of his last works, published in 1843, and of which an English translation appeared in 1848, was entitled "Hasheesh," and was, at the time of its appearance, considered one of those Utopic dreams in which political literature is so rich. After a sleep of a hundred years, the author shows us the state of society in 1943, and predicts with curious accuracy, as events to come, the practical assertion of the principle of nationalities, universal suffrage, the liberation of Italy, the annexation of Nice and Savoy, the war of the allied armies in China, besides a war between England and the United States, and the independence of India and Poland.

THE PHYSIOGNOMICAL MUSCLES.

M. Duchenne de Boulogne, who is well known by his valuable writings on Medical Electricity, lately brought before the Academy further results of his researches on the physiognomical expressions, as caused by the contractions of the individual muscles of the face. According to him, the frontal muscle expresses attention, the orbicularis reflexion, the corrugator pain, and the pyramidalis nasi sadness; the zygomatic major expresses joy, and the zygomaticus minor grief; if bitter tears are shed, there is always a contraction of the levator alæ nasi et labii superioris; the transversus nasi expresses disdain, and the buccinator irony; the triangularis labiorum is the muscle of sadness and also of aggression; the levator menti expresses disdain and doubt, the platysma terror and anger; the quadratus menti is the complementary muscle for irony and aggression; the dilatator narium is the complementary muscle of violent passions; the masseter expresses anger and rage; the palpebralis contempt and grief; the orbicularis inferior benevolence and gladness; the excentric fibres of the orbicularis oris doubt and disdain; the concentric fibres of the same muscles aggressive and bad passions. The upward gaze conveys recollection; the oblique gaze, when directed upwards and sideways, ecstacy and "sensual delirium;" the oblique gaze, when directed downwards and sideways, defiance and terror; and the downward gaze, sadness and humility.

PRUSSIA.

Königsberg, February 25.

SURGERY IN KÖNIGSBERG.

The soil of this Province is proverbially barren, and the genius of its inhabitants critical and unproductive. Thus, while we cannot boast of any important discoveries in the science and art of Medicine and Surgery, we have, on the other hand, the greatest possible abhorrence of anything in the shape of charlatanism, which is unfortunately not always confined to the "advertising quacks." Medical and Surgical experiments on the living subject (frogs always excepted) are never heard of amongst us. We do not excise the large blood-vessels of the neck if they are surrounded by tumours; we never remove the spleen for the radical cure of tumours of that organ; we do not perform resections of the knee and hip-joint, afterwards to publish the encouraging result that there have been more deaths than cures; nor do we indiscriminately cut away every cancer which may happen to be accessible to the knife. Of resections—these pet children of modern Surgery—scarcely any are performed here but those of the elbow. A case of the latter description, which is worth mentioning, lately occurred in the practice of Professor Wagner. The patient had had a fracture of the olecranon and the external condyle of the right humerus, which had been badly treated, and had healed with deformity: osseous anchylosis and complete uselessness of the arm being the consequence. Professor Wagner performed the total resection of the cubitus, with the result that the patient was again able to use his arm as before. The epiphyses united by firm fibrous tissue, and soon afterwards the muscles of the arm regained their former bulk.

The same Surgeon had recently under his care a patient who had for thirty years suffered from violent neuralgia of the infra-orbital nerve, the seat of which was evidently peripheral, but which had baffled all Medical treatment. Two years ago Professor Wagner removed a piece of the diseased nerve, eleven lines long, and thereby literally cut away the pain. For fifteen months the patient remained perfectly well, but after that period fresh fits of neuralgia came on, which, although at first slight, soon resumed their previous violence. The internal administration of narcotics, and the subcutaneous injection of the sulphate of atropine, had no beneficial effect whatever, so that another operation became necessary. Professor Wagner had convinced himself by previous experience that a newly-formed nerve is so firmly soldered to the sides of its canal that it is impossible to extract it, and that it can only be removed together with the bone surrounding it. The margo infra-orbitalis was laid bare, the peri-orbita removed from the orbital surface of the body of the upper jaw, and resection of the parts immediately surrounding the whole infra-orbital canal performed by means of the stitch-saw. The piece of nerve thus removed was eighteen lines long. The tic-douloureux persisted for a few days after the operation, probably in consequence of exudation in the antrum Highmori, by which the end of the nerve was irritated. After the pus had been allowed to escape, the pain entirely ceased, and has not since returned.

GENERAL CORRESPONDENCE.

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POISONING BY STRYCHNIA.

LETTER FROM DR. WILMOT.

[To the Editor of the Medical Times and Gazette.]

SIR,—Although in the following case the details of symptoms are, from circumstances which will appear in the sequel, very imperfect, still the comparative rarity of these cases renders it desirable that any well-ascertained facts connected with them should be placed on record. The periods between the swallowing of the poison, the first exclamations that accompanied the spasms, and the death, were pretty accurately determined, and there are other points which you may deem sufficiently important to deserve a place among the annals of Forensic Medicine.

A girl, aged 18, general servant at a small grocer's, was detected in pilfering money on the evening of January 21, 1862. She was forgiven, but told that she must leave on the following day. She went out and bought sixpennyworth of vermin poison at a druggist's. At half-past eleven she, as well as her master and mistress, retired to their bedrooms. In two or three minutes the mistress hearing the girl go down stairs, presently went out to see what she was about. She met her on the stairs returning with a tumbler containing a whitish liquid which the girl said was some milk and water to drink in the night. No further notice was taken, and each retired to her room. In fifteen or twenty minutes loud groans were heard proceeding from the girl's room, and the master going in, there being no light, asked the girl what was the matter. He received no answer, and from the convulsive sobbing, choking character of the breathing, being apprehensive that she might have strangled herself, he put his hand to her throat, but found nothing there. He recollects that when he tried to lift her head, the neck felt very stiff. She exclaimed "Lord, have mercy upon me, and forgive me for what I have done," two or three times. On summoning his wife and procuring a light he found that the girl was in bed, undressed, nearly turned over on her face, the arm moving and the body twisted with a sort of writhing motion. An empty tumbler was by her side, its inside smeared with a bluish opaque residue. Believing the girl had taken poison, he then sent for Mr. Duncan; on his arrival he found the girl dead. No one was present at the death; the master had gone to see if the messenger was returning, the women were too nervous to remain in the room. The girl had mixed the potion and burnt the paper, undressed, and got into bed, and had placed the tumbler by her side after drinking off its contents. She could not have swallowed the poison before twenty minutes to twelve. The groans were heard at five minutes before twelve; the messenger left the house as the clock was striking twelve; and Mr. Duncan arrived at fifteen or twenty minutes after twelve. So that the time from taking the poison till death was about thirty-five minutes; from drinking to groans fifteen minutes; groans to death twenty minutes.

Mr. Duncan sent for Mr. Hicks of the Infirmary, not choosing to stand alone under the circumstances. They both remarked that the fingers were not flexed or stiff, nor was there any rigidity of the body, which was nearly in a prone position towards the left side. The tumbler was taken home. During the day the purchase of the vermin powder was traced to a druggist's shop; some of the same was now procured and corresponded in colour with the smearings on the tumbler. The druggist did not know the composition of the powder. On the following morning, (thirty-three hours after death,) Mr. Duncan, Dr. Barry, Mr. Hicks, and myself, examined the body. It was very rigid, but not distorted; the fingers were tightly flexed and livid; the eyelids not quite closed, the eyes remarkably bright, without the slightest opacity of the cornea; the pupils were moderately and equally dilated. Countenance not distorted; lips livid and rather shrunk,—cheeks coloured in patches. Colour of the body varying from purple to bright red, especially on the left arm and most depending parts. The body was well developed and very fat. The only unusual appearance on opening the abdomen was a rosy hue of the peritoneal surface of the small intestines. They were moderately distended with air, and no part of the bowels was contracted. The other viscera were healthy; the gall-bladder was half full of healthy bile; the urinary bladder empty, (the urine had been expelled in the bed.) The uterus was small, not impregnated. The ovaries large, the right one somewhat congested. She was not menstruating. The lungs were crepitant throughout, livid or red on parts of their surface. Heart of natural size, flaccid; the right cavities contained much dark fluid blood, the left very little. The blood was everywhere dark and fluid. There was rather an unusual quantity of serum in the pericardium. The body exhaled a peculiarly offensive odour which seemed to proceed principally from the fat; it resembled that of rancid unsalted butter. Want of time prevented our examining the brain or spinal chord. We tied and removed the stomach. On cutting it open we found it to contain the remains of two oranges, the pulps having been swallowed in large lumps, and about 7 oz. of opaque yellowish-brown fluid without any tinge of blue colour. The lining membrane, both at the cardiac and pyloric end and along the lesser curvature was of natural colour. About the centre of the greater curvature there was an injected patch to the extent of a crown piece, with which a portion of an orange seemed to lie in immediate contact. We found that by applying fresh orange-juice to some of the powder we had purchased, the blue colour was removed. Believing that all these vermin powders contained strychnia, we applied the colour tests with sulphuric acid and bichromate of potass, to some of the fresh powder and to some collected from the tumbler, with perfect success. The fluid from the stomach did not yield results equally satisfactory, the transient colours being no doubt interfered with by the presence of extraneous matters. But we could have no doubt of the presence of strychnia in the stomach after we had killed frogs with all the symptoms of strychnia poisoning, by placing them in separate basins,—one up to its throat in diluted contents of the stomach; one with the scrapings of the stomach introduced under the skin; one with some fresh powder; and one with one-third of a grain of strychnia similarly introduced. The tetanic symptoms in all were precisely similar, varying only in the time of their commencement. We made a rabbit (the only animal we could then procure) swallow half an ounce of the contents of the stomach. In one hour and a quarter it tumbled over on its side, seized with clonic spasms, but righted itself in one minute, and finally recovered. There could now be no hesitation in bearing witness that death was caused by strychnia. A reply was subsequently received from the proprietor of the vermin powder in a distant county, in which he informed Mr. Duncan that the active ingredient was strychnia. He did not state the proportion. We found that sixpennyworth weighed, with the paper, one drachm. The process of ascertaining the exact amount of strychnia in this was too tedious and too delicate for us to undertake, nor was it essential to the ends of justice. The jury returned a verdict of *felo de se*.

Remarks.—Besides the rapidity with which death ensued, perhaps the most noticeable fact in this case is the total absence of the blue colour in the contents of the stomach, notwithstanding the large quantity swallowed. Whether this was owing to the orange or the gastric juice may be a question, but the fact is worthy of record, and will recall to the recollection certain particulars in the trial of Madeleine Smith.

With regard to the facility with which these deadly poisons may be procured, I think all must agree that more stringent restrictions are required. I am aware that in this age of competition and struggle for subsistence, many tradesmen are unwilling to refuse a customer lest he should apply successfully at a rival shop, and, having once entered it, extend his future purchases there. But if the law were rigidly enforced the refusal would be as certain at one shop as at another.

This girl, whom the druggist recognised by sight only as living a servant with some one in the neighbourhood, runs to his shop, and says her mistress (or Mrs. G., he is not sure which) has sent her for some poison to kill mice, enquires whether it is to be in a bottle or paper; ask for four or five pennyworth; is told that it is to be a powder, in packet of either threepence or sixpence. She says, "Oh, then, sixpennyworth." Nothing peculiar is remarked in the girl's manner, and, without cross-questioning, or requiring a written order from her mistress, or the presence of a witness, the fatal dose is presented, and the sixpence received. Obtained for a felonious purpose, to that purpose it is applied, fortunately on the person of the purchaser, or more than one death would have ensued.

In applying for these deadly poisons it ought to be imperative that at least one witness should accompany the applicant, the names, etc., being entered and signed, or, at least, that a written order from a known responsible party should accompany the demand. This would furnish some safeguard against obtaining them for felonious purposes, the necessity of providing a witness often deterring from secret crime. The colouring and legible marking of "Poison" are a principal precaution against accidents.

No precautions can avail against the hundred modes of committing suicide; but where the fancy leads to suicide by poison, difficulties may be thrown in the way of gratifying it, and thus, perhaps,

——"the current turned awry,
And lose the name of Action."

I am, &c.

Tunbridge Wells, February 10. J. B. Wilmot, M.D.

Cessation of Plague in the East.—M. Latour observes (in the *Union Médicale*) that the sending on the part of France Medical Sanitary Officers to Constantinople, Smyrna, Beyrout, and Damascus, has shown that some exaggeration had prevailed with respect to the statements relative to the prevalence of the plague in the East. It was said to rage epidemically, and to be always present endemically, so as to be easily found by those who sought for it. Yet these Sanitarians have now been located in the East for fifteen years, as sentinels to give alarm to Europe on anticipated invasions, without having met with a single case of the disease! Since the great epidemic of 1835 nothing of the disease has been seen in Egypt.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY ANNIVERSARY MEETING.

Saturday, March 1.

Dr. Babington, President, in the Chair.

From the Treasurer's Report it appeared that the gross receipts during the year had been £1416 16s. The disbursements had been £74 less than the receipts, there being a balance in hand of £47, and £47 6s. having been invested in Government Stock. £241 had been spent in the purchase of books, in book-binding, etc. A sub-committee having recommended to the Council that a *soirée* should be given in the summer to the British Medical Association, the Council determined to submit the matter to the Society at large. Another question of importance was discussed, which was as to the propriety of enlarging the library, and adding rooms to the present house for the purpose of conducting scientific investigations; or whether the Society, having nearly £4000 in the Funds, should remove to a more convenient house, or erect a new building for themselves.

In moving the reception and adoption of the Report, Dr. Webster expressed his gratification at the prosperity of the Society, and was glad to perceive that as much as £170 had been spent in the purchase of foreign works. £20 had been awarded to the Committee on Suspended Animation. He should like to see other committees appointed for inquiry into important and scientific questions of public interest.

Some discussion took place respecting the appropriation of £100 for the expenses of a *soirée* to the Members of the British Medical Association.

After a lengthened debate, in which several prominent Members of the Society took part, the Treasurer's Report and the Report of the Council were received and adopted. The result is that the matters discussed are referred to the Council, that they may take such steps as they may think proper; and that they may call a special meeting of the Society to carry out any or all of the suggestions which have been made.

The ballot was announced as follows:—*President*—Dr. Babington. *Vice-Presidents*—Dr. Sharpey, Dr. Hodgkin, Sir James Ranald Martin, C.B., and Mr. Bowman. *Treasurers*—Dr. T. Barker and Mr. Charles Hawkins. *Secretaries*—Dr. Sieveking and Mr. Charles Moore. *Librarians*—Dr. Barclay and Mr. Pollock. *Other Members of the Council*—Drs. H. W. Fuller, George Johnson, W. Markham, H. Pitman, and W. Wegg; Messrs. J. A. Bostock, Mitchell Henry, Barnard W. Holt, P. Jackson, and R. Partridge.

The President then delivered the Annual Address, of which the following is an abstract:—He said that, in conformity with the usages of the Society, it devolved on him on this occasion to remind the Fellows of the great losses by death which the Society had sustained during the past year. It was a retrospective duty, he observed, to the memory of their departed colleagues, in itself by no means without its utility; for by an enquiry into the good works of those whose earthly career is finished, we may learn a useful lesson in regard to ourselves, and seeing how much some amongst us have accomplished, be thus stimulated to make a good use of our own time, uncertain as it is with us all how soon we, too, like them, may be summoned to render a final account of our stewardship before the Great Author of our being. The first in the list of deaths, which he noticed in the order of their occurrence, was one of the foreign Honorary Fellows, Professor Frederick Tiedeman, M.D., who was elected in 1835 to that honourable position. He was born at Cassel on August 23, 1781, was an excellent anatomist, whose labours were much influenced by the peculiar conditions under which his mental faculties were developed. His father, who was a distinguished philosopher, was long and deeply engaged in studying the phenomena of the mind, and it was under his guidance that the son's intellect was cultivated. He commenced his studies at the Gymnasium in Marburg. In 1798 he matriculated as a student at that University, where in 1804 he took his Degree as Doctor of Medicine. An immense amount of information, a sedate character, and, above all, the name which he bore, won for him the confidence of the public, and he soon got into extensive private practice. About this time, however, a contagious epidemic broke out at Marburg, and his father was amongst its first victims. After this afflicting event, the son took a decided aversion to the practice of Medicine, and he never afterwards followed the Profession. Being yet uncertain as to the course which he should pursue, he went to Würtzburg with a view of attending Schilling's lectures; but, as he himself thirty years afterwards expressed it, "this great philosopher by his brilliant but fantastical views of the physical world, himself cured me of all the temptation to abandon the path of observation and experimental research." Tiedeman's mind was of a quality to resist the seductions of the "philosophy of nature," and to prefer listening to Cuvier, the enlightened interpreter of "experimental philosophy." He proceeded to Paris, and on his arrival found Cuvier engaged in forming that rich collection, which soon became so celebrated under the name of "Cabinet d'Anatomie Comparée." From this period, when he sought to acquire his knowledge of comparative anatomy, Dr. Babington traced his career whilst Professor of Anatomy and Zoology in the University of Landshut, to which Tiedeman was appointed on the recommendation of Soëmmering. His visit to the shores of the Adriatic, his professorship at Heidelberg, his refusal to occupy chairs in 1818 at the University of Bonn, and in 1833 in that of Berlin, vacated by Rudolph, until 1848, when he qutited Heidelberg to avoid the troubles and convulsions of a disastrous revolution, and took up his abode at Bremen, where he sought to relieve his mind by study from its anxiety for his beloved country. Dr. Babington also passed in review the great literary labours of the distinguished Fellow, and followed him in his career to Frankfort-on-the-Maine to the residence of his son-in-law and old pupil, M. Bischoff, where he died in January of last year, in the seventy-ninth year of his age. John W. Francis, M.D., Professor of Materia Medica in the University of New York, was the next. He was elected in 1816, and was one of the most eminent men of his profession in the United States. He was the school-fellow of Washington Irving, and kept up an acquaintance and correspondence with eminent men in this country. He had whilst frequently here intercourse with Sir Walter Scott, Abernethy, and Edmund Kean, and in company with his friend Leslie, the late Royal Academician and distinguished American artist, attended the *soirées* of Sir Joseph Banks. He was a great patron of the arts and sciences, and died in February, 1861, at the age of seventy. Henry Shuckburgh Roots, M.D. of Cambridge (1829), was born on the 25th of September, 1785; was elected a resident Fellow of the Society in 1819, and died on March 8, last year, at the age of seventy-five. He was well known and respected, and was the son of Mr. George Roots, a highly respectable Practitioner of Kingston-on-Thames, where his family for three successive generations practised physic with success. His studies were commenced under his elder brother, Mr. Wm. Roots, of Kingston, and were completed at Edinburgh. He graduated as Doctor of Medicine at St. Andrews on November 2, 1816. Dr. Roots was admitted a Licentiate of the College of Physicians in 1818. He was Physician to Carey-street Dispensary, and subsequently, of St. Thomas's Hospital in 1828, which, by his practical Medical skill, he raised to a high pitch as a School of clinical teaching. Dr. Roots resigned his office at St. Thomas's in 1839, when the governors, in order to mark their sense of his great services, created a new office for him, that of Consulting Physician. Towards his Professional brethren he ever bore himself most honourably, and, justly estimating his own worth, he was firm in demanding from his patients a fair remuneration for his valuable services. Sir Wm. Pym, M.D., K.C.H., was elected a non-resident Fellow in the year 1816. He was born in Edinburgh in 1772, and received his general and professional education at the celebrated University of the northern capital. After a period of service in the Navy, he entered the Medical Department of the Army in 1792, and was ordered to the West Indies, where he served as Surgeon of a flank battalion, 1794, commanded by Sir Eyre Corte, in the expedition under Sir Charles Grey, which landed at Martinique in the early part of that year. He was present at the reduction of the island of Martinique, St. Lucia, and Guadaloupe, on which the troops, particularly the battalion to which he was attached, underwent great hardship and fatigue. It was at Martinique he first encountered yellow fever, and there commenced those labours which contributed so largely to the elucidation of the nature of this terrible scourge of the tropics. After his return to England, he served with the Army in Sicily, Malta, and Gibraltar, in which latter place he was the Medical attendent of H.R.H. the Duke of Kent. He was appointed Superintendent of Quarantine at Gibraltar, subsequently Deputy-Inspector of Hospitals, and afterwards, by Lord Liverpool, Superintendent of Quarantine at Malta. His labours regarding quarantine, for which he did more than any other man, were highly valued. Sir Wm. Pym died on March 18 last, having nearly completed his ninetieth year. Mr. Wm. Harkness was elected a resident Fellow in the year 1858, and was grandson of one of the original members of the Society, John Harkness of Ratcliffe. He was a Member of the College of Surgeons, and Demonstrator of Anatomy at the London Hospital. He died in March last, at the age of twenty-five years. Mr. Richard Blagden was latterly a non-resident Fellow of the Society, elected in 1839, and served on the Council in 1847-9; was in extensive practice as an Accoucheur; was Surgeon-Accoucheur Extraordinary to the Queen, and Surgeon in Ordinary to H.R.H. the late Duchess of Kent. Mr. Blagden died on March 31 last, at the age of seventy-two. Dr. John Clarke, born in the West Indies in 1805, of European parents, was elected a non-resident Fellow in 1845. He commenced his studies under Mr. Parkin, of the Royal Naval and Marine Hospital, Woolwich, in 1822, graduated at Edinburgh in 1827, and in the same year became a Member of the College of Surgeons. In 1827, he entered the Army, and served in India, Jamaica, and Canada, where he was appointed Deputy-Inspector of Hospitals. Latterly he was employed in Cork as Medical Officer of the south-western district till his death, at the age of fifty-six, which took place on April 27, 1861. Dr. Clarke was justly esteemed by his brother officers for his integrity and uprightness of character. Mr. Henry Gray, whose melancholy death was noticed by the learned President in the most eloquent terms, and at such a length as to prevent its insertion here, was admitted a Fellow of the Society in 1850, and died on the occasion of his nomination as Assistant-Surgeon to St. George's Hospital on June 6 last. The President also passed high eulogies on the life and labours of the late Professor Quekett, Dr. Sayer, and Dr. Henry Davies; and in a becoming manner passed in review the career of Sir Edward Johnson, M.D., K.C.S.; Dr. Bernard Gilpin, and Dr. Metcalf Babington, and concluded a very elegant address by noticing the fulfilment of the objects for which the Society was formed. The library was rich in valuable works, and was second only to that of the Royal College of Surgeons. He noticed the impetus given by the progress in Medical Science to the notion which has been entertained and carried out of forming separate and independent Societies, as well as the number of Medical Societies attached to Hospitals, and dwelt on the benefits likely to result from the appointment of Committees of Investigation by the Council of the Society.

The address, which was throughout listened to with marked attention, at its conclusion elicited general applause.

On the motion of Mr. Cæsar Hawkins, a vote of thanks was accorded to the President for his excellent and impartial conduct in the chair, and for his very able address, with a request that he would allow of its publication in the *Proceedings* of the Society.

Votes of thanks were also accorded to the out-going members of Council.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 18.

DR. COPLAND, President, in the Chair.

AT a previous meeting Mr. ERNEST HART showed a

CYSTIC TUMOUR OF THE BREAST,

removed on the previous day, with the assistance of Mr. Christopher Heath, from the breast of a married lady, aged 52. It had been under his observation for nearly two years. When first seen, the breast seemed only to be indurated at its lower part, and beneath the skin could be felt, as it were, tubular indurations as of hardened ducts. Pressure on them produced the flow of clear serum, and, after a time, of sanguineous serum from the nipple. During the progress of the disease the nipple remained unretracted, and the skin over the tumour moveable and natural. Subsequently the tumour increased a good deal in size, and fluctuating points, as of cysts near the skin, could be felt. Pressure on any of these produced serous discharge from the nipple. A section of the tumour showed innumerable cysts throughout its substance, varying in size from a pin's head to a filbert, some containing sero-sanguineous fluid; others a fatty fluid, and a few a highly-organised and partly villous growth. Mr. Hart believed the tumour to be of innocent nature, and an example of an unusual form of cystic disease of the breast. Sessile and multiple cysts rarely originated in ducts, but here the clinical history suggested such an origin. He directed attention to the symptom of a continued and free flow of serum from the nipple throughout the progress of the tumour as one which he considered usually to favour the belief in the innocency of mammary growths, and which might afford to the Surgeon some diagnostic aid. It was not so common, he thought, to find cystic disease of the mamma in married as in unmarried females; but this patient was the mother of many children.

Dr. O'Connor exhibited a specimen of

ABDOMINAL CANCER.

The patient, a woman, aged 70, was admitted for the ordinary appearances of abdominal dropsy. Masses were to be felt in both hypochondria and in the right iliac region. At one time she had hæmorrhage from the bowels, but subsequently there was constipation; for ten days before death it was complete. The finger could not be passed more than an inch up the rectum, nor more than to the same extent up the vagina. At the end of the ten days' constipation she became comatose and died. On opening the abdomen, the bowels were found to be covered over by fluid, healthy fæces. A large tumour was found in the pelvis containing colloid matter. The liver was full of cancerous masses. The colon had been ruptured near the caput coli.

Dr. Crisp showed a specimen of

PERFORATION OF THE STOMACH BY ULCERATION.

The particulars are:—A maid-servant, eighteen years of age, pallid, anæmic, but of good health, except that she was dyspeptic, suffering pain at the region of the stomach, acidity, etc. She was seized one day in the street, soon after taking a hearty breakfast, with violent pains, and died eighteen hours later. The symptoms were somewhat remarkable. Towards the termination of her illness she felt better, and got out of bed, but on her friends going up to her room afterwards she was found dead. Two or three pints of yellow serum was found in the cavity of the abdomen, and an opening in the stomach about an inch and a-half from its cardiac end. There was no thickening of the edge of the opening, but it looked just as if punched out. It seemed, Dr. Crisp said, as if for some time the only barrier had been the peritoneal coat. This at length had suddenly given way, and the fluid had escaped. The heart was flabby and loaded with fat. The pericardium containing more than its usual quantity of serum. To this and the fluid in the abdomen Dr. Crisp thought that the suddenness of the death might be due. There was an entire absence of inflammatory symptoms, no redness, no effusion of lymph, and this probably accounted for the mitigation of the symptoms before death. In the uterus there was a small tumour the size of a filbert. Twenty years ago Dr. Crisp said he had directed attention to cases of perforating ulcer of the stomach in chlorotic girls. He then gave briefly the results of the statistics he had collected.

Dr. Schulhof said that he had recently had under his care a case in which the symptoms during life were like those mentioned by Dr. Crisp. He felt certain that the case was one of perforation, but was not allowed to make a post mortem examination.

In reply to the President, Dr. Crisp said that the question might be raised whether eating coal and other similar things, which chlorotic girls were in the habit of doing, might not be the starting-point of ulceration—a piece of some foreign body creating continual irritation at one point.

Mr. Forbes showed a specimen of

RECENT EXTRAVASATION OF BLOOD ON THE BRAIN.

In October last, the patient, a woman, aged 50, had had an attack of hemiplegia in the left side, from which, however, she speedily recovered. She was again attacked by cerebral symptoms a few days ago, and died. A large clot was found in the left hemisphere of the brain.

Mr. Curgenven then showed a specimen of

CANCER OF THE BODIES OF THE LUMBAR VERTEBRÆ.

Thirteen months before death the patient began to suffer from pain in the lumbar region. The pain extended to the knee, and the muscles of the leg became paralysed. She had also cancer of the left breast, but this began to shrivel before the cancer in the vertebræ developed itself, and after death very little cancer structure was found. It was not until a few days before death that cancer was discovered elsewhere; then the liver was found to be much enlarged.

Dr. Goodfellow showed

A KIDNEY WEIGHING THREE-QUARTERS OF AN OUNCE.

It was taken from a patient who was brought into the Hospital in a state of coma, and died in a few hours. Albumen was found in his urine, and it was at first thought that he had died of uræmia; but there was found pneumonia of the right lung and meningitis. The right kidney weighed eleven ounces and a-half, and was quite healthy; the left was unusually small, weighing only three-quarters of an ounce, but beyond the thickening of the capsule there was no disease. Probably, Dr. Goodfellow said, it had been rudimentary from the first. That it was capable of secreting, was shown by the presence of calculi in the calices. The middle third of the ureter was unfortunately not examined, but the parts attached to the kidney and to the bladder were pervious.

Dr. Peacock exhibited a specimen of

MALFORMATION OF THE HEART

in a boy 9 years of age, who had been under his care for about five years at intervals. When born he was reported to have been very dark-coloured, and he continued extremely livid about the face and extremities throughout his life. At the age of six months he began to suffer from attacks of dyspnœa, terminating in convulsions and syncope, in which he became very deeply cyanosed. For some time before his death he had been in better health, and had not suffered from the violent attacks of dyspnœa. He died unexpectedly with convulsions. The pulmonary artery was found greatly contracted at its origin from the ventricle, so as barely to admit of the passage of a common cedar penholder. There was an aperture at the upper part of the septum of the ventricles, so that the aorta communicated with both cavities. The right ventricle was very large, and its walls thick and firm, the left was small, and its walls feeble. The ductus arteriosus and foramen ovale were closed. The heart was large for the age of the subject—weighing four ounces avoirdupois. Dr. Peacock also alluded to a very large heart which he had recently had an opportunity of examining. The walls were somewhat, but not much, thicker than usual, but the cavities and orifices were larger than in any heart which he had examined. The organ weighed twenty-six ounces avoirdupois. There was no valvular disease or disease of the aorta, though from the dilatation of the ventricle the left auriculo-ventricular valves were probably incompetent. The patient had had rheumatic fever and pericarditis, and the disease probably depended on failure of the muscular powers.

Dr. Hare exhibited

SIX INCHES OF THE ILEUM PASSED PER ANUM, THREE MONTHS BEFORE DEATH: ALSO THE PART OF THE INTESTINES (PERFECTLY CICATRIZED) WHENCE THIS PORTION CAME.

These very rare and interesting specimens were kindly sent to Dr. Hare for exhibition to the Pathological Society, by Dr. Hearne, of Southampton, under whose care the case had occurred. A lady, aged 41, presenting some tuberculous symptoms, had engaged Dr. Hearne to attend her in her confinement, expected in November, 1860, when, on October 20, he was summoned to see her for acute peritonitis, the pain and tenderness being greatest over the right side of the abdomen; on the 30th she was delivered, naturally, of a living child, but the pain and tenderness of the abdomen continued very great and the prostration extreme; there was much sickness; constipation at no time lasted more than two days, and at other times there was diarrhœa. On the 14th day of the attack, she passed the portion of intestine mentioned above, and she subsequently appeared to be in the greatest danger of sinking into complete collapse; but, under the influence of opium and stimulants, she gradually improved, and might be considered convalescent as regards her abdominal symptoms, on about the 28th day of the attack. The evidence of phthisis, however, became more marked, and she died of that disease very nearly three months after passing the portion of intestines. This portion was about six inches in length, of a very dark purplish grey colour, somewhat sloughy, but presenting a perfect cylinder, the ends being uneven and rugged. The specimen, however, of especial interest was the one showing the part of the intestinal tract whence the intussuscepted portion had been separated, and this separation was found to have taken place at the lower part of the ileum, about fifteen inches above the caput coli. The small intestine there was somewhat puckered on one side into a kind of small pouch, but the line of union (where the separation had occurred) which ran somewhat obliquely across the intestines, was so complete that it could scarcely be detected except by holding up the intestine between the eye and the light, when the thin character of the intestine clearly pointed out the line (or "seam") where the union had taken place. Just below this line a very peculiar body was found; it was about three-quarters of an inch long, and rather more than that transversely; it was perforated vertically (*i.e.*, in the same direction as the axis of the intestines) by a hole which would admit a moderate-sized quill, and both the perforation and the exterior of the small body were covered with mucous membrane. The little body was firmly adherent by one of its sides to the interior of the intestines, but elsewhere was free and projected into the cavity of the intestines. At first it seemed difficult to account for the presence of this peculiarly-shaped body; but on further consideration it appeared almost certain, according to Dr. Hare, that it had been produced by the intussuscepted portion of the intestine having laterally formed an union over a limited space by means of effused lymph with the sheath of the invagination; the part of the invaginated bowel *below* this adherent portion had sloughed off and had been passed per anum; while the *upper end* of the invaginated bowel, just *above* the adherent portion, had separated from the rest of the intestine exactly at the neck of the invagination where the remarkably perfect union (already described) between the sheath of the invagination and the intestine above, had occurred. The effused lymph having become organized, vascular connexion was established between the remnant of the invaginated part and the intestinal canal, and the former (presenting in reality a complete, though contracted transverse section of the intussuscepted part), and thus accounted for the curious and, perhaps, unique phenomenon of a cylinder of intestine, growing, as it were, within the intestinal canal.

Mr. Ernest Hart showed a drawing of an

ATROPHIC SCIRRHUS OF THE BREAST

from an old lady, aged 75. The disease was of twenty-four years' duration. Two years ago, assisted by Mr. W. H. Flower, of the Middlesex Hospital, he had successfully extracted a senile cataract, the section healing rapidly. She lately died of senile debility. The breast had been for many years atrophied, the nipple shrunken, and from it radiated folds and prisms in the skin which were indurated. Twenty years since, there had been a hardened mass, pronounced to be scirrhus, and having all the signs of that disease, as to which the question of amputation was entertained. Gradual shrinking had occurred painlessly. It was probable that in this case the cellular septa of the breast were the original seat of the disease, and that, as these became altered, hardened, and degenerated, the true gland tissue was strangled and wasted by the pressure.

Mr. W. H. Flower had assisted Mr. Hart at the operation for extraction of the lens, and had examined the breast, which presented exactly the appearances described. In four cases somewhat similar, mentioned by Mr. Moore in the "System of Surgery," the atrophy of the scirrhous mammæ had been followed by re-appearance of the disease elsewhere, causing death.

Mr. Nunn mentioned some further cases in the cancer wards of the Middlesex Hospital, where also death had subsequently occurred owing to the development of the disease elsewhere, and referred to one case now under observation.

Mr. Spencer Wells had seen a somewhat similar result to that described by Mr. Ernest Hart, and figured in the drawing, follow the successful application of pressure. The patient subsequently succumbed to cancerous disease of the uterus.

Mr. Ernest Hart said that the atrophy caused by pressure might be compared with the pathological operation of Nature in his case, if he was right in believing that here atrophy was due to strangulation of the gland in the indurated and retractile septa, which were affected with scirrhous deposit. That which distinguished this case from others mentioned, and gave it its peculiar rarity, was not only the arrest of the disease during twenty-four years, but the apparent extinction (or at least, inactivity) of the diathesis; the patient bearing well an operation on the eye at 73, and dying ultimately of another senile disorder.

MEDICAL SOCIETY OF LONDON.

Monday, February 3.

Mr. Coulson, President, in the Chair.

Mr. Henry Smith read a paper on

THE DIFFICULTIES AND DANGERS ATTENDING THE OPERATION OF TRACHEOTOMY.

The Author commenced this paper with some observations on the interest and importance always connected with the subject, and more especially of late years since the operation had been performed more frequently, and with greater success than had hitherto attended it. His object was to show that the operation of tracheotomy was not usually so simple a proceeding as it was supposed to be, but that it is not unfrequently rendered very troublesome and dangerous, and he proposed to review those circumstances which were the causes of difficulty and danger. Hæmorrhage, although, perhaps, not in reality the most formidable obstacle, was in reality the most serious, insomuch as it was of such frequent occurrence. It proceeded from two sources; in the first place from, wounding vessels normally situated but enormously engorged, and secondly from the Surgeon dividing veins or branches of arteries irregularly distributed. The Author gave a sketch of the anatomical distribution of vessels as usually found, and then described the several varieties which are met with in the veins and arteries of the neck, and showed how readily the latter might be wounded. Some cases were mentioned which illustrated the extreme annoyance and danger resulting from bleeding. The next serious source of difficulty and danger in this operation was in the existence of swelling of the neck produced either by an actual tumour or by the œdematous condition, which is found associated with certain forms of inflammation or the air-passages. A tumour of or an altered condition of the thyroid body would be a most serious cause of difficulty, especially as the operation was in such cases probably demanded for the relief of dyspnœa resulting from this cause. Cases illustrating this point were mentioned. That œdematous state of the whole of the tissues of the neck was also a most serious obstacle to the right performance of the operation. Two cases were alluded to where the Author was called in and objected to the operation, mainly from the danger which would attend its performance under such circumstances. An unnatural and peculiar conformation of the neck is also a source of great difficulty in the operation. A case was mentioned where the Author was called upon to perform tracheotomy in a fat gentleman who had a very great stoop. There was so little space left between the cricoid cartilage and sternum that Mr. Smith did not dare attempt tracheotomy, but performed instead the operation of laryngotomy, which was by no means the proceeding adapted for the case, insomuch as the disease was in the larynx, and the incision was made quite through unhealthy structure. Another source of difficulty was in the existence of ossification of the cartilages of the trachea,—a state sometimes found in old persons, and a formidable obstacle to the operation; for the cartilages might be so hard as not to yield before an ordinary knife. One or two cases of the kind were alluded to by the Author. The means of avoiding and lessening the dangers and difficulties attending the operation were then considered, and the Author endeavoured to show that they may be much reduced by attending to certain details, and by renouncing particular methods of operation. Hæmorrhage might to a degree be avoided by careful inspection and examination of the neck before operation. The course of the large superficial veins can generally be made out, and if the finger were carefully passed over the front and sides of the trachea, the pulsations of any artery could be felt, as, for instance, must have been the case in an instance lately in the dissecting-room of King's College, where the right carotid artery came off from the left side of the transverse arch of the aorta, crossed the front of the trachea, and ran up along it as far as the fifth ring. It was a question whether hæmorrhage would be rendered less formidable by a rapid than by a cautious operation. He had tried both methods, and was rather inclined to operate quickly, due regard being had to avoid the superficial veins. There might, perhaps, be more danger of wounding deeper-seated vessels; but, fortunately, in nine cases out of ten, the bleeding stopped on the introduction of the tube. He strongly objected to the use of the trocar and canula for this operation, and to most of those ingenious instruments which were supposed to facilitate it. The instruments he used were a simple sharp scalpel, a pair of forceps, and a sharp hook. The latter was most invaluable, and indeed, when possible, it should never be dispensed with. The tube should always be a double one, and he preferred those which have the outer tube constructed of expansible blades. There was a great deal of anxiety connected sometimes with the management of the tube, it being very difficult to know whether to retain it or not.

The Author concluded his Paper with a reference to the best means of avoiding the other difficulties in connexion with tracheotomy; and there was an animated discussion, in which Dr. Greenhalgh, Mr. Baker Brown, Mr. Hart, Dr. Routh, Mr. Wm. Adams, and the President joined.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, February 27, 1862 :—

Arnott, James W., York-street, Portman-square
Blackburn, John, Barnsley, Yorkshire
Drinkwater, James Pratchett, Llangollen, Denbighshire
Forbes, William, Paddington
Hensman, Frank Henry, Kimbolton, Hunts
Major, George Aylwin, Guy's Hospital
Stephenson, William, Hull-bridge, Yorkshire
Weekes, William Hampton Carlile, Hurstpierpoint.

The following gentlemen also on the same day passed their First Examination :—

Colden, Edward, St. George's Hospital
Mackintosh, H., Cheltenham
Reynalds, John, Truro, Cornwall
White, Arthur C., 12, Eaton-place South.

DEATHS.

Copp.—February 18, at Torquay, Devon, Henry Burton Peard Copp, late of Kimbolton-road, Bedford, M.R.C.S. Eng., aged 29.

Dicken.—December 14, at Sealkote, Punjaub, (after twenty-five years' service in India), William Stephens Dicken, M.R.C.S., Deputy Inspector-General of Hospitals.

Eaton. — March 3, James Eaton, of Sawley, Shardlow, Derbyshire, M.D. Edin., aged 62.

MacLaughlin.—February 26, William Ross MacLaughlin, of Lurgan, County Armagh, M.D. Univ. Edin., L.R.C.S. Irel., M.R.C.S. Eng., L.A.H. Dub.

Ritchie.—February 27, James Ritchie, of Dalmellington, Ayrshire, L.R.C.S. Edin.

Taylor.—February 23, at No. 7, Tabernacle-walk, City-road, Frank Taylor, of Oxford, Medical Student, aged 21.

White —February 21, at Cheltenham, Thomas White, Deputy Inspector-General of Hospitals, late Madras Medical Service, aged 52.

APPOINTMENTS.

Cann.—William Moore Cann, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Dawlish District of the Newton Abbot Union, Devonshire, *vice* Edwin Thomas Edwards, M.R.C.S. Eng., L.S.A. Lond., resigned.

Callaway.—Edward Callaway, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer to the Canterbury Incorporation, *vice* Mr. Thomas Sankey Cooper, F.R.C.S. Eng., L.S.A. Lond., resigned.

Evans.—George Moule Evans, M.R.C.S. Eng., L.S.A. Lond , Bachelier es Sciences de l'Université de France, late Assistant-Surgeon *Great Eastern* Steam Ship, and subsequently House-Surgeon to the General Dispensary, St. Helier's, Jersey, has been elected House-Surgeon and Apothecary to the Dorset County Hospital, Dorchester, *vice* Joseph Hocking, M.R.C.S. Eng., L.S.A. Lond., deceased.

Fitzpatrick.—James C. Fitzpatrick, M.R C.S. Eng., L.M. Coombe Lying-in-Hospital, L.A.H. Dub., has succeeded the late George Matthew Dew, M.D. St. And., C.M. Glasg., L.M. Dub., L.F.P.S. Glasg., as Medical Officer to the Kilmacavogue Dispensary District, in the Waterford Union.

Head.—R. Head, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for District No. 1, and the Workhouse, of the East Grinstead Union, Sussex, *vice* Mr. Frederick William Wilson, M.B. Lond., M.R.C.S. Eng., and L.M., L.S.A. Lond , resigned.

Hillier.—Thomas Hillier, M.D. Lond., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the special Department for Diseases of the Skin, at University College Hospital.

Roberts.—Carr Holstock Roberts, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Tattershall District of the Horncastle Union, Lincolnshire, *vice* Henry Lambden, M.R.C.S. Eng., L.S.A. Lond., resigned.

Squire.—Alexander Balmanno Squire, M.R.C.S. Eng., and L.M., has been appointed Accoucheur to the St. Marylebone General Dispensary, Welbeck-street, Cavendish-square, in the room of Henry Davies, F.R.C.P. Lond., M.R.C.S Eng., deceased.

Thornton.—John Thornton, M.D., Surgeon to the Stirlingshire Militia, has been appointed Medical Superintendent and Apothecary to the Royal Infirmary, Glasgow, *vice* James McGhie, M.D. Univ. Glasg., L. and F.F.P.S. Glasg., deceased.

Cholera is said to be raging in the Mauritius.

Child Murder in London.—In the five years from 1856 to 1860 inclusive, the following number of child murders have been investigated by Coroners' juries in London: 1856—34, 1857—36, 1858—43, 1859—74, 1860—111; total 298 verdicts of *wilful murder*, besides 780 verdicts of *found dead.*

The next meeting of the Metropolitan Association of Medical Officers of Health will be held on the 15th inst., at 8, Richmond-terrace, Whitehall. Dr. Ballard will read a Paper "On the Transmission of Syphilis by Vaccination." We are authorised to state that the attendance of gentlemen interested in this important question is invited by the Association.

Benefits of Baths and Wash-houses.—Mr. J. E. Evans, a Vestryman of St. George's Hanover-square, gives the readers of the *Marylebone Mercury* an interesting account of the usefulness of the baths and wash-houses in the former parish. He speaks of the effluvia from the clothes of the poor, worn week after week, as a great source of ill health, and of the steam of the wash-house which would infect every poor dwelling, were it not that a thousand families per week are enabled to use the public wash-houses. He also speaks of the poor man's single living room, festooned with wet linen, as a fertile source of consumption. All classes benefit by the public baths; the rich man can get for sixpence a bath which formerly cost half-a-crown, and the poor man, to whom a warm bath was a forbidden luxury unless he entered an Hospital, can get one for fourpence. There are still many large London parishes whose ratepayers have not yet seen the true economy of these institutions.

Suicide of a Medical Student.—An inquest was held on February 26, on the body of a Mr. Frank Taylor, a Medical Student, aged 21 years, the pupil of Dr. Bletchley, of 7, Tabernacle-walk. From a letter found in the deceased's pocket, it appeared that he had poisoned himself with six drachms of prussic acid. He was discovered lying in his bed in a composed state, with the bed clothes covered over him. A bottle containing a small quantity of prussic acid was found in the wash hand basin. The deceased had previously been in a desponding state which was attributed to non-success at a late Examination. Evidence was adduced to prove that the dread of the Examination had affected the unfortunate young man's intellect. The jury returned a verdict of "Temporary Insanity."

The *Army and Navy Gazette* of February 22 inserts a protest signed by the four Surgeons of the Royal Guernsey Militia, respecting the grievance under which they suffer, and adds the following comment :—"The grievances complained of are, that in April, 1860, General Slade summarily appointed 'John Ozanne, Esq., M.D.' (a gentleman who had never done one day's duty in the Militia), to the rank of Staff-Surgeon, thus placing him over the heads, not only of the Assistant-Surgeons, but, according to the existing constitution of the Medical Department of the Militia (as defined in the General Militia Order of October 15, 1844), over the heads of the Regimental Surgeons also; the said John Ozanne, Esq., M.D., being an avowed exclusive professor of Homœopathy —a system unrecognised either in the Royal Army, Navy, or Militia of Great Britain, and moreover, although a foreign graduate in Medicine, being possessed of no British Medical or Surgical Diploma whatever; the whole being at variance with the rules and customs of the service. After having in vain endeavoured to obtain redress, the whole of the Medical Officers, Staff and Regimental, tendered the resignation of their commissions. After a delay of nine months, the resignations of the staff were accepted by order of the Home

Secretary, but those of the regimental officers (the most aggrieved) were refused, and they were ordered to resume their duties. Dr. Ozanne being retained in the Army List as head and sole representative of the Medical staff of the Guernsey Militia. It must be remembered that the services of these officers when on duty is perfectly gratuitous, and most of them having large private practices, the performance of their duties is accompanied with great inconvenience and serious loss, both of time and money."

Election at the Académie de Médecine.—The vacancy in the Section of Anatomy and Physiology has been filled up by the election of M. Béclard, who obtained 55 votes, M. Sappey, his competitor, obtaining 19.

Typhus continues its ravages upon Royal circles. The Princess Marie Sidonie, daughter of the King of Saxony, died on Saturday night of that disease. The Princess was born on 16th August, 1834.—*The Guardian.*

University of Dublin.—At the Spring Commencements, held in the Examination Hall of Trinity College, on Shrove Tuesday, 4th March, the following degrees in Medicine were conferred: *Baccalaurei in Medicinâ,* Josephus Rutherford; Chamney Graves Swan; Gulielmus Henricus Martley; Fredericus A. Curran; Archibaldus Hamilton Jacob. *Doctores in Medicinâ,* Edvardus Percival Wright *(Stip. cond.)*; Thomas Fitzpatrick; Franciscus Boxwell Quinlan; Archibaldus Hamilton Jacob.

Explosive Paraffin Oil.—The attention of the public has lately been directed to a spurious kind of paraffin oil which has the property of disengaging an inflammable vapour. On the 27th of last month an inquest was held at the George the Fourth, New North-road, on the body of a Mr. John Cotherill, a law-writer, who met with his death from the explosion of a paraffin lamp. From the evidence adduced, it appeared that the lamp had exploded on deceased holding a candle sufficiently near it to ascertain if enough oil had been introduced. His death resulted from the injuries produced by the burning fluid. Dr. Harley, of University College, and Dr. Odling, of Guy's, stated that they had examined the oil, and found that on raising its temperature to a heat from 90 to 100 degrees it threw off an ignitable vapour which would cause its explosion. Young's paraffin oil did not throw off a vapour of the same character at a similarly low temperature. The Jury returned a verdict to the effect that the death of the deceased had been caused by an explosion of an oil of a dangerous nature, purchased as the best paraffin oil, and unexplosive. They added, that in their opinion the Legislature should be called on to interfere to prevent the sale of dangerous oils. The substitution of a fluid of this highly explosive character for one of the most popular of modern illuminants is a circumstance to which we would especially direct the attention of Medical Officers of Health.

Deaths from Starvation.—On Saturday afternoon an inquest was held by Mr. John Humphreys at the Black Horse Tavern, Kingsland-road, on the body of Mr. William Davies, aged 69. Police-constable Slade, 99 N, found the deceased lying on the pavement in Murray-street, Hoxton, on Monday afternoon, in a state of great weakness. The witness learned from him that he had no friends or home. He had for a long time past been suffering the most dreadful privations. Twelve years ago he had been the owner of 200 cows, and kept an extensive establishment in Lamb's Conduit-street, but had, through unforseen losses, been reduced to the most abject condition. For the last ten weeks he had subsisted on the precarious gifts of those who formerly knew him in business. Mr. Clarke, the Surgeon of the Shoreditch Union-house, to which the deceased was conveyed, said that death was caused by effusion on the brain, caused by the unfortunate man falling on the flags while in a state of extreme exhaustion from want of food. The jury returned a verdict in conformity with the Medical evidence. — On the same afternoon another inquest was held by Mr. Brent, Deputy Coroner, at the Clerkenwell Workhouse, on the body of Frances Dynam, aged 43. The deceased, who had been for some time past in a most distressed condition, asked in charity of a woman lodger in the house No. 16, Northampton-road, for something to eat. She gave her a plateful of meat, a piece of which she seized and ravenously devoured. While doing so she turned black in the face, tried violently to retch, and fell on the floor apparently in convulsions. Before Medical aid was obtained, the deceased had expired. A piece of beef about four inches in length, and weighing more than an ounce, was found in the gullet and larynx. The deceased had swallowed the beef without any mastication, and so stopped respiration. She had not tasted food for nearly forty hours. A verdict of "Accidental suffocation" was returned.

At the General Monthly Meeting of the Royal Institution of Great Britain, held on Monday, March 3, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair, the following gentlemen were elected Members:—John Birkett, Esq., F.R.C.S., F.L.S.; Jonathan Sparrow Crowley, Esq., F.G.S.; Major-General Charles James Green; Alexander Henderson Macdougall, Esq.; the Rev. Geo. Musgrave Musgrave, M.A. Oxon.; A. C. Brisbane Neill, M.D.; Francis Pirie, Esq.; Robert Pryor, Esq.; Sir Joshua Rowe, C.B.; Samuel Scott, Esq.; Edward Henry Sieveking, M D.; Oswald Augustus Smith, Esq.; Alexander John Sutherland, M.D., F.R.S.; James Thomas White, Esq.; and Herbert George Yatman, Esq. The following gentlemen were admitted Members:—Robert R. Carew, Esq.; William Whitaker Collins, Esq.; and John Parnell, Esq. The thanks of the Meeting were returned to Professor T. H. Huxley, for his Discourse "On Fossil Remains of Man," on February 7; to Dr. W. Odling, for his Discourse "On Mr. Graham's Researches on Dialysis," on February 14; to James Fergusson, Esq., for his Discourse "On the Site of the Holy Sepulchre at Jerusalem," on February 21; and to A. E. Durham, Esq., for his Discourse "On Sleeping and Dreaming," on Feb. 28.

Mortality of London during 1861.—The Registrar General has favoured us with his Summary of the Weekly Returns of Births, Deaths, and Causes of Death in London, for the year 1861. The population, which was 2,803,989 on April 8, is estimated to have increased by the middle of the year to 2,815,138 by the weekly increment of 11,149. In the ten years that intervened between the last two censuses the amount of increase of the London population was equal to 121 daily. But its natural increase, viz., the excess of births over deaths, did not much exceed 72 daily; whence it follows that nearly fifty persons on an average arrived and settled each day in the metropolis over and above that unascertained number of settlers who only stepped into the places of persons who left it for parts in these islands beyond its bounds, or for more distant regions of the globe. Whether London is equal to the task of providing by new and improved arrangements for this constant accumulation of human beings within its limits, still remains to be determined by experience. When a family increases in its narrow lodging, in circumstances of dirt and squalor, that increase which should be its blessing becomes its bane; and at last fever destroys what slow disease may have spared. And in a city or a state the growth of its population is not a strength to be trusted, but a weakness to be feared, if improvement in its physical and moral condition is not commensurate with the growing urgency of its wants. "Besides many hopeful improvements," says the Registrar, "what is of prime necessity, the working classes have probably become more awakened to the care of their own health,—to the importance of keeping their dwellings sweet and dry. This task, which is imposed on the people themselves, and can only be performed by them, it is the object of police regulations to render possible; and unless it is fulfilled, public works will comparatively little avail. Altogether there is abundant proof of that increased regard for human life that attends civilization; and though much remains to be accomplished, it is true, according to the proverb that a work begun is half done." In the ten years 1840-9, the mean rate of mortality in London was 2·51 per cent.; in the subsequent decennium, 1850-9, it fell to 2·36 per cent. It is still more satisfactory to observe, that the rate of mortality in each of the last three years, 1859-61, has been less than the lower of the two rates that have just been mentioned. In 1860 the rate was 2·26; in 1861 it was 2·32. If the mortality of London were confined permanently within the limit represented by the mean rate of the last three years, the effect of that reduction in the population as it exists at present would be that more than 4000 persons would survive annually, whose lives would drop under the mean rate derived from the twenty years 1840-59. And if measures that have been already adopted are not relaxed, the amount of benefit will be increased, as the population that is the subject of it is increased. But a higher standard of health than any which the present tables show is possible, and, it may be hoped, will be attained. Sixty-five thousand and one deaths were registered in London in 1861. In the March, June, September, and December quarters those thousands occurred in several proportions, which were nearly as follows:—19, 15, 15, and 16. The mean temperature of the air (49°·4) was higher than that of the preceding year (47°) and the mortality was also higher by about 3000 deaths. The two years were distinguishd nosologically by a greater amount of fever in 1861, especially towards the end of it, by the much greater prevalence of diarrhœa, and a general increase of disorders of the digestive organs. But last year the mortality from bronchitis and pneumonia was less. There were 215 deaths from small-pox, a mortality which is less than that of the same disease in any of the last thirteen years, except 1857. In 1852 and 1859 the annual deaths were more than 1100. Scarlatina was fatal in 2358 cases; diphtheria in 697. Both diseases increased towards the end of the year. Croup and whooping-cough were very fatal; but the former, like scarlatina and diphtheria, increased towards the end of the year; the latter diminished. Quinsy also rose, and with other throat complaints was most fatal in the December quarter. Scarlatina appears to have visited all quarters of the metropolis, and with considerable impartiality. There were 1754 deaths from typhus. It did not appear in unusual force till the latter part of the year, and, therefore, the total mortality was not great. Indeed, it was much less than that of many previous years. The most fatal zymotic disease in the year was whooping-cough (3497); next to it scarlatina with diphtheria; then diarrhœa (2625). In respect to the last complaint the summer quarter was as usual the season of its activity. There were 2247 deaths by violence in the year. This class of cases bears a rather larger proportion to the mortality from all causes than it did ten years ago. The number of persons last year who received fatal fractures and contusions was 719. Falls from scaffolds and street accidents make their annual contributions to the list. When building operations are extended in all directions, and the stream of men and horses from the widening area pours through old channels into the centres of traffic, casualties of this description must increase faster than the population. The railway system extended, and reaching to the heart of the metropolis, will counteract this tendency. But an ædileship that will widen the streets, open new approaches, and prevent or quickly sweep from the streets and pavements the hideous shoals of mud and dirt that periodically cover them, will promote the public health and safety, and in an immeasurable degree the public comfort. The number of deaths in 116 Public Institutions was 10,276, or nearly a sixth part of the whole. Of that number more than a half occurred in workhouses. Of 100 persons who shared the common fate of humanity, nine died in establishments provided by parochial rates; six in Hospitals for the treatment of sick persons.

Medical Service of the American Army.—As if the Senate had not enough on its hands during the present fearful crisis, one Senator Grimes, of Iowa, has just brought in a bill for placing some of the Military Hospitals at Washington under charge of the homœopaths. The *American Medical Times*, seemingly thinking the passing this measure as possible, justly observes, "That public authorities who deliberately consign the helpless and confiding sick to the charge of Medical men practising a system so inefficient, incur a fearful responsibility. And that responsibility assumes a tenfold importance when the sick who are to be subjected to this experiment are the citizen-soldiers who have sacrificed the comforts of home in defence of their country. Around them Government should throw its protecting care, and tenderly guard their sick-beds from the ruthless hand of Medical charlatanism." A correspondent of that Journal publishes a letter from a correspondent just returned from an extended inspection of the army of the Potomac. He states that although a large proportion of the Surgeons of the Volunteer corps are young men, they seem well up in all that relates to their duties, and to be actuated by the highest motives. He thinks that in all matters regarding hygiene and sanitary police they are far in advance of the Surgeons of any other nation. "Never have the sick and wounded of any army of which we have any record, enjoyed so many luxuries, such careful and skilful nursing, and such judicious Medical and Surgical treatment." Still the applications for discharge from the army on the score of bad health are excessively numerous, amounting in some regiments to full twenty-five per cent. This seems chiefly attributable to careless recruiting, men of intemperate habits and broken constitutions having been freely admitted into the ranks. The health of the soldiers of the regular U.S. army is far better than that of the volunteers. Mumps and measles are very prevalent among the New England Volunteers, incapacitating the soldier long from his duties, and being frequently complicated with erysipelas, pneumonia, ophthalmia, and general debility. The camps are generally located with great care, well drained, and kept very clean. The tents are warmed and often floored. They are, however, sometimes overcrowded and insufficiently ventilated. The clothing is good, and food rather in excess than otherwise,—the soldiers usually regarding campaigning as a holiday-life, full of fun, and fear its too speedy termination.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 1, 1862.

BIRTHS.

Births of Boys, 965; Girls, 940; Total, 1905.
Average of 10 corresponding weeks, 1852–61, 1805·5.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	679	643	1322
Average of the ten years 1851–60	643·0	627 2	1296·1
Average corrected to increased population..	..	..	1397
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	1	2	7	2	11	10	1
North ..	618,210	..	1	11	4	10	15	6
Central ..	378,058	..	1	10	2	9	10	..
East	571,158	1	7	11	2	15	11	3
South ..	773,175	..	1	22	10	12	15	7
Total.. ..	2,803,989	2	12	61	20	57	61	17

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Dr. X. G.—Received, and will be shortly inserted.

Mr. Barnard Holt.—Mr. Holt's paper is in the hands of the printer, and shall appear forthwith.

M.D. Oxon.—The head referred to was reproduced for a purely scientific purpose, and none other, as is clear from the context.

J. J. W.—Our correspondent should write to the Editor or Publisher of the work. We have no doubt that, on proper representation, the omissions complained of (which are glaring ones) would be rectified in the next edition.

Studens.—"Fowler's Medical Vocabulary," or "Hoblyn's Dictionary of Medical Terms."

Case of Bretton v. Downing.

A letter from Mr. Weir Brown appeared in *The Times* of February 22, in which he makes the following statement:—

"1. I never continued in attendance with Mr. Fisher, Dr. Downing's assistant: the only time I met him on the case was on November 21, 1860.

"2. As regards the defendant's evidence, it tended to prove that he acted under Mr. Poland's directions, not himself undertaking the treatment of the case.

"As my treatment regarding the plaintiff is questioned, and as I dispute, in a Surgical point of view, that the treatment of the defendant was correct, and intend to prove that mine was the only proper treatment, and, in fact, the means of saving his life, I beg you will insert this."

Syrup of Iceland Moss.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am induced, as the result of many years' practical experience, to bring before the notice, through the medium of your Journal, of the Medical Profession generally, a hitherto valuable and untried remedy in dysenteric, strumous, and phthisical diseases. The remedy I allude to is the *Lichen Icelandicus Communis*, in the shape of concentrated syrup, prepared as follows:—Take one pound and a-half of the moss, soak in warm water for one night only, so as to get rid of sand and grit; then boil with one quart of water for two hours; then strain, add another quart of water, and again boil all for half an hour, with one pound and a-half of sugar, and thicken to a syrupy consistence should it require, stirring all the time; and when nearly cold add four ounces of brandy or any other spirit. It is now ready for use. Given in the same doses as cod-liver oil, it will be found a most desirable and important substitute for that drug. The results are so favourable and promising, that I would strongly recommend it as worthy of a fair trial. I am, &c.

Lancaster Infirmary, March 4. JAS. MITCHELL, L.R.C.S.E.

VERTICAL DISLOCATION OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The reporter of the case of vertical dislocation of the patella treated by Mr. Curling at the London Hospital, and given in your Journal of February 22, very justly remarks on the extreme rarity of that luxation. He gives a short account of eight cases, being all he could find recorded in England and America. Had he looked in the *Medical Times and Gazette* of November 28, 1857, he would have found another case reported by me. The following is a brief outline:—A butler was knocked off his chair by a fellow servant, who fell upon him, his knees coming in violent contact with the patella of the butler's left leg. Vertical dislocation resulted, the inner edge of the patella resting on the outer condyle of the femur. I reduced the dislocation without administering chloroform, by raising the entire limb, rotating the thigh well outwards, and then forcibly flexing the leg on the thigh. The patient made a good recovery.

It is curious that two of the reported cases occurred in the borough of Hastings, viz., the one just alluded to, and another in the practice of Mr. Welling, mentioned by Sir A. Cooper in his work on Dislocations and Fractures. I am, &c.

ROBT. JAS. WILSON, L.R.C.P. Edin., and M.R.C.S. Eng.

24, Grand Parade, St. Leonard's-on-Sea, March 3.

DR. ROSS AND MR. WEBBER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the *Medical Times and Gazette* of the 15th ult. you comment upon the trial Wells *v.* Webber, and remark with reference to myself as Editor of the *Medical Circular*, that "it is for the Profession to decide whether his conduct was 'very proper' when he published a libel which he himself was obliged to accompany by a statement of his conviction of its falsity." As this comment is a palpable perversion of the language of the note I appended to the published correspondence, and as it is intended to bring me into Professional odium, I request that you will do me the justice of an ample retractation of the libellous imputation therein conveyed.

I am, &c. GEORGE ROSS.

11, Hart-street, Bloomsbury-square, March 1.

[We publish Dr. Ross's letter, but so far from withdrawing any "libellous imputation," we say deliberately and advisedly that our comment upon his conduct is remarkable for its moderation. He received a most defamatory libel upon the former Editor of this Journal, accompanied by a most disgraceful private letter which clearly showed the *animus* of the writer. Yet he published this libel, without enquiry as to its truth from the gentleman whose character was so cruelly attacked, although he felt obliged to add his "conviction of its falsity" in the following terms:—"As we cannot believe that Mr. Spencer Wells, who is the ostensible Editor of a Medical Journal, would intentionally offend public decency, some explanation of this occurrence is absolutely required, in vindication, not only of his own sense of propriety, but of the character of the Profession." It never seems to have occurred to Dr. Ross that he ought to have asked for this explanation before publishing the malignant libel whose author has recently been so signally punished. Our remark on Dr. Ross's conduct was simply as follows:—

"The Judge said that the *remarks* appended to the libel by the Editor of the Journal in which the libel appeared were 'very proper.' Perhaps they were so; but it is for the Profession to decide whether his conduct was 'very proper' when he published a libel which he himself was obliged to accompany by a statement of his conviction of its falsity."

We repeat advisedly our opinion that this remark upon Dr. Ross's conduct is *remarkable for its moderation*. Some idea as to how far the Profession agree in this opinion may perhaps be gathered from the *Journal of the British Medical Association*, which, in a leading article of February 15, contains the following strictures upon Dr. Ross's editorial conduct:—

"The conduct of the Journal which originally published the libel, and thus occasioned all this scandal, deserves unqualified condemnation. The private letter to the Editor of that Journal, with which the libel was accompanied, fully showed the *animus* of the defendant. Indeed, the Journal, in publishing the libel, actually states its disbelief in its truth. . . . . Thus, in fact, this Journal publishes a most damaging attack without enquiry, which it admits, from internal evidence, cannot be believed, and it does this out of a sense of duty, and for the honour and glory of the Profession!"

Dr. Ross had better subside quietly into the obscurity from which he and his Journal were rescued by this libel and the punishment of its author.]

EXCRETA USED AS MEDICINE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In addition to the varieties of dung mentioned in your article on "Excreta," that of horses was formerly in great repute as a remedy. See James's "Medicinal Dictionary," 3 vols. folio, 1745, Art. *Equus*:—

"The dung, used externally, stops hæmorrhages, and expels the dead child and secundines; internally, it is exhibited in the colic, strangulation of the uterus, pleurisies, and also for the expulsion of the dead child, and after-birth; where that of a stone-horse is most effectual."

To this Dr. James—of whom Dr. Samuel Johnson said, "no man brings more mind to his Profession"—adds:—

"The dung of a stone-horse seems to be a popular remedy, but I can say very little of its virtues from my own experience." He thinks it worth while, however, to tell us that "Quiney gives the following account of it:—

"It seems to owe its present credit in Medicine to the modern practice. It is certainly of great efficacy in pleurisies, inflammations and obstructions of the breast, in asthmas, and difficulty of breathing; also, it sometimes prevails where the most powerful balsamics and pectorals have been tried in vain; in all these intentions it is now very much prescribed. It is best in decoction wherein it is sometimes joined with other pectorals, more or less warm and detersive, as the case and constitution seem to direct. The simple waters of pennyroyal or hyssop, are as good as most liquors to infuse it in. It ought to have but a gentle heat, and to be kept close stopt. White wine seems best to take off its nauseousness, but may not be so agreeable, in some circumstances, as softer or more oily vehicles."

I hope our remedies are more efficacious than those of our predecessors a century ago; certainly, they are far less nauseous, but might not further improvement be made in the same direction? I am, &c.

March 1. J. D.

THE BLENHEIM DISPENSARY.

We have received the following from a Correspondent;—

"The Blenheim Dispensary was founded in 1836, and was managed by a lay Committee, but which had ceased to exist for some years previously to the defendants being connected with the Institution. Both Mr. Ashton and Dr. Wane were appointed Honorary Medical Officers in 1851, and remained connected with the Dispensary till its close. The plaintiffs had supplied the Dispensary for about twenty years, and the plaintiff Lucombe had been one of the stewards of the annual ball in aid of the funds. The Institution had always been indebted to the plaintiffs, and in 1856 they refused to supply more drugs to the Dispensary unless the Medical Officers signed a letter of guarantee to pay the accounts. They signed a letter and all subsequent accounts were paid. In 1857 a lay Committee was formed, and, by exertions made, the debts of the Institution, which at the time amounted to upwards of £900, were reduced to the sum due to the plaintiffs. Shortly after the formation of the lay Committee, they were compelled to relinquish the premises in Blenheim-street, rented at £80 per annum, and the only suitable house that could be obtained was one in the Portland-road, which was purchased for £400 and a ground-rent of £6 per annum. It was occupied for three years, and on closure of the Dispensary, was sold for £300; consequently, the rent was less than formerly.

"Messrs. Lucombe and King becoming very pressing for the amount of their account, and there being no funds belonging to the Institution, Mr. Huggins (Chairman of Committee) generously and on his own account offered them a compromise of 10s. in the pound, which they refused. Mr. Grant, also Mr. Kent, made other attempts to arrange the plaintiffs' account, without success. Afterwards, the members of the lay Committee were threatened with law proceedings, but they denying their liability, ultimately an action was commenced against five of the Medical Officers, but dropped against all except Mr. Ashton and Dr. Wane. No intimation of personal liability was made to either of the defendants till 1861, when law proceedings were commenced. The demand of a letter of guarantee in 1856 implied no previous liability.

"Was it not the duty of the plaintiffs, before their debt had reached such an amount, to intimate to the Medical Officers that they looked to them for payment? The staff of the Dispensary was always changing. When the Committee attempted to arrange with the druggists, the defendants expressed their willingness to render any pecuniary contribution that might be required of them, not in acknowledgment of any legal liability, but with the object of assisting the Committee to maintain the Institution."

ERRATA.—In first half of Dr. Rolleston's Lecture, p. 182, the Brain of Man was numbered "Fig. 2 a" instead of "Fig. 2 b," and the Brain of the Marmoset was numbered "Fig. 2 b" instead of "Fig. 2 a."

COMMUNICATIONS have been received from—

J. D.; A STUDENT; Dr. B. COOKE; Mr WILDE; Mr. MILNER; Dr. HINDS; Mr. FLETCHER; Dr. CONOLLY; Dr. SANSOM; Dr. HILLIER; Dr. R. WILSON; Dr. MOORE; Mr. J. WILLIAMS; Professor LAYCOCK; and Dr. DEVENISH.

APPOINTMENTS FOR THE WEEK.

March 8. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

MEDICAL SOCIETY OF LONDON. 5 p.m. General Anniversary Meeting Oration.

ROYAL INSTITUTION, 3 p.m. Henry F. Chorley, Esq., "On National Music."

10. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

11. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

JUNIOR MEDICAL SOCIETY OF LONDON, 8 p.m. Annual General Meeting, at King's College, Strand.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. E. Ballard, "On the Tactile Sensibility of the Hand." Dr. Aldis, "Additional Experiments on the Poisonous Effects of Coal Gas."

ROYAL INSTITUTION, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

12. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 7½ p.m.—Council Meeting. 8 p.m.—Mr. Solly, "On the Value of Blood-letting in Injuries of the Head."

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 p.m. Gulstonian Lectures—Dr. Pavy, "Assimilation and the Influence of its Defects on the Urine."

SOCIETY OF ARTS, 8 p.m. Meeting.

13. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

14. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 p.m. Gulstonian Lectures—Dr. Pavy, "Assimilation and the Influence of its Defects on the Urine."

ROYAL INSTITUTION, 8 p.m. W. S. Savory, Esq., F.R.S., "On Motion in Plants and Animals."

EXPECTED OPERATIONS.

Metropolitan Free Hospital.—The following Operation will be performed on Monday next, at two o'clock:—

By Mr. G. B. Childs—Lithotomy.

ORIGINAL LECTURES.

◆

ON THE
AFFINITIES AND DIFFERENCES BETWEEN THE BRAIN OF MAN AND THE BRAINS OF CERTAIN ANIMALS.

By GEORGE ROLLESTON, M.D., F.L.S.,
Linacre Professor of Anatomy in the University of Oxford.

DELIVERED AT
THE ROYAL INSTITUTION,
On Friday, January 24, 1862.

(Continued from page 185.)

As it will henceforth be an impertinence in any one to write or speak upon the science of language without a due acknowledgment of his obligations to the lectures delivered upon that subject in this place by Professor Max Müller, so it would be an affront to the understanding and information of any scientific audience to address them upon the subject of the brain, and ignore M. Gratiolet's labours. His "Mémoire sur les Plis Cerebraux des Hommes et des Primatès," published some eight years ago, is but a short treatise. Short treatises have, however, before now, revolutionised sciences.

The convolutions into which the exterior of the brain is folded are of three orders—primary, secondary, and tertiary. They are divided from each other by correspondingly winding indentations. The primary convolutions may be compared to the great ridges which in a mountainous country, running more or less parallel to each other and forming blocks and masses of more or less divergent directions, give it its distinctive geographical character. The secondary convolutions may not inadequately be represented by the indentations which we find on the broader table-land summits of many, if not all, of such ranges. Finally, the spurs which run down and interlock with similar spurs from opposite ranges may be taken as representatives of the tertiary convolutions. That such details as I shall have time to go into may become possessed of meaning and interest sooner than without such a statement they would be, I will say, that the primary convolutions, the great typical lines and ridges, are the same in the brains of the apes and in our own. "L'homme," say the Dutch anatomists already referred to (*Nat. Hist. Rev.*, No. V., p. 117), "n'a rien dans son encephale qui manque absolument aux singes." The table-land summits may have their long backs but shallowly or not at all indented in the one class, while in the other they may be cleft down into as sheer and deep fissures as are the primary valleys themselves, but the general arrangement is the same in both in spite of these merely quantitative differences. The case, however, is somewhat different when we analyse the tertiary convolutions. In one part of the brain, where two of the five great masses into which its convoluted surface may be mapped out abut upon each other, what are but connecting spurs in the ape's, overhung and concealed by the beetling parietal and occipital lobes, rise in man to the dignity of connecting table-lands, filling up and bridging over levelly what is a valley, or rather a chasm, in most simious encephala. Small as this difference may seem to be,(a) it nevertheless corresponds with what has been spoken of as absolutely with two other points differentiating man's brain from that of the apes under the head of "the absence of the external perpendicular fissure," and it corresponds also with the absence or presence of what has been figured in Diagrams 3 and 5 as a larger or smaller mass of convolutions lettered α and β. These diagrams I must now proceed to explain by the aid of the yet simpler, yet not less truthful, Figures 6 and 7. These last figures are taken from M. Gratiolet's work so often referred to, but they might have been taken from the outer aspect of the left cerebral hemisphere of the very brain from which the dissected right ventricle of Figure 1 was drawn. The oblique line which I touch, and which is lettered S, in what I will speak of as a Vervet monkey's brain, is the fissure of Sylvius. Earliest to appear in the developing brain, it is the very last convolution which we lose in the simplified cerebrum of the lowest western monkey. From both the stand-points, therefore, of scientific anatomy, it is of primary importance, and to us it is the least movable of all our land-marks. As it rises and forms an angle with the horizon, so the grade of the brain to which it belongs falls, and *vice versâ*. Our second landmark is the fissure which is second also in order of appearance in the growing human, though not in the simious brain, the fissure of Rolando. It is a fissure which should be dear to the phrenologist, for whilst all other fissures and their limiting convolutions shift (Gratiolet's "Système Nerveux," tome ii. p. 115) about in different individuals as they are differently developed, from one region of the protecting skull roof to another, so that we are never justified in saying, that any one convolution which we could recognize and number accordingly, in an exposed brain will be found under such or such an osseous protuberance, which we may be passing our fingers over("promênant nos aveugles doigts,") as Gratiolet somewhere phrases it,) we are always justified *if* we can recognize the suture which limits the frontal from the parietal bone, in saying that under it will be found lying the convolution numbered 4, on which I place this rod. I know not what, nor whether any, functions have been localized along this sutural arc. Our third and last great boundary line is the so-called external perpendicular fissure which is lettered E in the Diagrams. It is upon the upgrowth in man within this fissure of convolutions (lettered α and β in the Diagrams), stunted elsewhere, that so much weight has been laid. They are in him connecting table-lands elevated from the lower position of spurs and sloping declivities. (See Figures 3a, 3b.) We see them neither in the Chimpanzee nor in the Mandrills (See Figures 4b, 5a.) The external perpendicular fissure (E) has taken their place. In the Orang (Fig. 4a) and the Atele. (Fig. 5b), we again see the letters α and β which betoken

FIG. 6.

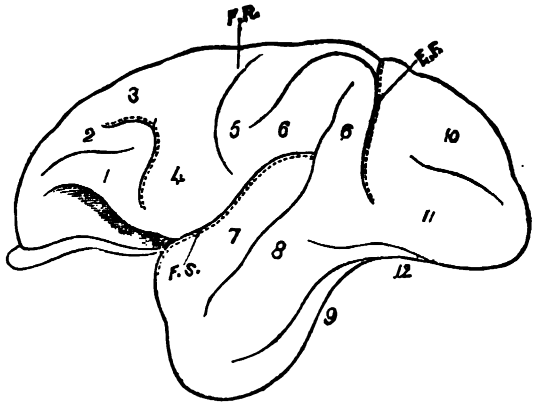

Fig. 6.—Left Cerebral Hemisphere of Vervet Monkey, *Cercopithecus Lalandi*. 1, Supraciliary convolution; 2, middle frontal stage; 3, superior frontal stage; 4, first ascending convolution; 5, second ascending convolution; 6, curved convolution; 7, superior temporal; 8, middle temporal; 9, inferior temporal; 10, 11, 12, occipital lobe; E.F., external perpendicular fissure; F.S., fissure of Sylvius; F.R., fissure of Rolando. (After Gratiolet.)

FIG. 7.

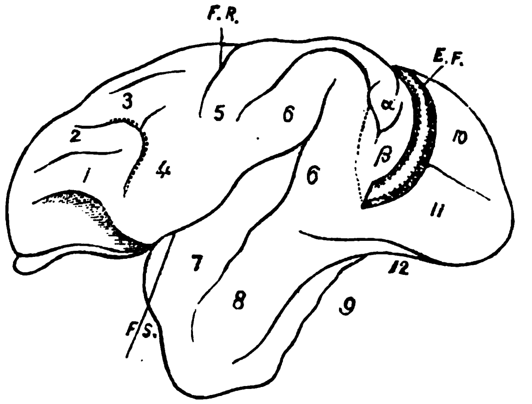

Fig. 7.—The same Hemisphere, with the lips of the external perpendicular fissure E.F. separated so as to show the bridging convolutions α and β lying within it.

(a) *Nat. Hist. Review*, January, 1861, page 83.

FIG. 4a.

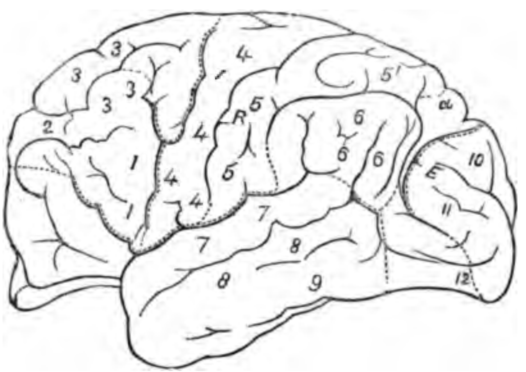

Fig. 4a.—Left Cerebral Hemisphere of Orang Utang, *Simia Morio*, lettered and numbered as the preceding Figures. The superior bridging convolution α is seen to come to the surface at the internal end of the external perpendicular fissure E.

FIG. 4b.

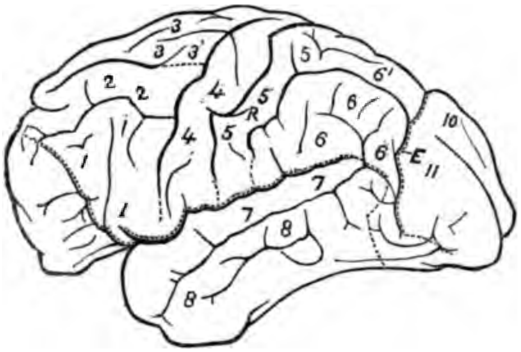

Fig. 4b.—Left Cerebral Hemisphere of Chimpanzee, *Simia Troglodytes*. Both bridging convolutions are concealed within the fissure E.

FIG. 5a.

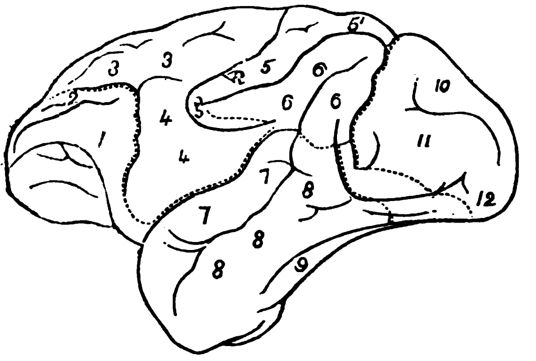

Fig. 5a.—Left Cerebral Hemisphere of Mandrill, *Cyno Cephalus Mormon*, similarly lettered and numbered. The great size of the occipital lobe is well seen.

FIG. 5b.

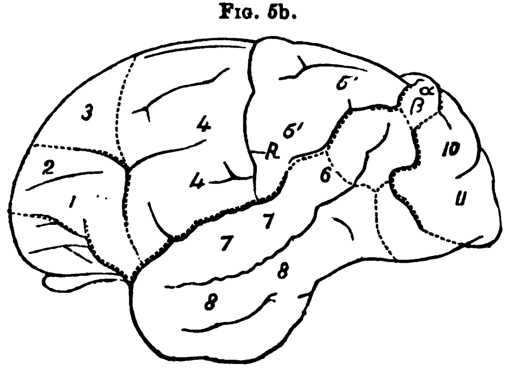

Fig. 5b.—Left Cerebral Hemisphere of American Spider Monkey, *Ateles Beelzebuth*. Both bridging convolutions are seen to come to the surface at α and β. (After Gratiolet.)

them. The lobe numbered 10, 11, 12, which they connect with one numbered 5 and 4, is the occipital; the one numbered 5 and 4 is the parietal. The fissure of Sylvius separates this lobe from the temporo sphenoid, numbered 7, 8, 9. The lobe in front of the parietal numbered 1, 2, 3, is the frontal. We have become acquainted then with four great divisions in the brain surface, and that each admits of an easy division into three minor convolutions, the diagrams sufficiently show. I shall not enumerate all the twelve with their distinctive peculiarities and several grades of development; the three divisions—the upper, lower, and middle stages as they may be called—of the frontal lobe are, however, of importance to us even in this hurried and imperfect comparison. The bridging convolutions have in name the physiological importance of a primary lobe, morphologically, of course, they cannot hold this rank. A lobe hidden from our eyes, and in the depths of the Sylvian fissure, holds just the reverse relation to morphological and physiological considerations, it is present in all the subjects of our comparison, and is the centre point round which the other convolutions can be most naturally grouped; but physiologically it is of little moment; known as "the island of Reil" it completes the number, five, of which we spoke as being the number of the great brain divisions.

To commence with the lobe which is lettered α and β in our diagrams, which occupies so much space and has had so much importance assigned to it in the human brain, alike by Professor Huxley (*Natural History Review*, January, 1861) and M. Gratiolet ("Mémoire," p. 62), what is its meaning, signification, *Bedeutung*, is its importance serial or physiological, classificatory and specific, or functional and quantitative? M. Gratiolet's works give, it must be said, but one uncertain sound upon this point. Twice (Mémoire," p. 89 and 76) he tells us that the Thumbless Spider Monkey (*Ateles Beelzebuth*) possesses "par un exemple unique parmi les singes," these convolutions in as perfect a state of morphological integrity as man himself, albeit one of them may be *fort réduit*. On the other hand, I find M. Gratiolet (in the "Mémoires de la Société de l'Anthropologie," 1860, tom. i., p. 65) speaking of the coming level to the surface of one, the second of these bridges, as a character peculiar to man. And as if to put himself again in opposition to himself, I see in one of his own figures of a human brain, and that a well-developed one (Plate II. Fig. 1), a long unbridged fissure running continuously from this internal perpendicular fissure right across the upper surface of the hemisphere. In this last case, however, I suspect that, as one described by myself in the *Natural History Review*, April, 1861, p. 211, the brain in question having belonged to a gardener, and a man of more than ordinary intelligence, this appearance of an unfilled-up chasm is due to excess rather than to defect of development; the bridging convolution instead of crossing from one side directly to the other having bent itself into a curve with its concavity upwards so as to form thus a secondary valley within the primary fissure, an appearance almost unavoidably deceptive in a hardened and undissected brain. Professor Huxley, whose views as to the importance of this lateral perpendicular fissure I just now alluded to, seems in a recent number of the Zoological Society's *Transactions*, June 11, 1861, to consider this part of M. Gratiolet's analysis as somewhat unsatisfactory, and his identification of these bridging convolutions to fall somewhat short of the certainty which attaches usually to his homologies. Still in his figures of the Coaita (*Ateles paniscus*) the occipital lobe is continuous with the parietal by a level table-land summit. Coupling the authority of others with observations of my own, I shall be inclined to rank the physiological value of these convolutions α and β as second only to those of the frontal lobe 2 and 3. They are very generally present in human brains, and in highly convoluted brains they often are especially highly convoluted also. Their classificatory importance I should not rank so highly, partly because one or other of them, or both, may be possessed by apes, and the mass lettered α and β may come out to the surface in them, forming, it is true, an hour-glass-shaped lobe, not a subquadrate one, as in man, but coming up to the surface for all that, partly because they are not invariably present in such full development as M. Gratiolet's words would imply; and partly because they are, in a morphological point of view, tertiary convolutions, latest to be developed, and most liable to variation. (Reichert, "Gehirn," p. 89, ii. Abtheilung.) The history of these convolutions amongst certain of the lower apes becomes exceedingly instructive. The arrangement and relative development of them differ most widely in two of the commonest American monkeys, which are so closely related as to have been confounded together by certain zoologists. I mean the Brown Sagow, or Weeper Monkey (*Cebus apella*), and the Cebus Capucinus, Fatuellus, or Horned Monkey. Will any body pretend that any difference can be detected in the psychical phenomena, the mental manifestations, of these creatures, at all in correspondence or concomitant variation with their differences of cerebral conformation? Why Linnæus named the Cebus capucionus "Cebus fatuellus," I know not: if it were really for fatuity, that fatuity existed in connexion with a brain which, so far as I can see, was superior to that of its rival, the Cebus apella.

Lastly, the fissure in which these conditions exist, either filling it up level with either edge, or winding down into its depths and up its declivities, has an internal aspect, and this internal aspect may present the chasm appearance, or it may be filled up. In man it is always a chasm, it is never filled up, two convolutions, the internal connecting bridges are as invariably, and more invariably, if so I may say, atrophied and concealed in this place in man than the external are in apes. In many of the monkeys, and they too not often highest in their class, this internal chasm is filled up. In the diagrams before you these facts are shown, though I must own somewhat indistinctly. Still it is plain that the line I touch (F.I.) in this representation of the human brain stands for a fissure (Fig. 2b, I.), whereas this (Fig. 1b, I.) in the monkey is too irregularly seamed to suggest that notion. Now the irregular seaming is due to the transverse section of an internal bridging convolution, the entire absence of which from the human fissure leaves it a clear void. The clear open fissure in the diagram is (Fig. 1b, H.) not the internal perpendicular but the hippocampal fissure, and its large size corresponds to the large hippocampus, not to the large internal occipital furrow of the human brain.

Brain then for brain, we may say that the human brain is always wanting in internal, the simious very frequently in external convolutions for the filling up of a certain fissure which separates the occipital from the parietal lobes in either case. This fact does not at first seem to affect the typical meaning, or classificatory value, or serial importance of the convolutions, in question, though it is obvious that it bears with considerable force upon their physiological. But their serial value also is affected when we find that amongst the apes, the Ateles Beelzebuth (the Spider Monkey) alone of all those figured by M. Gratiolet, follows the human arrangement, and the human relation of these four convolutions exactly, as to the degradation of the one and the exaltation of the other set; in other words, in man and the Spider Monkey alone is the internal occipital perpendicular fissure continuous with the fissure of the hippocampi; in man and the Spider Monkey alone do the external connecting convolutions come fully to the surface, forming, as I have said, a quadrangular mass in man, though but an hour-glass-shaped mass in the monkey. Still upon such constriction as converts a quadrangular into an hour-glass-shaped mass there is little weight to be laid. Surely the Ateles is not so very much more manlike than all other monkeys upon this ground; the imperfection denoted by its name has never been belied by its manifestation of any psychical properties in correspondence with its high brain, but out of correspondence with its mutilated hand.

The small area occupied by the lobes numbered 10, 11, 12, in the human, as contrasted with that occupied by the same numbers in the simious brain, speaks of a corresponding difference in their occipital lobes: the mandrill has the largest occipital lobe (See Fig. 3a and Fig. 5a), man the smallest in the series. And here the doctrines of Gall may seem to coincide with the results attained by quite another method, by a far more searching and truthful analysis than his; but such coincidence is but apparent. A stunted occipital lobe is indeed a sign of elevation, whether we rise by giant strides from species to species, or by imperceptible gradations from variety to variety, but a stunted occipital region is not: it may contain, or it may not, in man it never does contain, occipital lobes alone. The bony case is forced out into protuberance in this region; but it is so forced out in man by the outgrowth of brain lobes which can no longer find sufficient shelter under their own proper vertebra, to use the language of mystical and exceedingly delusive anatomy; but whether these outgrowing convolutions be those lettered α and β, or those numbered 4 and 5, in our diagram, no external manipulation can tell us. It is plain that, judging of the contents of any one of the four volumes of a four-volume work from the numeral emblazoned on its back, is a scientific and safe method of coming to a decision as to its contents, when compared with the analogous procedure so commonly held to be legitimate, conclusive, and safe, when applied to the human skull.

The convolutions numbered 1, 2, 3, correspond to the frontal, and a glance shows the enormous development they have attained in man; and a second will explain how it is that the horizontality or the reverse of the temporo-sphenoidal (numbered 8, 7) lobe stands in a direct ratio to the greater or less development of this frontal mass. It is broad, subquadrate in front, deep, long, complex, asymmetrical, in man; narrow, pointed in front, excavated, foreshortened, simple, symmetrical, in the apes. Divisible as it is in both alike into three stages, it is especially the uppermost which in the uppermost of mankind presents the widest difference when compared with lower organisms; but these lower organisms are, as my diagrams show (See Fig. 3b), human as well as simious, and to the believers in the doctrine of Types, as commonly expounded, the words "divisible as it is in both alike" are words of disappointment, speaking as they do to merely quantitative differences. These quantitative differences are, it may be said, incomparably wider when we measure the interval between the Hottentot Venus and the African ape; but when we measure that existing between the Hottentot Venus and the European, are the latter differences greater than those which separate such a brain as the Chimpanzee's from such another as the Marmoset's? Now, to these enormous differences as existing in Nature, and shown in these diagrams as existing between the African and the American ape, will anyone aver he can assign concomitantly varying capacities, co-ordinately graduated amenabilities to education? I cannot but think the answer will be in the negative; the application of such an admission to further argument I leave to suggest itself.

The two cerebral hemispheres with the internal and external anatomy of which we have so long been dealing, might well bear some other name than hemisphere; for, according to results of experiments performed pathologically, for us, either by accident or disease, they are not so much parts of one whole as two organs mutually supplementing each others weariness, in the same manner as any of the numerous sets of paired organs in our bilaterally symmetrical bodies. Still, as "*vis unita fortior*," there is an apparatus in the brain for enabling the two distinct organs which its hemispheres, or rather ovoids, make up, really to act as if they were halves of one whole. This apparatus consists of various longitudinal and transverse connecting bars and floors, between what would be in the adult mammal, as in lower and developing organisms, easily divaricable, albeit apposed masses. The most important of these, in a physiological point of view, is the corpus callosum. It roofs over the ventricles; it is continuous with the fibres of the now familiar hippocampus minor; it binds together both the ovoids during life, as it prevents them utterly falling apart after death. (See Figures 1a, 1b, 2a, 2b.) It is all-but, if not entirely, fibrous, inter-nunciant; it transmits; it cannot originate; its increase of bulk may be supposed to depend considerably upon increase of use, for in the child it is but one-half (or less) the length of what it is in the adult, increasing, it may be, from as little as 1¾ to 4 inches. Its relation of length in the monkey may be gathered from the Diagram (Fig 1b.) It is seen not to extend as far back as two shaded nodules; in the human brain (Fig. 2b) it projects beyond. A more careful and searching examination (b) has shown that its sectional area, in relation to the ovoids it binds together is in the ape but half of that of the same structure in the same relations in man. This, again, is but a difference of degree, but it is a real difference, albeit clearly of physiological rather than of serial importance.

Our final enquiry will be, what is the weight of the entire nerve mass contained within the ape's brain-case, and what is the weight of the human encephalon? This weight is either absolute, what the weights speak of when placed in the scales opposite to the brain, or relative, as compared with the body in which the brain was lodged during life. It is obvious that an absolutely heavier brain may be relatively lighter, and *vice versâ*, than another. As less weight, as it seems to me, is to be laid upon relative than upon absolute weight, it may be well to state the facts relating to relative weight first. By common consent the largest apes are always taken as subjects of this comparison. Now, the heaviest encephalon of any one of these creatures which has been put on record is the one recorded in last July's number of the *Natural History Review*, by Mr. Marshall, of a Chimpanzee. The brain weighing 14 oz., the body 264, the proportion of the one to the other was nearly 1 : 19. Now, in a well-nourished girl of 8·8, whose dentition was further advanced than is generally the dentition of the anthropomorphous apes which die so early in our ungenial latitudes, I find their proportion given by Tiedemann (*Philosophical Transactions*, 1836), as 1:14. 13. The proportion between brain and body in a young orang dissected by myself was 1 : 22·3. The very self-same proportion, deducting the decimals, is given by Haller, Elem. Physiologiæ, iv. 10, as having been found by him to be the proportion existing between the brain and body of a boy of 6 years of age. As, I believe, it has been recently shown that the average body weight of successful candidates in certain competitive examinations is higher than those of the unsuccessful: that is, as, indeed, the popularity of the line might have led us to anticipate, that the little body lodging a mighty mind is something of a rarity, and, as with an increase of body-weight the favourable] proportion of brain to body is diminished, I need not go further into this question of relative weights of body and brain.

(b) *Natural History Review*, July, 1861. "On the Brain of a Young Chimpanzee." By J. Marshall, Esq., F.R.S.

The question of absolute weight is of more meaning, and fortunately can be dispatched in fewer words. The maximum ape's weight is 14 ounces, the minimum human is, speaking roughly, 2 lb., *i. e.* 32 ounces Avoirdupois.

The lowest authentic and reliable weight of a brain of a person dying in possession of mental faculties which I can find in the most recent work on the subject, with which I am acquainted, (Wagner, "Vorstudien;" Gottingen, 1860,) gives from Dr. Sims, 31 ounces as the weight of a woman's brain who died at 73, with a brain at once atrophied and filled with fluid. Tiedemann's negro brain, I have spoken of in the *Natural History Review*, April, 1861, p. 208, as weighing but 26 ounces. This weight I gave on the authority of Huschke, who speaks of it in two places as 753 grammes (c). But Tiedemann's own weights would give this brain's weight as 29 ounces avoirdupois. And upon this 29 ounces I lay no stress, for most uncharitably I have come to suspect from Tiedemann's own history of this brain, procured for him, like the orang's, by his indefatigable son-in-law Fohmann, that he weighed this brain after it had been deprived of much of its watery and saline constituents, by the action of alcohol. Let the facts, then, stand thus: the maximum ape weight is 14 ounces, instanced in the Chimpanzee, M. Gratiolet having shown us that the Gorilla's brain is smaller than the Orang's, the minimum human is 31 ounces.

This doubly, and more than doubly, greater weight, the doubly greater corpus callosum, that subquadrate lobule lettered a and β in the diagram, those complexly convoluted frontal lobes 1, 2, 3, are, I believe, the four great points in which the human brain asserts its superiority over that of the ape. "Prævalet in homine cerebrum," we say with Tiedemann, (Icon., Cor. xxxii. p. 54.) His anatomy is as much more correct than that of Bossuet or Buffon, as I cannot but say their metaphysics seem to me to be than his materialism.

With a few words upon the philosophical, or, to speak more strictly, the anthropological, bearings of the entire subject, I will conclude.

Some persons may not think it wholly clear that with our faculties, and with our data, as at present working, and as at present existing, and likely to exist, we can reasonably hope to solve the problem which in more or less definite shape has been flitting before us during this lecture. It is possible that in this question as in so many others, there may be a state of doubt which is surer than certainty, an ignorance which is wiser than knowledge. Such hesitation may be the truest wisdom; but to the instincts of most men at all times, and of all men at certain times, a Philosophy of Assertion is more satisfactory than a Philosophy of Suspense; so that I feel myself compelled to attempt something more positive as the conclusion of the whole matter, than the advice my last two sentences hint at.

To believers, then, in the Doctrine of Types, I would suggest in the way of comfort, that even if it were to be clearly proved, which however, I do not say it yet is, that the differences between man's brain and that of the apes are differences entirely of quantity, there is no reason, in the nature of things, why so many and such weighty differences of degree should not amount to a difference of kind. Differences of degree, and differences of kind are, it is true, mutually exclusive terms in the anthropomorphic language of the schools; whether they are so also in the laboratory of Nature, we may very well doubt. In the inspection of a museum, it is but the uneducated who look at the cases and shelves, and admire them, the handiwork of the carpenter, to the neglect of the works of nature for the convenient arrangement of which they were designed. Yet educated men are constantly guilty of analogous vulgarity of thought, when they worship formulæ rather than facts, and bind themselves rather than phenomena, in the trammels of artificial classifications. I would express the moral of my metaphor by saying that of all idolatry, that which is paid to the *Idola Theatri* is in these days of ours the least justifiable.

With the difficulty which has been (d) raised by speaking of the sparks of understanding and flashes of ratiocination which we see every now and then flickering out in the life manifestations of the lower animals, as though they were nascent soul and nascent spirit, the metaphysician may very safely be trusted to deal. Kant and Coleridge have indeed lived in vain, if their very dullest disciple is unable to grapple with this objection.

But an anatomist may go out of his way to say to believers in the Theory of Development, that, granting the human brain to be greatly larger according to actual measurement, and greatly more perfect, according to all the analogies which other systems and structures offer us, he by no means allows as a direct consequence of this, that of the two terms of the comparison which is present always to our mind's eye, during such an investigation, soul is the second and body the first—that psychical manifestations, mental phenomena, are the result, not soul the condition, of bodily perfection. There are many facts in biology, not the least striking of which, Gratiolet's analysis of the Brain Convolutions, has enabled certain (e) of his disciples to discover, which go to prove that mind and matter, structures and functions, do not always vary concomitantly. But omitting these, let us look at the fact of the correlation which usually is to be found existing between them *secundum statum præsentem*. Which is in the condition of dependence, mind or body, which modifies, which is adapted, which is the second, which the first? I may transgress the rules of logic, but I shall not violate the laws of reason, if I hint my argument in the words of our living poet. Have we not all read of him whose mental struggles

> "Had marr'd his face, and marked it ere his time;"(f)

and of the yet happier history of him

> "Whose very face with change of heart was changed."(g)

In what other way than the one just suggested can we read the physical results of education, operating, as it often does, upon the adult well nigh as markedly as upon the younger and more plastic? Are not all these phenomena facts in just as true a sense as any which scalpel or callipers, which weights or measures, can disclose? The creations of art reproducing, and the instinct of the million appreciating, physiognomy, speak, it is true, in plain and trivial, yet for all that, in forcible language, to the truth of the explanation at which I hint. All alike when coldly and dispassionately viewed as concomitantly varying phenomena, lead us to hold that our higher and diviner life is not a mere result of the abundance of our convolutions. How harmony may have come to exist between them, our faculties are incompetent either to decide or to discover, but this short-coming of man's intelligence affects neither his duties nor his hopes, neither his fears nor his aspirations.

(c) "Schadel Hirn und Seele." Huschke. Jena: 1854, Pp. 71, 73.

(d) *Nat. Hist. Review*, January, 1862, p. 8.

(e) Wagner, Vorstudien, p. 90.

(f) "Idyl's," Elaine.

(g) "Idylls," Enid.

ORIGINAL COMMUNICATIONS.

◆

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.
Physician-Accoucheur to the London Hospital, etc.

(Continued from page 214.)

THE subjoined eight Forceps Cases occurred in my practice during the year 1841:—

Long Forceps Case.

Case 56.—On January 9, 1841, at 7.30 a.m., I was sent for to Mrs. W., in the Strand, whom I was engaged to attend; this was her third labour;—my father had delivered her by the forceps in her first; and I had delivered her by the long forceps in her last, which happened eighteen months before. Her pelvis is very small throughout,—in the conjugate diameter at the brim, measuring very little more than three inches;—funnel-shaped in the cavity, and considerably narrowed in the outlet owing to the tuberosities of the Ischia approaching too near each other; as well as to an anchylosed state of the coccyx. The os uteri, when I arrived, was the size of a crown piece; but it rapidly dilated under the influence of regular and strong pains; at ten the membranes gave way, and the head came fully upon the pelvic brim; the uterus continued to act very violently; in about half-an-hour the upper part of the head had taken possession of the cavity, the base remaining above the brim. At the expiration of another hour, as there was no advance during that interval,—as I had delivered her in her previous labour in less than three minutes, under very similar circumstances, though after a severe struggle of nine hours subsequently to the rupture of the membranes, and as she was begging earnestly to be relieved,—I determined to terminate the labour at once. The head had originally presented with the forehead to the left acetabulum, but had been turned by the strength of the uterine efforts, till the face looked directly to the left ilium; I therefore passed the blades of the instrument within each ilium, thus embracing the head antero-posteriorly, brought it through the brim, turned the face into the hollow of the sacrum, and extracted in less than five minutes without any difficulty. The child was alive, as was also the last. As the placenta did not descend, and some hæmorrhage supervened, in about ten minutes I removed it by the introduction of the hand; it was extensively adherent; and hard and solid through a great part of its substance, as though it was scirrhous. The uterus contracted well, the bleeding ceased, and she made a rapid recovery.

Long Forceps Case.

Case 57.—On February 11, 1841, at three p.m., a Medical friend called me to Mrs. W., at Dalston. It was her sixth child; her labours had always been lingering, owing to deficient space in the conjugate diameter of the pelvis, at the brim. The membranes broke at 9 a.m. and the uterus had been acting exceedingly powerfully ever since. For the last two or three hours she had complained of a very acute, agonizing, fixed pain at the left side of the uterine neck,—much aggravated on the pressure of the hand externally above the pubes, and over the left groin; the countenance had a most anxious expression, the pulse ranged between 120 and 130, and there was a large quantity of olive-coloured discharge flowing from the vagina. The head was partly in the pelvis, the base of the skull being above the brim—the forehead was above the left acetabulum, neither ear could be felt. The os uteri was entirely dilated and out of reach of the finger. No observable change had taken place either in the position or descent of the head for the last five hours. Fearing from the fixed pain at the lower part of the uterus that the organ would injure itself by its own excessive action, I applied the long forceps within the ilia; one blade passing over the child's right brow, the point coming close upon the super-ciliary ridge, the other lying upon the left side of the occipital region. By three or four backward and forward movements of the instrument I brought the head fully into the pelvis, the face turning spontaneously into the cavity of the sacrum, and delivered easily in ten minutes. The child was alive. There was a horizontal bruise an inch in length over the left eye, showing where the head had pressed against the symphysis pubis, and accounting for the agony the woman endured, as the soft structures must have been subjected to equivalent pressure. The placenta was expelled soon; there was no trouble with the bladder, as might have been expected, and the woman made a speedy and perfect recovery.

N.B.—I have not generally thought it requisite to describe the symptoms present in the cases where I have delivered by the forceps, because those indicating the necessity for instrumental interference are well-known, and are fully detailed in my work on Obstetric Medicine and Surgery as well as in most treatises on Midwifery; but the peculiar discharge which I have noticed in this case is not adverted to by any author but myself, as far as I know, and is well worthy of observation. It consists of an olive-coloured, greenish fluid, of a faint, though not putrid odour, escaping sometimes in large quantities, and sometimes more sparingly, while the head occupies the pelvis but often to the amount of three or four ounces after the child's birth. It appears to me to be a fresh secretion from the uterine surface, dependent on long-continued action, and it is to be regarded as one of the earliest indications of approaching exhaustion. I have many times known this fluid mistaken for meconium mixed with liquor amnii, and I have also known its presence adduced as a proof of the death of the infant; because it is a common belief that the meconium never passes into the uterus under a head presentation except in the last death-struggle of the fœtus. I have perfectly assured myself that it has no reference to the meconium whatever; and I have frequently seen the child born living, as in this case, where it had been afforded copiously during the latter part of the labour.

Forceps Case.

Case 58.—On March 9, 1841, at 11.30 p.m., I was sent for by a Medical friend to Mrs. L., aged 33, Commercial-road East, in labour of her first child. I found that she had been ill since the early part of the day; the os uteri was almost entirely dilated, and very soft, and the membranes were unbroken. The reason for my being consulted was that she had complained, for the last two or three hours, of a violent cramp-like pain at the lower part of the uterus, much more intolerable than the throes of labour. She was rolling about the bed in agony, and was at times delirious,—yet the pulse was only 90, and there were no other alarming symptoms present. I immediately ruptured the membranes, giving exit to a larger quantity of water than is usual. The agonising pain ceased as immediately, her mind soon recovered itself, and uterine action became regular and strong. For two hours the labour went on perfectly satisfactorily, the head descended into the pelvis, but became arrested in the cavity; and at 6 a.m., finding it had made no permanent advance for four hours, I thought it better to deliver. This I effected by my long forceps, adapting each blade within an ilium, and applying one over the right brow, and the other over the left side of the occiput, as the face lay towards the right sacro-iliac symphysis. The soft parts being preternaturally rigid, my efforts were made very cautiously; and this will account for the operation occupying little less than one hour. The child was alive; the placenta was soon expelled; and the patient was speedily restored.

Long Forceps Case.

Case 59.—On May 19, 1841, at 4 p.m., a Medical friend sought my advice for Mrs. W., aged 28, Mansell-street, Goodman's-fields, in labour of her first child. The membranes broke soon after the commencement of labour, 23 hours before I saw her; the pains had been regular ever since; and for the last five or six hours had been very strong. The head was still almost entirely above the brim, and was prevented descending into the cavity by the last lumbar vertebra and the promontory of the sacrum projecting much too far forwards; the conjugate diameter of the pelvis at the brim did not measure more than three inches. The os uteri was dilated to the size of a crown piece. The tongue was furred; and the pulse 86. The length of the labour was evidently beginning to make an impression on the constitution; yet, as the employment of the forceps was impracticable, and craniotomy was not justifiable, I recommended that a little more time should be given, to see what Nature might accomplish. At 11 p.m. the head was still above the brim, but the os uteri was almost entirely dilated. The tongue was now dry, and the pulse had risen to 110, pretty sure indications that relief would be required shortly. During the next hour the os uteri became entirely dilated; and the head descended somewhat through the brim. The face was now found to present to the left sacro-iliac symphysis. The vagina and external parts were very rigid, and the pelvic outlet was discovered to be also contracted. Fearing to allow the case to go on any longer unassisted, and judging it to be within the scope of my long forceps, at 12.30 I applied one blade over the left brow, and the other over the right side of the occiput, within each ilium, and delivered in about half-an-hour, the face turning into the hollow of the sacrum. The child was born with suspended animation, but was restored by the use of proper means. The placenta passed speedily; and the patient did well.

Forceps Case.

Case 60.—On June 23, 1841, at 5.45 p.m., I was called by a Professional friend to Mrs. K., Commercial-road, a young woman, in labour with her first child. The membranes had broken early the same morning; but as there was very little liquor amnii, the head had begun to make pressure on the soft parts before its evacuation. The structures had been very rigid and tender from the beginning of labour, and were now also hot and dry. I found the os uteri entirely dilated, the head in the pelvis, with the forehead looking to the left thyroid foramen, and the left ear to be distinctly felt behind the right acetabulum; it had not moved in the least for five hours, and had become quite wedged in the cavity. The pains, which had been very strong, had now nearly ceased; the woman was much fevered, and very urgent to be delivered. After drawing off between a pint and a quart of urine, I passed the blades of the forceps over the ears, and extracted in fifteen minutes, without much difficulty, the face emerging under the pubes. The child gasped after its birth once or twice, but could not be restored. The placenta was soon expelled, and the woman recovered well.

Long Forceps Case.

Case 61. — On Friday, June 24, 1841, at midnight, I was summoned by a Medical friend to Mrs. C., New Cross, Deptford, a very stout young woman, in labour of her first child. The membranes broke without pain four days before, and the uterus began to act on the next day. For three days, therefore, she had been in active labour; during the greater part of that time the pains had been very violent, but they had now nearly ceased. The pulse was very quick, the face flushed, and delivery was urgently required. The child's head was fully within the pelvis; the face which had originally presented towards the left acetabulum was now turned to the left ilium, and the left ear could be felt behind the pubes, though indistinctly. The pelvic outlet was narrowed in consequence of the Tubera Ischiorum approaching too near each other, and thus contracting the arch of the pubes. The perineum and other soft parts were very rigid. Having relieved the bladder of nearly a quart of water, I introduced the blades of my long forceps within the ilia, over the forehead and occiput of the child, and turning the face into the hollow of the sacrum, I delivered in about twenty minutes. The perineum was very much distended, in consequence of the narrowness of the pubic arch; but no laceration took place. The child was born alive; the forehead was slightly bruised by the instruments, but that caused no eventual detriment. The placenta was soon thrown off, and the patient recovered well. A slight slough indeed formed in the posterior part of the vagina; this, however, separated, and the ulcer healed without producing any disturbance in the system, and very little local inconvenience.

Forceps Case.

Case 62.—On July 18, 1841, at 8 p.m., I was called to Mrs. H., Noble-street, whom I was engaged to attend. I had delivered this lady of her first child in Newgate-street on February 25, 1840, a history of which case I have already given. This was her second labour; the os uteri was not more dilated than to the size of a shilling; but the pains were following each other quickly. The membranes broke at twelve o'clock, and the head came slowly into the pelvis with much pain. At 4·30 a.m. the head having remained more than an hour within the pelvic cavity, without any advance or change of position, the face looking towards the right sacro-iliac synchondrosis, I passed a blade of my instrument within each ilium, and delivered her in about twenty minutes. The child was living, and is now grown up. In about fifteen minutes an attack of flooding induced me to remove the placenta by introducing the hand into the uterus. The uterus contracted well. In the middle of the day, as she had not passed water, I removed it by the catheter; after that the bladder acted naturally, and she recovered satisfactorily. This lady has had five children subsequently, with all of whom I have attended her. They have all passed naturally, though with much more than ordinary suffering.

Forceps Case.

Case 63.—On December 1, 1841, at 7 a.m., a Professional friend sent for me to Mrs. B., Cambridge-heath. She had been in labour all the day before, and the membranes had broken nine hours before I arrived; it was her first child. The uterus had been acting very powerfully from the time the membranes broke; the head was fully in the pelvis, the face looking to the right acetabulum, and was tightly wedged; there had been no advance for six hours. There was very little distress in the system, nevertheless being perfectly satisfied that Nature would never accomplish delivery unaided, I passed the blades of the forceps over the ears, and delivered her of a living child in about twenty minutes. The face, as in Case 60, emerging under the pubes. The child was alive. The placenta was soon expelled, and the patient recovered well.

N.B. It is rare for the head to be extracted by the forceps, with the face anteriorly; but that happened in two of the above cases. Generally there is some peculiar formation either of the pelvis or of the child's head to account for it. My practice is when the blades of the forceps are adapted over the ears, with the face looking to either acetabulum, to endeavour to extract with the face forward; but if I find much difficulty in doing that, to turn the face into the hollow of the sacrum. I prefer extracting it, if possible, with the face under the arch of the pubes, because as the rotation is made over only one quarter of the half pelvis, there is less chance of injuring the soft structures, in the manipulation, than if it were made over three-quarters; besides, should the child's body be strongly embraced by the uterine parietes, while we are acting, and, therefore, should it not follow the turn which we oblige the head to take, provided we direct the face backward, the body remaining stationary, it is evident that we should twist the child's neck, inflicting on it, perhaps, a fatal injury.

8, Portman-square.

(To be continued.)

CASE OF DISLOCATION OF THE PATELLA UPON ITS EDGE.

By R. H. MEADE, F.R.C.S.,
Surgeon to the Bradford Infirmary.

In a recent Number of the *Medical Times and Gazette*, a case is recorded, under the care of Mr. Curling at the London Hospital, in which the patella was dislocated upon its edge.

The perusal of this case brought to my recollection a very similar one, which occurred many years ago in my own practice; notes of which, made at the time, I have preserved; and this accident appearing to be of very rare occurrence, I will briefly relate them.

On August 14, 1846, a man named Jonathan S—, received at the Low Moor Iron Works a severe blow from a piece of iron, upon the inner edge of the left knee. The blow knocked him down, and drove the patella out of its place. He said that the same knee-cap had been dislocated outwards some years before, and had remained rather loose since. On the first occasion he stated that it was very easily replaced. Upon seeing the man, about two hours after the accident, I found the patella projecting under the integuments in a very remarkable manner. It was seated edgeways, the outer margin being forwards, and turned a little outwards; and the inner edge being placed against the front of the femur. The knee was fixed in an extended position. The edge of the bone was so firmly fixed in the depression between the condyles, that I found great difficulty in reducing the dislocation. I first elevated the heel, so as to relax the extensor muscles; and then pressed the projecting or outer edge of the bone downwards and outwards, so as to try to elevate the inner edge from its fixed position. This plan failing, I tried sudden and violent flexion of the knee, at the same time that I pressed down the outer edge of the bone; but though I could thus move it somewhat, I could not succeed in replacing it. These attempts were made without any professional aid, but I now obtained the assistance of another Surgeon, whom I got to lift up the leg sufficiently high to place the heel upon his shoulder; I then pressed down the outer edge of the patella with both hands, with as much force as I could exert, and after several attempts the inner edge was drawn from between the condyles of the femur, the knee-cap slipped at once into its natural position, and the knee felt all right. The patient suffered great pain all the time the dislocation lasted, which was much aggravated by touching and attempting to replace the bone. Had chloroform been introduced into Surgical practice at the time when this accident occurred, the man would have been saved much suffering, and the dislocation would probably have been much more quickly reduced. Rest and an evaporating lotion soon removed all effects of the accident.

CASE OF

EXCISION OF THE RIGHT SUPERIOR MAXILLA, AND OF THE PALATINE PROCESS OF THE LEFT—RECOVERY.

By F. MARSDEN, M.R.C.S.

THE patient was a widow, aged 60, the mother of two children, both living. She had lost a cousin by cancer of the cheek. She had good health until eleven years ago. She then noticed a lump the size of a pea in the roof of the mouth; this slowly increased in size, at length presenting a fungous appearance. Four years ago it was removed.

Two years subsequently to its removal it returned, and gradually increased in size and extent. It was accompanied by little suffering until three months ago, when it rapidly increased, and became the seat of severe occasionally darting pain.

December 5, 1861.—She is thin and anæmic, of sallow complexion; pulse 60; appetite good; breath fetid. No swelling of sub-maxillary glands. The tumour occupies the right superior maxilla and palatine process of the left, projecting from the roof of the mouth as a fungoid fleshy mass, and extending backwards to a level with the last molar tooth, and upwards to the margin of the orbit. It forms a prominent tumour one inch below this point, where it is semi-fluctuating; the lower lid is œdematous, and there is evidence of the growth encroaching on the floor of the orbit. Both nasal fossæ are completely obstructed, the septum being pushed close to the outer wall of the left by the pressure of the growth.

The patient being anxious that something should be done for her, Mr. Fergusson was consulted as to the feasibility of the operation. He recommended its performance.

9th.—The patient being under the influence of chloroform, an incision was commenced a little below the internal canthus and carried along the lower margin of the orbit outwards, a second incision downwards by the side of the nose into the nostril; the flap was dissected downwards, and then outwards, so as to leave the dissection about the mouth the last part to be done, when the patient, being less under the influence of the anæsthetic, was better able to dispose of the blood which accumulated there. To avoid greater loss of blood than possible the vessels requiring it were ligatured as the operation was being carried on. The malar and nasal processes of the right superior maxilla, septum and palatine process of the left superior maxilla being divided, the mass was detached and some small spiculæ of bone were dissected away. Portions of the mass having been detached from the cribriform palate of the ethmoid, the parts were brought together.

10th.—Passed a tolerable night; dozes frequently. Pulse quiet.

15th.—Pulse natural; sleeps well; appetite good.

28th.—Is able to walk out, sallowness of countenance disappeared.

The case is interesting as furnishing another example of the extent of disease that may be safely removed from this region and the rapid recovery the system makes when relieved from a source of irritation.

On February 14, 1862, I heard from her. She was in excellent health. The sight of the eye was intact. All that remained was a little œdema of the lower eyelid.

2, Compton-street East, Brunswick-square.

ACADÉMIE DE MÉDECINE.—M. Montagne, the Botanist, has been elected Associate of the Academy in the place of the late M. Isidore Geoffroy St. Hilaire, by forty-nine votes of the sixty-five electors who were present.

REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Assistant-Physician to the Metropolitan Free Hospital.

◆

KING'S COLLEGE HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE ON THORACIC ANEURISM,

Delivered by GEORGE JOHNSON, M.D., Physician to the Hospital.

THE subject of the Lecture was Aneurism of the Thoracic Aorta, two patients being then in the wards, one suffering with aneurism, and the other presenting some symptoms of aneurism, but not so definitely as to render the diagnosis quite certain.

Case 1.—*Signs of Aneurism of the Arch of the Aorta—Heaving Impulse against the Left Clavicle—Bellows Murmur—Inequality of Pulse at the two Wrists—Enlargement of Superficial Veins of Chest.*

The first case Dr. Johnson spoke of was the one in which there was no doubt as to the diagnosis. The patient was a labourer, aged 45, admitted January 4. His general health had usually been good, and except an attack which he calls inflammation of the chest, sixteen years before, he had had no illness until the present. He had been intemperate until twelve months ago, when after a drinking bout, he first began to suffer from his present symptoms. He first had sharp pains in the region of the left nipple over a space of about three inches, occasionally extending lower to the epigastrium. Fourteen days later he had pain down the left arm, sometimes associated with the pain in the chest and sometimes alone. The pain was not made worse by breathing deeply, but was increased by exertion.

When admitted he had the pain as above mentioned, both in the region of the heart and down the arm. He had lost flesh, and his appetite was bad. Another striking peculiarity was the change in the voice. It was feeble and cracked, more like the voice at puberty. The change in the voice he said had lasted ten months. He had no cough, no difficulty in breathing, and none in swallowing. Therefore, Dr. Johnson said, it was probable that there was no pressure either on the œsophagus or in the trachea.

On examining the chest it was found to be of the barrel shape, characteristic of extensive emphysema of the lung. There was comparatively little expansion, which was no doubt due to the emphysema. There was a remarkable difference in the pulse at the two wrists; the right was full and throbbing, and almost of the character of the pulse in cases of aortic regurgitation. The left pulse was small and feeble. This was, Dr. Johnson said, an important sign to note, and probably showed some obstruction to the flow of blood into the left subclavian artery. Another circumstance pointing to interference with the circulation of this limb was that the veins of the arm and of the left side of the chest also were much fuller than on the right side. There was at first no abnormal pulsation detected, but after a week or so, pulsation was easily made out at the sternal end of the left clavicle—a heaving impulse rising at each systole of the heart. This was not observed on his admission. There was dulness on percussion in the same position. Without any great pressure a thrill was felt by the fingers placed over the subclavian artery, and a distinct systolic (rough blowing) sound was heard at the base of the heart, and upwards to the top of the sternum. Near the sternal end of the left clavicle the roughness of the sound was greater than over the base of the heart. There was also some indistinctness of the second sound of the heart, and sometimes Dr. Johnson believed he could detect a soft, diastolic sound. Dr. Johnson then spoke of the character of the pulse in the right wrist; it was like, very like, the pulse of aortic regurgitation. (a) The respiratory sounds were more feeble over the right than over the left lung; but no great importance, Dr. Johnson said, was to be attached to this, as in most cases the respiratory murmur is normally less audible in the right than in the left lung; and as regards the apices, this was important to bear in mind in the diagnosis of incipient phthisis: a feeble respiratory murmur at the *right* apex is much less significant of deposit in the lung than a comparative feebleness at the *left* apex.

The peculiarity of the voice (Dr. Johnson said) was probably due to pressure on the recurrent nerve. It is not uncommon in such cases to get some alteration of voice, and the breathing is often stridulous. In this case, however, the breathing was easy and noiseless.

Dr. Johnson said there could be little doubt that there was an aneurism of the aorta near the giving off of the subclavian artery. The position of the pulsation; the rough bruit in the same place; the obstruction to the circulation in the veins on the left side of the chest; the small pulse in the left radial artery; the symptoms of pressure on the recurrent laryngeal nerve, all pointed to the aorta near the origin of the subclavian artery, as the seat of disease. This was certain; but there was one doubtful point, viz., whether the semilunar valves of the aorta were diseased or not.

The patient was placed on good diet; was kept quiet in bed; and took fifteen minims of the tincture of digitalis, and fifteen minims of the tincture of the sesquichloride of iron, three times a-day. A belladonna plaster was applied over the region of the heart.

Case 2.—*Signs of Insufficiency of Aortic Valves and of Disease of Coats of Aorta—Double Bellows Sound at Base of Heart—Rough Systolic Sound at Top of Sternum—Thrill in Left Subclavian—Pulse at Right Wrist Full, and Collapsing—On Left Side Comparatively Small and Feeble—Sudden Death—Post-mortem Examination.*

In the second case there was clear evidence that the coats of the aorta were diseased, but whether there was an aneurism or not was doubtful. The patient was a baker, a pale, but generally healthy man, aged 53. He had been intemperate, but he had never had gout or rheumatism, nor in fact any serious illness, until two months ago, when his present ailment began. His first symptoms were cough, shortness of breath, pains in the back, and palpitation, all worse on exertion. He kept at work, however, until January 11, when being worse and his legs swelling, he sought and obtained admission into the Hospital.

When admitted he was suffering a good deal. He had much dyspnœa and cough, and his legs were swollen from the ankles to the knees. He looked pale and feeble, and complained of pain over the region of the heart. There was no albumen in the urine. On examining the chest it was found that the heart's impulse and the extent of dulness were much increased, showing that the heart was enlarged. A distinct double bellows sound was heard over the base of the heart. The diastolic sound was best heard at the base, but the systolic sound was louder at the top of the sternum. On the least touch there was felt a strong thrill in the left subclavian artery. There was also in this (as in the other case) a remarkable difference in the pulse at each wrist; that on the right side being twice as strong and full, and indicating unquestionably aortic regurgitation. There was no abnormal pulsation against the walls of the chest.

In this case (Dr. Johnson said) we have evidence, first, of disease of the aortic valves as indicated by the double sound at the base of the heart and the collapsing pulse; and, secondly, of disease of the aorta and roughening of its inner coat, at the giving off of the left subclavian artery, as shown by the strong thrill in the left subclavian, the small and feeble pulse in the left radial artery, and the rough systolic sound at the top of the sternum. There was no positive evidence of aneurism. An atheromatous condition of the aorta would be enough to impede the flow of blood into the subclavian artery, and a similar condition of the aortic valves, or perhaps dilatation of the aorta at its beginning would suffice to produce incompetence of the valves. There was no abnormal pulsation against the walls of the chest, but this might, as in the other case, occur after a time.

The treatment, so far as success in such a case could be hoped for, was successful. All his urgent symptoms were relieved. He was, when admitted, in much distress from dyspnœa, the heart being unequal to its work; the lungs were congested; and for the same reason (impaired action of the heart) there was œdema of the legs. There was no albumen in the urine from congestion of the kidney, a frequent result of retarded circulation, as pointed out by Dr. Johnson in his previous Lecture. He took, as a hydragogue cathartic, drachm doses of compound jalap powder, and under the use of this, and rest in bed, the swelling of his legs subsided, and his breathing became easier. The compound spirit of sulphuric ether was also given occasionally as an anti-spasmodic. Brandy and good diet were allowed, and on the third day the tincture of the sesquichloride of iron was commenced. The man was much better. The dyspnœa and the dropsy had entirely passed away. Of course the organic conditions giving rise to these symptoms remained pretty much the same.

The above comments on this case were made by Dr. Johnson in his Lecture delivered on February 11. Since then the patient has died and the body has been examined. On February 27, he was dressed and sitting by the fire with some other patients, when he rose from his chair, and without saying a word suddenly fell; his face became dark-coloured; he made a few gasps, and was dead before the House-Physician could reach him. On examination of the body twenty-four hours after death, the heart was found much enlarged, and weighed twenty-two and a-half ounces, the enlargement being chiefly due to dilatation of the left ventricle and hypertrophy of its walls. The aortic valves were thickened quite to their margins. The arch of the aorta and a great portion of the thoracic aorta was much dilated; the inner circumference of the vessel just above the valves was five inches; the dilatation gradually diminished towards the termination of the thoracic aorta. The whole inner surface of the dilated vessel was roughened by atheromatous, and in some parts by calcareous, deposit. The innominate artery was dilated and its walls diseased; the orifice of the left carotid was narrowed by atheroma, but its walls beyond were smooth and healthy. The left subclavian was slightly dilated at its origin, and its inner surface was very uneven, with atheromatous deposit for about three inches from its commencement. The diseased condition of this vessel probably caused the thrill which was felt over it, and the comparative feebleness of the pulse at the left wrist. There had been no rupture of the aorta or of its branches. The left pleura contained about two pints of liquid. The brain was healthy. Dr. Johnson remarked at the post-mortem examination that the probable cause of the sudden death was spasm of the left ventricle, which was found empty after death. If syncope had been the immediate cause of death, the left ventricle would have been full and the face would have been pallid, not livid, during the brief struggle before death.

In reference to the treatment of aneurism, Dr. Johnson said the object was to place the patient under such circumstances as favour the filling of the sac with coagula. To attain this object the Surgeon arrests or retards the flow of blood by ligaturing the artery, or by pressure. In cases of thoracic aneurism there was no way of moderating the flow of blood through the artery except by reducing that of the whole circulation. We attempt to moderate the circulation, and to induce consolidation, by prescribing that the patient should avoid excitement, both mental and physical, and by ordering good diet, to improve the health and the condition of the blood. Dr. Johnson said he believed it was desirable that the patients should have a good diet, but not a stimulating one; the object being to improve the condition of the blood, but at the same time not to excite the circulation. Another indication was to relieve pain, and to do this we are sometimes justified in abstracting blood. The treatment of aneurism by starvation and depletion, known as Valsalva's treatment, had for its object, not merely to relieve pain, but also to cure the aneurism, by retarding the flow of blood, and thus increasing its tendency to coagulation. There is, however, Dr. Johnson said, one great objection to this, even as a theory—viz., that the weaker the circulation, the more rapid it becomes; and then the blood being impoverished, and especially the quantity of fibrin being diminished, the tendency to coagulation is diminished. Further, Valsalva's treatment, by rendering the patient weaker, reduces the power of resistance in the tissues, and therefore the already diseased artery is likely to be more rapidly dilated. In spite of this, however, there were, Dr. Johnson said, some cases which appeared to show that at least this treatment did no harm. The following was an example :—

(a) See Clinical Lecture by Dr. Johnson, *Medical Times and Gazette*, February 8, 1862, p. 133.

Case 3.—Aneurism of the Aorta, Treated by very Frequent Venesections.—After the Symptoms had continued Fifteen Years, Death at the Advanced Age of Sixty-nine, without Rupture of the Aneurism.

Dr. Johnson then read the notes of the above case, taken in the year 1840. The patient died four years afterwards. A cast of the chest, and also a preparation of the aneurism (removed after death) were shown to the class.

The patient was a labourer, 65 years of age, when Dr. Johnson first saw him (in 1840). He had then been ill ten years. In 1830, after violent exertion, the patient felt a sharp pain in the chest. This, the occurrence of a sudden sharp pain in the chest, was, Dr. Johnson said, a common symptom in such cases. He suffered pain in the chest, attended by pulsation for two years, and then he observed a swelling on the right side of the sternum, which continued to increase. In 1840 this swelling had become so large that it extended from the sternum to the axilla, and from the second to the sixth rib, and projected forwards in a conical form to the extent of about four inches. The right side of the sternum appeared thinned, and extended some way over the tumour. The ribs could not be felt over the aneurism, they had evidently been absorbed by pressure. The walls of the tumour were firm and but slightly yielding on pressure; on grasping it with the hand it was felt to expand in all directions during the systole of the heart. The body inclined towards the side of the tumour, and the patient walked in a bent position. There was no blowing sound over the aneurism, but two sounds similar to the normal heart-sounds were heard. The apex of the heart beat between the fifth and sixth ribs, and about two inches external to the mamma.

Three or four years before he had expectoration of blood. He never had much dyspnœa, except on walking quickly. He had occasional headaches, which were relieved by bending his head and body. Respiration was heard all over the chest, except over the position of the tumour.

In February, 1833, the patient was bled from the arm to twelve ounces, and this was repeated every four days for nine months; then ten ounces were taken every five days. When Dr. Johnson saw the man in 1840 he had been bled one hundred and fifty-seven times. After this the bleedings were only repeated nine or ten times. The object of the bleedings at first was to cure, but subsequently merely to relieve pain. Except that he always looked pale, the patient had good general health.

He died in January, 1845, at the age of 69 years, not from the bursting of the aneurism, but apparently from sudden syncope while lying in bed. Dr. Johnson made a cast of the chest, which gives a good idea of the external appearance of the tumour, and the aneurism itself was removed and preserved as a dried specimen. The aneurism arose from the right side of the ascending aorta, it was of size sufficient to contain about two pints of liquid. When recent it was pretty thickly lined by laminated coagula. It communicated with the aorta by an oval opening about an inch long and half an inch wide. There had been no rupture of the sac, nor any escape of blood. The coats of the aorta were in a state of atheromatous and osseous degeneration, the whole arch was more or less dilated, and there was a small aneurismal dilatation at the origin of the left carotid.

Dr. Johnson stated that this case occurred in the practice of his friend, Mr. Newington, of Goudhurst, in Kent, to whom he was indebted for the opportunity of seeing the patient from time to time, and also of obtaining the specimen after death. He had already stated some reasons for not adopting, as a rule, a lowering plan of treatment in cases of internal aneurism. He believed, however, that in this case the repeated bleedings had prolonged the patient's life. It was a most remarkable circumstance that a patient should have had unequivocal symptoms of aneurism of the aorta for a period of fifteen years, and that he should have died at the advanced age of 69, and then not from the direct consequence of the aneurism. The number of bleedings, and the great duration of life with so formidable a disease were both most unusual, and it seemed highly probable that they were related to each other as cause and effect.

HULL INFIRMARY.

ABSCESS IN THE BRAIN FOLLOWING INJURY TO THE HEAD.

Injury to the Head—Scalp Wound on the Left Side of the Forehead—Trephining in the Sixth Week—Death Four Days Later—Autopsy—Abscess in the Brain.

(Under the care of Dr. LUNN.)

[Reported by Mr. EVANS.]

John McT., aged 16, a tall, stout, well-built youth, was admitted on May 8, 1861, under the care of Dr. Lunn. He had fallen into the hold of a vessel, and, on admission, was partially insensible. There was a scalp wound three inches long, not laying bare the bone, on the left side of the forehead; but no fracture was detected. He was said to be subject to "fits." He had one, of an epileptic character, about half-an-hour after admission, and another during the first night; no others afterwards. Ordered low diet, and water-dressing to wound.

May 10.—There being no action of the bowels, he was ordered a calomel purge.

17th.—Doing well; wound healthy; allowed common diet.

20th.—There is some tendency to drowsiness. Bowels costive. Ordered two minims of croton oil; head to be shaved, and spirit lotion constantly applied.

27th.—The drowsiness has increased somewhat; he rarely ever speaks. Pulse slow; pupils rather dilated. ℞. Calomel gr. j. ter die sumend. The scalp wound has healed.

June 3.—There is now complete stupor; he cannot be made to speak, or take any food scarcely; pupils much dilated. Pulse 50. Salivation has taken place. He passes his urine under him. The calomel to be omitted, and a large blister applied to the head. His pulse was sometimes as low as 40. He was supported by nutritive enemata. The stupor increased, but the sensibility of the surface still remained. There were occasional spasmodic contractions of the fingers.

10th.—There is rather less stupor; he puts out his tongue when asked, though very slowly, and with much hesitation.

15th.—There is some little improvement in the symptoms—less stupor, and he will take nourishment by the mouth. But he passes his stools and urine under him, and has become greatly emaciated. The last few days the pulse has been scarcely perceptible in either wrist.

18th.—To-day, on placing the finger on the cicatrix in the scalp, it gave him great pain, and felt as if a portion of bone were depressed. A crucial incision was made down upon it, giving exit to a small quantity of pus. A thin shell of bone, one inch long, from the outer table, situated in the line of the original wound, was found exfoliated and quite loose. The bone beneath felt as if it were depressed, so the trephine was used; but no portion of bone could be found below its natural level.

20th.—Will take food readily; but he is reduced to a mere skeleton, and bed-sores have formed.

No improvement in the symptoms followed the operation, and he died at noon on the 24th, forty-seven days after the injury.

Autopsy, Twenty-four Hours after Death.—Dura mater over anterior cerebral lobe on left side, much discoloured, and adherent to substance of brain. At the seat of the opening in the skull made by the trephine, the brain protruded through the dura mater in the form of a low fungus. In the left anterior lobe was an abscess, containing about an ounce of healthy pus. The cavity was lined by a very distinct pyrogenic membrane. The rest of the brain was healthy. No fracture was found in any part of the skull. No other organs were examined.

This case is interesting—if we take for granted, as *à priori* seems reasonable, that the abscess of the brain followed on the injury—in reference to the question of the time during which a cerebral abscess may form. Dr. Gull, in his paper in "Guy's Hospital Reports" (1857), page 265, discusses this question. He relates the case of a boy, aged 14, whose skull was fractured, and who died eleven weeks after the injury. An abscess was found in one hemisphere of the brain. Speaking of this case, he says:—"Considering the youth and previous health of the patient, it is probable we have here a fair limit, at least in one direction, of the time necessary for the formation of such a cyst. The shortest period we can infer from it is seven weeks; it was probably nearer ten. The subject has a special value in etiology, since proof of the duration of an abscess may evidently become proof of its cause. The Medico-legal bearings of the subject are obvious."

ST. BARTHOLOMEW'S HOSPITAL.

WOUND OF THE MIDDLE LOBE OF THE BRAIN, ON THE LEFT SIDE, BY A STICK PUSHED THROUGH THE UPPER EYELID, ORBIT, AND SPHENOIDAL FISSURE — DEATH — AUTOPSY— CLINICAL REMARKS.

(Case under the care of Mr. PAGET.)

THE following particulars of this interesting case are reported from a Clinical Lecture delivered by Mr. Paget, on Saturday, March 1 :—

A man in a broil thrust at his antagonist with a thin stick, and inflicted a wound at the upper and inner side of the left upper eyelid. The stick was withdrawn ; the wounded man did not fall, and did not suffer in any marked way—no more, in fact, than might apparently be accounted for by the superficial wound. He was able to *walk* to a Police Court to get a warrant against the man who had stabbed him. He was then taken in a cab to the Hospital, where the wound was considered trivial; he was then sent home in a cab. Just after his arrival at home, vomiting and cerebral symptoms came on. He "went out of his mind," became delirious, restless, and violent. The next day, Saturday, he was brought to the Hospital. He was then not insensible. He could see, hear, and was conscious, but he seemed witless; he could articulate a little thickly, but kept saying, in answer to every question, "I want protection." His whole mind seemed to be occupied with that one idea only. The next day, Sunday, he was much better. He was calm and sensible and answered questions reasonably, but he was not quite right, and was easily puzzled by questions requiring a little thought. On Monday he relapsed, became more and more senseless, and at length quite unconscious and hemiplegic on the side opposite to the injury. He died on Tuesday morning.

At the *Autopsy*, the next day, it was found that the stick had passed through the orbit and through the sphenoidal fissure, thence into the anterior part of the middle lobe of the brain ; it had broken, but not detached, a small piece of bone at the lower margin of the fissure. The canal made by the stick had nearly reached the middle cornu of the lateral ventricle. Its walls were suppurated, and it was found to open into the ventricle. Probably, Mr. Paget said, this extension to the ventricle occurred towards the end of the case, and about the time when the later symptoms of unconsciousness and hemiplegia took place. There was purulent matter in the ventricle.

In one sense, Mr. Paget said, the accident was curious merely; but as such cases were not very rare, we ought to watch carefully cases in which apparently superficial wounds had been inflicted in this region. He showed the frontal bone of a boy who died after an accident of this kind. A boy, in a joke, told another to look through a keyhole,—he did so; the other pushed through a piece of iron wire, which unfortunately passed through the upper lid into the orbit, and then, through the horizontal plate of the frontal bone, into the anterior lobe of the brain.

In the man's case, the stick had passed into the brain through the foramen lacerum anterius, with very little injury to the bones. Generally, such wounds produced a good deal of shock, and the symptoms of concussion. In this case there were for a time no other symptoms than that of a superficial wound of the eyelid. There was no pain, and no direct indication of any injury to the brain. The brain, Mr. Paget said, was not a sensitive part, and would not be conscious of any wound any more than a tendon; but when inflamed, it then became exceedingly sensitive. After a time there was loss of mental power: there was no loss of sensation, nor of seeing, hearing, nor of speaking; but there was loss of the power of reasoning, thinking, and of connecting ideas,—he had but one constant idea. Probably, Mr. Paget said, at the time of the wound,—to reason from the facts supplied by other similar injuries,—this idea was the one in his mind at the time of receiving the injury. Sir Benjamin Brodie, in his "Psychological Enquiries," narrated a case which, Mr. Paget said, illustrates this well. A groom, whilst rubbing down a horse, was kicked on the head, and became insensible. On recovering from this condition, he began at once to do what he was doing at the time when he became unconscious, making the movements and the noise grooms do in rubbing down horses

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Medical Times and Gazette.

SATURDAY, MARCH 15.

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SYPHILIS AND VACCINATION.—A JUDGMENT.

PART II.

WE hope our readers have accompanied us in our preliminary enquiry into the modes of transmission of syphilis from an infected to a non-infected person. Our desire has been to place them, with ourselves, where we may best see the position taken up by the contending parties in the controversy touching the communicability of syphilis by the operation of vaccination. From hence we can observe and estimate the value of each movement perhaps more accurately than the parties themselves immediately engaged in the conflict.

Let us put a case. It is not a hypothetical one. An infant who had formerly presented marked evidences of congenital syphilis, which disappeared under treatment, was vaccinated. Never were finer pocks seen; they ran through their normal course, and at their former seat were left beautiful cicatrices. On the fourth day from the vaccination, however, a well-marked syphilitic exanthem became developed, with mucous patches about the anus. The parents laid the blame upon the vaccine. Another: several children were vaccinated the same day by the same operator and with the same lymph. All did well with the exception of one, and here on the sixth day numerous large phlysacious pustules appeared, first upon the arms and subsequently upon the face and the rest of the body, leaving characteristic ulcerations; the syphilitic nature of these phenomena was recognised and the patient recovered under appropriate treatment. The parents did not fail to lay the blame on the vaccine.

But was the vaccine to blame? Let us apply our *test.* A syphilitic affection imparted by inoculation appears as a "primary" disease. In these instances the phenomena which appeared consecutively to the vaccination were "constitutional," "secondary,"—they were instances then of latent syphilis aroused into activity by the development of the vaccine. The parents were to blame, not the vaccine, on which they were too happy to shift their fault. And this is the history of the large mass of cases of alleged syphilitic contamination by means of the vaccine virus. Let the Profession clearly distinguish such cases, and let parents know that in future the less fuss they make about similar accidents the better for their own reputation.

The elimination of a host of cases of this nature reduces the present controversy within narrow limits. The question comes to be—1. Whether in the performance of vaccination where the lymph is taken from a subject infected with syphilis, the seat of the punctures has ever become that of a primary syphilitic affection? and if so, 2. Whether this affection has been clearly proved in any instance to have been due to the inoculation of the syphilitic virus in association with the vaccine, both having been furnished together by the true vaccine pock?

Now, we can dispose of the first of these questions readily enough. In the face of the numerous cases now on record, and carefully collected and commented on by M. Viennois, there can in future remain no doubt at all of the fact. It is admitted on all sides. Mr. Simon admits the fact, but as we shall see, explains it away; and M. Ricord's lecture, which we have already quoted, is based upon a case of the kind which his experience positively diagnosed. So upon this point both sides agree.

But how came the virus at the seat of the puncture? Now comes the "tug of war." M. Viennois, and M. Rollet, who endorses and repeats his statements, together with others of their way of thinking, assert that in certain cases (which they relate) the syphilitic virus was furnished together with the vaccine virus from the same vaccine pock, a pock which has been normal in its appearance and course, and wholly indistinguishable from any other normal vaccine pock. They further assert that it arrived at the pock through the medium of the vascular system.

On the other side, it is asserted that this contamination of the vaccine virus contained in lymph from a healthy normal pock is an impossibility, and it is maintained that, wherever such an occurrence has apparently taken place, it has arisen out of a conveyance of the virus accidentally from some other source to the seat of the puncture. Which is right? The true answer lies at the bottom of a sea of difficulties, and is, moreover, obscured by a mass of heterogeneous concretions. Still we must endeavour to discover it, and endeavour to bring it to view as nearly as possible in its simplicity.

Primâ facie, Viennois has the best of it. But what has he to prove in order to establish his proposition? 1st. That in any given instance the lymph was taken from a subject infected with constitutional syphilis, but not presenting at the time any local lesion, the products of which were likely to have come in contact with the vaccine pock. This is essential, for those who admit the contagiousness of congenital syphilis say it is endowed with pre-eminent activity. Hence we should be satisfied that no syphilitic virus could have been conveyed to the pock but through the general vascular system. 2nd. That the parents and nurse, at least, were free from any local manifestation of syphilis. Nurses and parents will handle and touch vaccine pocks. We do not think it would be fair to ask more of the observers than can be expected to be ascertained. 3rd. That the fingers of the operator were scrupulously clean, not themselves having been, with his knowledge, in contact with the products of any syphilitic affection. 4th. That the lancet used was free from contamination, not having been employed for any other purpose than vaccination. And with this we should be assured that no old rags or anything else likely to be unclean had come into contact with the recent punctures. 5th. That the parents or nurse of the vaccinated child were not themselves suffering at the time from any form of syphilitic affection, the products of which could, by the inevitable handling or otherwise, have come into contact with the punctures, and that the observer has made reasonable inquiries as to the likelihood of contagion from any other person. 6th. That, considering the difference in incubation between vaccinia and true syphilis introduced by inoculation from a secondary lesion, the law of Nature has been followed,—that is, that the cow-pox ran its regular course, and that at its termination the former seat of the pock became the seat of the true "primary" disease. We have a right further to demand evidence that there followed, after the expiration of a reasonable time, unquestionable manifestations of constitutional syphilis, at all events where the primary disease had not been early overcome by the appropriate specific treatment.

We think these requirements would meet all the *reasonable* doubts of Ricord and Simon, and their adherents. But before consulting Viennois' cases, to see if these requirements are complied with, we will discuss the theoretical objections of those writers who maintain the negative in the controversy, based upon the impossibility of the syphilitic contamination of the contents of the vaccine vesicle.

When we begin to talk of *impossibility*, let us not be oblivious to Dr. Laycock's caution, and presume upon our ignorance, as many of Mr. Simon's respondents did,—one of them designated the idea as "simply absurd." But why is it regarded as impossible? First, because it is not in accordance with M. Ricord's doctrine that the primary disease can only arise from the contagion of a primary sore. This, for reasons we have considered, we may at once put aside as untenable: besides, we shall see presently that a hypothesis may be advanced which will not necessarily be opposed to the doctrine of Ricord. Secondly, an argument is drawn from the experiments of Sigmund and Freidinger, who, in numerous cases, inoculated with a mixture of matter from a chancre and vaccine lymph, and never with any result except the production of a chancre: from which they conclude that the matter of chancre destroys the properties of the vaccine, rendering it inoperative. But only a certain number of the experiments were made upon persons who alone were fair subjects for it,—namely, those who had never before had the vaccine disease or small-pox: and even with these it could not be fairly said that the vaccine virus was destroyed, unless it had been proved, by a second inoculation with the vaccine lymph alone, that these persons were not among the few who resist the disease. This is the fallacy, and a damning one to our mind, which attaches to the experiments of Sigmund and Freidinger. Sperino, of Turin, made seven similar experiments, but only one of them was on a person who was unprotected by previous vaccination or small-pox. The result, in this instance, was the very converse of the results obtained by the German Physicians we have referred to. Both diseases were actually imparted at the punctures. The vaccine took the lead, as from its shorter period of incubation might have been anticipated, and on the sixth day the vesicles of vaccine were finely and characteristically formed. As the stage of desiccation came on, true venereal chancres appeared. In three of the cases also, previously vaccinated in infancy, the first result was again a vaccine pustule, but considerably modified. After this, what becomes of the destructive agency of the chancrous virus?

Mr. Simon adds an argument from analogy of those cases where vaccination has been performed on a subject who has already received the poison of small-pox into his system, and where the two diseases appear simultaneously, but each with its own characteristic pustules. This argument is not to the point; the true analogue of this state of things is the inoculation of vaccine on a person with latent syphilis. But, adds Mr. Simon, in such an instance lymph taken from the vaccine vesicle only communicates vaccinia. What of that? Vaccinia and small-pox are intimately allied diseases;—vaccinia protects from small-pox. Syphilis and vaccinia are not allied diseases;—vaccinia does not protect from syphilis. The analogy is a false one.

The objection to the transmission of syphilis by vaccine lymph on the ground of impossibility being thus disposed of, we may proceed to examine the cases of the alleged transmission as collected by Viennois. We may as well say at once that where a number of subjects have been vaccinated from a syphilitic subject, it has repeatedly happened that only a certain proportion have apparently received with the vaccine the virus of syphilis. A certain proportion, sometimes the larger proportion, have escaped the contamination. Doubtless this is an argument which the opponents of the doctrine are at liberty to make the most of. The supporters of the doctrine do not deny it. They only claim that the *possibility* shall be allowed, not the *necessity* of the transmission of syphilis. When it is said, on the authority of great names, that such inoculations have been practised repeatedly without transmitting syphilis, they admit the assertion as true, and say as much even for their own inoculations. But still they say they have cases to prove that, on the other hand, syphilis *may* be transmitted along with the vaccine. Now, do the cases they narrate bear out their assertion? Will they bear the reasonable scrutiny which we may fairly ask that they shall bear? We must reply in the negative. There is no one of the numerous cases recorded by Viennois in which all the requirements which we consider essential to absolute proof of transmission by the vaccine lymph, and by that alone, is met. Some of our readers will perhaps be disposed to stop here; but although all the proof that we require may not be forthcoming, we must recollect that there may still remain a *probability* that the transmission took place as alleged, and probability has its degrees. For example, the purity of the hands and of the lancet of the operator is not mentioned in any instance but one where a new lancet was stated to have been used; but it is likely, nevertheless, that if they had been foul, all the subjects vaccinated by the same operator and at the same time would have been equally contaminated, and in such instances of vaccination of several individual. from the same source, some always escaped the syphiliss Again, if the child which was vaccinated was healthy, as it must have been to be capable of syphilitic inoculation from any source, the probability is that the parents and nurse were healthy too, or why should the contagion have been deferred until after the punctures had been made? Why should the chancre have appeared at the punctures, and there only, and not elsewhere? Surely, other parts were also liable to receive the accidental contagion. Thus far, we may perhaps allow a little relaxation of the stringency of our requirements, but our other demands are imperative. Are they complied with? An approach to compliance is found in two cases of re-vaccinated soldiers related by M. Guyenot, and of which further particulars are supplied by M. Lecoq (Viennois, *Arch. Gen.*, July, 1860, p. 33); but the vaccine did not run its unmodified course, and the incubation was so short that we must suspect a contamination from a primary chancre. Besides, with all the assurances that we may receive, there will always remain a doubt about adult instances. Dr. Whitehead's cases are all too loose to possess any value. So are those of Marcolini (p. 43). Much stress is laid on two cases related by Cerioli, of Lucca. In the one, forty-six children were vaccinated from an *apparently healthy* child, but this is all we hear about it,—nothing about any previous examination of the child, and nothing as to the parents. Of these, only six escaped syphilitic contagion. Where so large a proportion became infected, it is more than probable that the syphilitic virus was conveyed to them *at the time of their vaccination*, but from what source? Here we hesitate. Facts are wanting to exclude other sources than the vaccine vesicle. Nor do we hear anything about the subsequent health of the *foundling* infant who furnished the vaccine. Similar and still more serious objections may be fairly made to the second of Cerioli's cases, where several children apparently received syphilis at the period of vaccination from a child *apparently healthy*, but whose father was syphilitic, the child himself presenting what were believed to be syphilitic symptoms at a subsequent period. Lastly, there is the celebrated Hubner Case, which, if it teach us no other lesson, teaches this,—that nothing but the assurance of a most complete personal examination of a subject, in the record of a case, should be accepted as positive evidence that there has not been some contagious manifestation of syphilis upon the subject from whom the vaccine was taken. In this instance it was stated by Hubner that the child was healthy, just as in Cerioli's cases; but the mother, Marguerite Keller, contradicted him when called upon for her evidence, and declared that there were even then pustules upon the legs of the infant. It appears that at the time of her confinement the mother herself had suspicious ulcerations of the mouth and genitals, but these had been cured, and an infant who slept in the same bed with Keller and her child did not become the subject of syphilis. Eight children were vaccinated from this child; the punctures ulcerated after a period of incubation, and all these children, from the evidence of those who visited them subsequently, were declared to have been contaminated with syphilis. Five others vaccinated at the same time from the same child escaped. It is worthy of observation, that a child vaccinated from one of these five is said to have become syphilitic, yet the subject which furnished the vaccine had remained healthy for ten months after its vaccination. Does not this strengthen our conviction of the importance of recording the state of health of the persons about the vaccinated child? for it cannot be said that the subject from whom it was vaccinated had been syphilised, or had been labouring under congenital syphilis, which would probably have declared itself within ten months.

We need go no further to show what we hold to be the imperfections and fallacies of these records collected by Viennois, and reproduced in the work of M. Rollet. There is not one which does not present some omission, or several omissions, fatal to its reception, if the object of those who have adduced them be to exhibit *conclusive proofs* of their position. We admit that they have established a *primâ facie* case, that the probabilities are in their favour, and that they are strengthened by the following remarkable facts which strike us in the history of this controversy:—1. That notwithstanding the rejection of the view maintained by those who have observed cases of alleged transmission, those who reject the explanation offered have in no instance that we are aware of established the source of the accidental contagion by which they would explain the occurrence of the syphilis. Those who hold the doctrine of M. Ricord certainly are not few, and no one can accuse them of a lack of enthusiasm. Let us relate a recent occurrence. A young woman, aged eighteen years, under the care of M. Trousseau, in the Hôtel Dieu, in Paris, was recently vaccinated at the same time as four children from a child apparently in perfect health. Nothing abnormal had appeared either on these children at the time of their leaving the Hospital, or on the child which furnished the lymph, but on the young woman the re-vaccination did not succeed, and, when she left the Hospital on the eighth day, all trace of the punctures had disappeared. However, at two out of six of the punctures made, there appeared by the twenty-third day unmistakeable proof of the implantation of syphilis. M. Ricord came forward and delivered two Clinical Lectures upon this case. The Lectures are those we have before quoted. How does he explain the phenomenon? He does not deny the *possibility* of the syphilis being conveyed by the vaccination, as probably he would have done formerly; but, while throwing theoretical doubts upon it, he fails, even in this case occurring under his own eyes, and in which he had every opportunity of discovering the source of contagion, if other than the vaccination, in fixing satisfactorily upon any other explanation. He merely suggests that as she was married, and had left the Hospital, she might have got syphilis from her husband *by her arm.* Why there and not elsewhere? He relates a number of cases to show, indeed, that syphilis may attach itself to a person from no one knows where. But here was a case in which at any rate it might have been established whether the contagion had been received through the medium of disease in the husband. The record of the case also fails in showing whether or no syphilis appeared upon any of the children vaccinated at the same time, when the period fairly allowable for incubation had elapsed. We must say, that admitting all that M. Ricord adduces, if the promoters of the affirmative doctrine have failed to do their best in placing it on an incontrovertible basis, their opponents have equally failed in the performance of the task which devolved upon them. 2. It is to our mind strange that the only cases of communication of venereal affection recorded should be instances of alleged transmission of the true infecting syphilis. Is chancroid so rare that the opponents to Viennois's views can adduce no cases to show that the punctures are now and then the seat of chancroid? If they desire to prove that local accidental contagion was the real cause of the apparent transmission by the vaccine, surely this would be an argument of value? The neglect to adduce it is to our mind greatly in favour of the hypothesis of Viennois, that the syphilis really gets into the system some how from the *interior* of the vaccine vesicle, and not from some local lesion, the virus of which has come casually into relation with the punctures.

But MM. Viennois and Rollet maintain that the communication of syphilis with the vaccine is an accident which may be avoided by a careful operator. The hypothesis they advance is that the syphilitic virus is only inoculated with vaccine when blood is accidentally mixed with the latter: that the blood, therefore, and not the true secretion of the vesicle, is the vehicle of the contagion. In proving this we think they signally fail. What are their arguments? 1. That it has been proved that syphilitic blood will convey the disease by inoculation upon a healthy person. This we disallow for reasons before stated. 2. That in cases where several persons have been vaccinated at the same time from the same source, those who have escaped the contagion of syphilis have been those first vaccinated; and that the first issue of lymph having been exhausted in these vaccinations, the vaccinator has sought the lymph at a greater depth, and has consequently obtained it contaminated with blood. That there is some evidence of the former part of this last proposition we are not disposed to deny. It does seem to be true that in the instances given, the individuals first vaccinated have appeared to be those that did not subsequently suffer from syphilis, and this fact is so far corroborative of the idea that the poison was imparted at the time of vaccination, was gathered *from the interior* of the vesicle, and was not one accidentally present on the surface of the vesicle, on the fingers of the operator, or upon the lancet he employed. But the proof offered of the contamination of the lymph with blood in such cases, we must altogether reject. Hubner positively denied to M. Viennois that any blood was drawn in his cases. It is true there is a suspicion that he was deceived about another point in his cases, and might have been deceived here; but at any rate his positive assertion is worth as much as the evidence offered to us from M. Lecoq's *second* letter to M. Viennois about the soldiers that he vaccinated. In this letter he states that the two who were apparently syphilised were the two last of the batch who were vaccinated, and that "he recollected that being at the end of the vaccine liquid the lancet had drawn a little blood." Is it not a rule among all accurate observers to distrust all such distant recollections? And positively these are the only cases by the narration of which Viennois seeks to establish his hypothesis. He quotes indeed a statement of Levrat in 1848 that in cases of apparent transmission of syphilis blood was always drawn; but the cases are not submitted to the judgment of his reader. He concludes that, in every other instance where the last vaccinated were the only subjects syphilised, blood was drawn. But we have another objection to his view, viz., the small quantity of blood that could be thus introduced, which we would contrast with the conclusion of M. Rollet, one who adopts his views upon the subject, and which we must quote as, to our thinking, containing a refutation of the very hypothesis he maintains:—"It is probable," he says, "that the syphilitic virus is disseminated in the blood, and that in order to inoculate successfully, we must either perform the inoculation with a quantity of liquid sufficiently large, so as to multiply the chances that we may have of meeting with the virus in the inoculated mass, or else we must choose the blood which surrounds a syphilitic lesion, that is to say, take it at a point where there is some reason to presume that a sort of accumulation of the contagious principle would exist." (*Op. cit.* p. 349.) Surely after this we may dismiss the hypothesis.

There are yet other hypotheses which we have not yet seen advanced, and which we put forward rather as a suggestion to those who may be in a position to work them out, than with any other object. In adducing them we must, however, quote another notorious instance of alleged transmission, which even apart from this object we should be guilty of negligence in passing over. We refer to the celebrated Rivalta series of cases which are, even as we write, the subject of inquiry. The particulars have been furnished by Cerise to *L' Union Médicale*, (November 1861, p. 259, and February 20, 1862). The *vaccinifer*, to use the appropriate French term for the person from whom lymph for vaccination is taken, was one Giovanni Chiabrera, aged 11 months, said to be in perfect health. At the end of May last year he was vaccinated with a lancet which could not be suspected, and with lymph preserved in a tube; the source from which this lymph was obtained could not be traced. Chiabrera's father is said to have been the Don Juan of his village, which contained a population of about 2000 souls. On the tenth day from vaccination Chiabrera began to suffer from diarrhœa, which, continuing, led to a marasmus, in which state he died in the following October. No primary or secondary syphilitic accidents immediately followed the vaccination, the vesicles from which pursued quite a regular course. But this is not all. When the cases of alleged transmission were becoming notorious in the month of October, an inquiry respecting them was entrusted to a Commission, and it was found that the mother of Chiabrera at that time, four months after the child's vaccination, had primary syphilitic ulcerations beneath the nipples, from which we may presume that she was not syphilitic at the time of Chiabrera's vaccination. The child was also found to have some erythema about the anus, which the diarrhœa might account for, as well as on the prepuce, and a little excoriated papule on the free border of the latter; the inguinal glands were swollen and hard, but the syphilitic character of all these appearances was not well marked. The father presented no trace of either recent or former infection. We may conclude from this that, his wife having primary syphilis, he himself was protected by some former constitutional infection, and consequently that the child may be presumed to have been congenitally syphilitic. If we say that the child imparted the contagion to the mother, the great difficulty about the case is that nothing was found on examination of the child's mouth. The mother may, however, have acquired syphilis on the nipples by suckling some other child, and in that case the escape of her own child from contagion from her would be an evidence of its *own* congenitally syphilitic condition. From this child forty-six other children were vaccinated, the lymph being taken *as late as the tenth day*. *Ten* days later one of these children, Manzone, who died a month after vaccination, was used to supply lymph for the vaccination of seventeen other children. Up to this time there does not appear to have been any suspicion of syphilis. But subsequently thirty-eight of the forty-six vaccinated from Chiabrera, including Manzone, and seven of the seventeen vaccinated from Manzone became syphilised. The evidences of the syphilis were satisfactory to the Commission, and the disease spread to the mothers and to the nurses. Now, what we particularly wish to direct attention to here, is the fact of the children vaccinated from Manzone becoming syphilised *when Manzone was not himself infected.* He was not congenitally infected, or he would not have presented the primary disease as the vaccinia subsided. His system was not infected from the syphilitic virus imparted to him from Chiabrera, for he had not yet undergone the primary disease. The only explanation which seems open to us is, that the syphilitic virus, introduced into the puncture with the vaccine from Chiabrera, remained there and diffused itself through the lymph of the pock which rose, or through a portion of the secretion of the vesicle: possibly the irritation which the vaccinia induced may have imparted to this infinitesimal dose of virus an exalted contagious power. But what we suggest is, that *this identical virus from Chiabrera,* not a virus manufactured in Manzone's own system, but *that placed originally in the punctured spot,* may have been the means of imparting syphilis to the children vaccinated from him. If this hypothesis be allowed, see how it would clear away the mist which envelopes, at the present moment, the whole subject of transmission by vaccination. It would, of course, be still necessary to prove that Chiabrera himself was congenitally syphilitic, because he did not suffer from the primary disease on the subsidence of the vaccinia; but it would assist in the explanation of the transmission by those who still deny the inoculability from the blood, from secretions such as the vaccine, or from anything but the virus from a primary sore. Chiabrera might himself have been *merely the depositary* of a chancrous virus. Another hypothesis we have already hinted at: this case brings it prominently under our consideration. *The vaccinations were all performed on the tenth day,*—at a period, then, when inflammation had probably run high, and when pus might be expected to exist in the vesicle intermingled with the lymph. *The state of irritation,* then, which Lee regards as imparting extraordinary virulence, may be regarded as having been present. Will this same observation of Mr. Lee's assist us in explaining the remarkable fact of those first vaccinated, in the alleged multiple series of transmissions, escaping contamination, while those vaccinated with lymph from a greater depth, and thus nearer to the inflamed cutis, or with lymph obtained after pressing and irritating the vesicle with the point of the lancet, becoming syphilised? To us this hypothesis is at any rate as good as that advanced by Viennois.

We have thus endeavoured fairly and impartially to review the arguments brought forward on either side of this interesting and most vital controversy. It will have been seen that we spare criticism to neither party. It remains for us now to sum up, and to place on record the conclusion to which our own mind has been led after full consideration of the evidence submitted to us in the published works of the writers we have quoted.

I. That there are several cases on record in which infecting chancre has succeeded the performance of the operation of vaccination, where the lymph has been taken from a normal pock upon the arm of a person the subject of constitutional syphilis. Considering the universality of the practice of vaccination at the present time, however, *such an occurrence must be regarded as extremely rare*—quite exceptional.

II. That in such cases the vaccine disease and the syphilis have run the distinct course which would be anticipated from the great difference in the period of incubation of the two diseases, the local manifestation of the latter awaiting the completion of the course of the vaccine.

III. That in all such cases the disease apparently imparted has been the "primary" disease, which has appeared at the spots punctured. In cases where secondary manifestations *alone* succeeded the vaccinia, the patient was syphilitic prior to the operation, the vaccine having acted merely in arousing the disease from latency.

IV. That it is probable, but not yet satisfactorily proved, that in some cases the transmission of the disease has been effected, as alleged, through the medium of the vaccine lymph as taken from a normal Jennerian vesicle, the virus of both diseases, vaccine and syphilis, being obtained at the same time from the same vesicle. In other instances it is possible that the virus of syphilis may have come accidentally into relation with the punctured spots.

V. That where numerous persons have been vaccinated from the same subject, those who were last vaccinated were mostly those who suffered from syphilis in the sequel.

VI. That the hypotheses advanced to explain the above fact,—namely, that in such cases blood had become mixed with the lymph, and that this was the immediate vehicle of the syphilitic virus, cannot be accepted until better evidence in its support shall be advanced than has yet been furnished.

VII. That two other hypotheses may be proposed, viz., (*a*) that the vaccine vesicle simply acts as the depositary of syphilitic virus introduced into the original puncture at the time of vaccination; and (*b*) that the later vaccinations were productive of syphilis, in the instances of multiple vaccination adduced, on account of the depth at which the lymph was sought, or on account of an irritated condition brought about by manipulating the vesicle itself. Both of these hypotheses may be true in the same instance, or one in one instance and the other in another instance.

VIII. That the following practical rules flow from our consideration of the subject, and from the investigations of the several authors we have quoted:—

1. Unless exceptionally, the lymph to be used for vaccination should not be taken from an adult person.
2. No child should, however apparently healthy, be used as a source of lymph until the expiration of at least three months from its birth.
3. Before taking the lymph, the mouth, and every part of the surface of the child, should be thoroughly examined for symptoms of constitutional syphilis, the slightest evidence of which should cause its rejection.
4. Enquiry should be made as to the health of the parents and nurse, and as to any previous disturbances in that of the child itself. A suspicion even of syphilitic taint should deter the Practitioner from using the lymph.
5. The lancets employed for vaccination should never be used for any other purpose, and, together with the hands of the operator, should be scrupulously clean and pure at the time of the operation. There can be no excuse for the neglect of this simple precaution.
6. The parents and nurse should be warned against the common and nasty practice of moistening the punctured spots with saliva under the pretence of allaying local irritation and of applying old linen to the spots at any time unless previously well washed.
7. No child should be vaccinated whose parents or nurse are known at the time to be the subject of any primary or secondary manifestations of syphilitic disease, unless removed for the time from the influence of their contagion.
8. That in no case should more lymph be taken from one vesicle than that which flows readily and spontaneously from the first and most superficial punctures made into it, and that no lymph should be used that is not perfectly clear and limpid.

With these provisional conclusions and prudential suggestions we leave the subject, in the hope that it will receive further investigation in the same impartial spirit in which we have striven to examine it, at the hands both of those who maintain and those who deny the transmission of syphilis from a contaminated to a healthy subject by the operation of vaccination. Meanwhile let us recollect that, even were all *absolutely proved* which is *asserted* respecting these *very rare* transmissions, Vaccination would still remain one of the highest boons which a merciful Creator has ever permitted a single man to bestow upon his fellows. All which can possibly be said even then would be, that it is not exempt from those imperfections which inevitably attend every human invention. Chloroform has sometimes unexpectedly extinguished life, when all that has been looked for was a temporary oblivion to pain. Accidents, often fatal, continually happen in connexion with the use of opium, hydrocyanic acid, mercury, arsenic, and strychnia, which no human prescience could anticipate. Surgery has recorded deaths as the immediate result of the most trivial operations. Yet still, in hundreds of cases every day, the public necessity demands these operations to be performed, and these drugs to be administered. And after all, the benefits derived from these are mostly but loans for an hour. Vaccination is the heritage of a life-time.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Pavy, of Guy's Hospital, delivered on the 7th inst. the first of the three Gulstonian Lectures, his subject being "Assimilation, and the Influence of its Defects on the Urine." The lecturer explained that he uses the term "assimilation" in its widest sense,—as the bringing to a likeness, whether of food into blood, or of the constituents of the blood into the various tissues of the body. Thus, for example, albumen contained in the food is taken by primary assimilation into the blood; but, unless something more—*i. e*, secondary assimilation—be present, it passes off unprofitably into the urine, without having been fitted for use in the phenomena of life. Dr. Pavy proposes to consider the normal and abnormal destinations of the constituents of the food, under the heads of the Albuminous, Oleaginous, and Saccharine Groups. The only action to which albuminous substances are subjected before they reach the stomach is the admixture of air with their mass during mastication. The mode in which the gastric secretions affect them on their arrival within the organ is a matter of controversy; and Dr. Pavy's exposition of his own views rendered necessary a long and interesting episode on the functions of the stomach. The solvent power of the gastric juice depends on the presence of two substances,—pepsine and an acid. The commonly-received view is, that when the stomach does not contain food none of the constituents of the gastric juice are present, but that they are simultaneously produced when the mucous membrane is stimulated by the entrance of food or a foreign body. This opinion is supposed to be justified by various experiments, and by the case of the often-quoted Alexis St. Martin. Dr. Pavy, however, holds that pepsine is always present, and that the acid only is produced afresh on the application of a stimulus. The plan adopted by him for the manufacture of artificial gastric juice is very simple. The lining membrane of a stomach (usually that of the pig) is stripped off, stretched on a board, and dried before decomposition has had time to set in. It is then cut into shreds, and can at any time be made into an infusion with water. With the addition of acid (twenty minims of hydrochloric acid to an ounce of water), and at a temperature of 110° Fahrenheit, this infusion possesses complete digestive powers. The legs of a frog suspended so as to dip into the fluid are dissolved entirely in three hours; but if the temperature be higher than this, the effect is diminished, and at 160° it ceases altogether; nor does any result follow from either the infusion or the acid separately, nor any (except decomposition) from the pancreatic juice, or infusions of other parts of the alimentary canal. In order to try the question, whether pepsine is or is not present in the stomach at times when digestion is not going on, Dr. Pavy made experiments with the stomach of a pig, which had travelled from Holyhead to London without food, and with that of a dog which he himself kept fasting for three days. In both cases ample digestive power existed in the infusion of the dried stomachs. If, however, pepsine be always present in the stomach, the question arises — What advantage is there in giving pepsine for indigestion? Dr. Pavy did not profess to settle this question, but mentioned one or two facts which must have, we should think, a certain amount of interest for all prescribers and consumers of medicines. Of a large number of specimens of pepsine procured by Dr. Pavy from the best houses in the trade,—houses above a suspicion of intentional unfair dealing,—all but one were found to possess no digestive power whatever; in fact, to be utterly worthless. The increasing demand for pepsine, its high price, and the great amount of benefit said to be derived from its use, furnish an interesting comment on these facts. Another problem with which Dr. Pavy has occupied himself, is,—why does the substance of the living stomach enjoy immunity from digestion? John Hunter considered its protection to depend on the "vital principle;" Bernard, on the constant renewal of the epithelial layer, which is always undergoing digestion. That life affords no protection, has been proved by Dr. Pavy, who finds that the legs of a live frog, and the ear of a live rabbit, when introduced into the stomach of a dog, undergo digestion just as readily as dead tissue does. Again, if the protection depended on the epithelium, then every ulcer of the stomach, and every abrasion of its mucous membrane, ought to prove fatal by perforation. In order fully to test this, Dr. Pavy stripped pieces of mucous membrane from the interior of the stomach in living dogs, and allowed them to eat afterwards. On killing them after some time, no signs of perforation were found. Dr. Pavy is inclined to believe that the alkalinity of the blood protects the tissues, by neutralising the acid of the gastric juice.

Dr. Beale's Fourth Lecture, on Monday last, contained remarks on the so-called capsule of Glisson, which is usually described as a cellulo-vascular membrane, analogous to the pia mater of the brain. It is said to form sheaths for the vessels, and to penetrate between the lobules throughout the liver; it is divided, according to the habit of anatomists, into vaginal, interlobular, and lobular portions. The office usually assigned to it is the support and protection of the delicate structures of the lobules. In answer to this, it may be remarked that at the time when the liver substance is softest, and therefore most in need of support,—*i.e.*, in young and fœtal livers,—no membrane of the kind exists; and that in no liver, except that of the pig, can any such separation between the lobules be demonstrated. Dr. Beale considers the appearances of connective tissue to be often very fallacious; and remarks, in answer to those observers who object to his mode of preparing specimens by injection and the use of glycerine, that nothing makes greater changes in the appearance of tissues than the addition of water, by which nerve-fibres, small vessels, and nuclei are destroyed or rendered invisible, and the empty and crumpled-up tubes in the interlobular fissures are made to look like connective tissue. It is only by the injection of these tubes, by transparent injection, that the fallacy can be demonstrated. Dr. Beale does not deny that in certain cases some indefinite connective tissue exists on the surface of the liver and in the larger portal canals; but he considers that this is in great part due to the degeneration of the normal tissue of the liver, which may sometimes be seen passing by imperceptible gradations into the connective tissue of the so-called Glisson's capsule. That, in fact, it is not developed there in the natural course, but must be regarded as the *débris* of nerves, vessels, and other structures. Dr. Beale then proceeded to criticise the view which Kölliker takes of the mode of the formation of the bile, and its passage from cell to cell. The solid capillary net-work intervening between the portal and hepatic veins is about $\frac{1}{50}$th of an inch in extent; and the cells lie in rows radiating from the centre towards the circumference of the lobule. Kölliker believes that the bile is first formed near the centre of the lobule, and is passed along from cell to cell till it reaches the ducts at the circumference, the cells themselves lying free among the vessels. Dr. Beale, on the other hand, maintains that the cells are enclosed in tubes which are continuous with, though much larger than, the ducts; and observes that the blood is not only more highly charged with elements of the bile in the peripheral part of the lobule than at the centre, but that the nearer it approaches the centre the more rapidly does it necessarily flow, and the less chance is there, therefore, of materials being abstracted from it. Moreover, the cells are found to grow most from the centre towards the circumference, and those nearest the circumference are found to contain the greatest number of oil-globules, which are probably bile in its earliest stage. Kölliker admits that Dr. Beale has demonstrated the existence of tubes of basement membrane which contain the hepatic cells, in the outer part of the lobule, but holds that in the central parts of the lobule the cells lie free in the capillary meshes. The inference which Dr. Beale draws from these facts is that the bile is formed chiefly at the peripheral part of the lobule, and passes towards the duct in the spaces which exist between the cells and the walls of the tubes in which they lie. The specimens exhibited at this Lecture illustrated many of the points which we have noticed. Nine of them referred to Glisson's capsule, or, rather, to the question of its existence; and three to the capillary and cell-containing net-works and their combinations.

THE POOR-LAW MEDICAL REFORM ASSOCIATION.

Mr. Griffin, of Weymouth, the indefatigable Chairman of the Poor-Law Medical Reform Association, has issued a Circular, by which it appears that the question of the Medical Relief of the Poor will not be resumed by the Select Committee of the House of Commons on Poor Relief until after Easter. He proposes that funds should be collected in the intervening time, to enable the agitation for better pay to be carried on with vigour. The mode of payment advocated by him on behalf of the Association is that of a fixed salary founded on the number of cases attended on an average of the last three years, at not less than 5s. per case for the first 300 cases, and 2s. per case for all above that number, with mileage in addition, and an allowance of extra Medical fees; which is the only equitable mode of payment that can be adopted, as it is remuneration for work actually performed. The class of persons to be entitled to Medical Relief is defined in the recommendations laid by Mr. Griffin before the Select Committee, and nearly all discretionary power in the Relieving Officers to give or withhold orders removed. The minute working of this plan will be found at pages 6 and 21 of the Fifth Report, Poor Relief, England, ordered by the House of Commons to be printed, July 26, 1861, price 1s. 1d., which may be procured through the medium of any bookseller.

THE NEW LUNACY BILL.

The Lord Chancellor's New Lunacy Bill was read a second time in the House of Lords on Tuesday evening. The discussion which preceded the reading was signalized by some harmless attacks on Psychological Medicine from Lords Shaftesbury and Westbury. The placid repose of the august assembly was enlivened by the former speaker relating anecdotes of a Doctor who thought a patient mad because he had subscribed to a Society for the Conversion of the Jews, and of another who regarded the mental unsoundness of a lady proved by the fact of her carrying a dagger at her girdle. It turned out that the latter suspicious practice was at the time fashionable with the fair sex. The Lord Chancellor excited the merriment of the House by reading and commenting on certain isolated scraps from a work treating on the physiognomy of insanity, which, if they did not much avail his argument, at least afforded an opportunity for the display of a stock of very small pleasantry. We may readily admit the temptation to such indulgence after the dulness and aridity of the Court over which his Lordship presides. The following is a specimen of "wit" inspired by the Woolsack. His Lordship read—"In a great many cases of chronic mania the hair becomes coarse and bristly," whereupon he remarked—"I would recommend all persons to lay in a stock of Macassar Oil to avoid the danger here pointed out." This and similar attempts at the ludicrous, for it is impossible to elevate his Lordship's efforts into the dignity of jokes, were rewarded by the laughter of his audience. No fresh argument for the exclusion of Medical evidence was advanced; he, however, insisted on distinguishing insanity as a disease from insanity as a fact. "I repeat," he said, "that the introduction of Medical opinions and Medical theories into this subject has proceeded upon the vicious principle of regarding insanity as a disease; whereas, the law regards it as a fact which can be ascertained by the evidence in like manner as any other fact." We confess we are unable to grasp this idea of the double nature of insanity. We suppose that Lord Westbury does not mean, in the face of the common experience of mankind, to deny that madness is a disease. We humbly submit that if it did not exist as a malady it could not exist as a fact, and that its substantive existence is not only dependent on, but is inseparable from, and one with its nosological. The fact that insanity is a fact does not limit or predicate the kind of evidence by which it is to be established. All kinds of murder are facts, and as Dr. Johnson once said "mighty strong facts," but the proof of infanticide and poisoning must in the present day be established by peculiar or scientific evidence. The whole argument of his Lordship evinces, we think, a grievous disregard of the difference between words and things. We have only space to notice that the objection to Medical evidence on the ground of its frequent contrariety was thus fairly disposed of by Lord St. Leonards. "As to the restriction on Medical evidence, it was often said, sarcastically, that Doctors differed, but so did other professional men. Differences of opinion arose from the general infirmity of the human mind; but in the case of Medical evidence in Courts of Law the difference was sometimes more apparent than real, and arose from the ingenuity of the lawyers in confusing witnesses or distorting what was said."

SERIOUS CHARGE AGAINST A SURGEON.

One of the Medical Officers of the Stepney Union has lately been brought before the sitting magistrates of the Thames Police Court, on the charge of causing the death of a woman at Limehouse, by unskilful treatment. The account of the inquiry before the Coroner, Mr. Humphreys, which took place on the 10th inst., furnishes us with the facts that the woman was delivered of a child by a woman named Nicholls; that after the child was born the midwife met with a difficulty which induced her to send for Medical aid. Mr. Robinson attended, and, according to the midwife's evidence, removed a large portion of the intestines, cutting them with scissors. The post-mortem, which was conducted by Mr. Gay, and Mr. James Orton, Divisional Surgeon of the Police, revealed an extensive laceration, through which the ends of the small intestines had passed. Mr. Gay and Mr. Orton agreed in ascribing death to the loss of a large portion of the intestines. In the course of his evidence, Mr. Gay said he would not undertake to say whether the laceration could have been caused in the delivery of the child; that he had never heard of such a rupture before; and he thought it was possible to have caused it with great force by the hand. The midwife on being recalled, said there was no rupture before Mr. Robinson was called in; it was a very easy labour. She admitted that she had given the deceased about a teaspoonful of ergot of rye. The inquest was adjourned, to allow the production of evidence for the defence. We abstain from all comments on this most painful case until further details are before us and the evidence for the accused has been heard.

DEGREE OF MASTER IN SURGERY IN THE UNIVERSITY OF CAMBRIDGE.

In another part of our columns will be found the New Regulations for Degrees in Medicine and Surgery in the University of Cambridge. The first portion of the course for the Degree of Master in Surgery corresponds with that for the Degree of Bachelor of Medicine. The Student can take the Degree five years from his entering the University. He must pass the Previous Examination in Classics and Mathematics at the beginning of his second year, and then devote four years to the study of Medicine and Surgery, that is, provided he graduates with honours as a Bachelor of Arts. Unless he does this, he must spend five years in Medical study. There are to be two Examinations: the *first*, after three years of Medical study, in the more preliminary subjects; and the *second*, after the completion of the course of Medical study, in Surgical Anatomy, Pathology, and the Principles and Practice of Surgery, Clinical Surgery, Midwifery and Medical Jurisprudence. The First Examination is the same as that for Bachelor of Medicine. Both Examinations are to be partly written and partly *vivâ voce.*

SISTERHOODS AND DEACONESSES.

Association of women for works of charity has lately received the approval of both Houses of Convocation. Ten years ago, any proposal to band together women of various ranks for the especial purposes of visiting and nursing the sick, helping the destitute, educating the young, and rescuing the degraded, was looked upon with suspicion, if not with downright aversion. The removal of that prejudice (which it must be admitted had been in some instances justified by indiscretion on the part of the promoters of these Institutions) was one of the good results of the Crimean War and the sufferings of Scutari and Balaclava. In the present day, all parties, both clerical and lay, seem beginning to appreciate the great good done by the Sisterhoods and Deaconesses' Institutions which have sprung up in or near many of our large towns. To the Practitioner of Medicine the assistance and advantages which must accrue from the co-operation of educated nurses, not merely in the Hospital wards, not only at the bedsides of the rich and well-to-do, but amid the squalor and wretchedness of the City alley or suburban hovel, are incalculable. We may look forward to the time when the labours of the Parish Doctor and Health Officer will be everywhere supplemented by an order of women trained to be kind and skilful attendants in illness, who can both comprehend and carry out Professional directions, who will relieve the sick poor of many of the cares which stand in the way of their recovery, and at all times and in all places will prosecute a mission of sanitary and domestic improvement. Of the two orders, Sisters and Deaconesses, the former, in this country, is the earlier. One of the first of the Sisterhoods was that of Miss Sellon, at Devonport, which did such undeniably good service during the last cholera epidemic, and supplied several of the nurses who accompanied Miss Nightingale to the Crimea. Other Institutions, with a similar object, have appeared in different parts of the country; and it will be known to many of our readers that the entire nursing of King's College Hospital is delegated to the St. John's Sisterhood, and is superintended by the Head Sister of that Association. Deaconesses' Institutions are generally off-shoots from, or at least are conducted after the model of, the Institution at Kaiserwerth, in Germany. These organisations have multiplied and spread from Constantinople on the East to the Mississippi on the West. There are now no less than twenty-five Deaconesses' Houses and Protestant Sisterhoods in England. A House of the former kind has lately been established in Burton-crescent, New-road, for the express purpose of visiting and taking care of the necessitous populations of certain districts in Somers and Agar Towns. We feel certain that our Profession will gladly lend its aid and countenance to the high-minded women who are prosecuting these plans of benevolence. "Thirty years hence" (writes Southey, in his "Colloquies") "another reproach may also be effaced, and England may have its Sisters of Charity." We heartily welcome the rapid fulfilment of the prediction which is now taking place.

WHAT CONSTITUTES "MEDICAL ATTENDANCE?"

In the disgusting case of Burroughs *v.* Burroughs and Silcock, before Sir Cresswell Cresswell, a Surgeon has received a rebuke from the Judge for want of caution. He deposed to the inability to attend of Mrs. Weed, one of the witnesses whose deposition was put in:—

Cross-examined by Sir F. Slade: Had not attended Mrs. Weed professionally for more than twelve months. Met her casually on the road. Only visited her in connexion with this case at the request of Mr. Silcock. Had heard that Mr. Silcock had driven Mrs. Weed to Aylsham and back. Heard that from Mr. Silcock.

By Mr. Macaulay: Considered Mrs. Weed in a very unfit state to make a journey to London to be examined.

By Sir C. Cresswell: Had not seen Mrs. Weed for six months but once in the village of Allingham. Had not attended her professionally for twelve months. Had made an affidavit.

Sir C. Cresswell: I think the affidavit made by this gentleman is most reprehensible. It is a gross attempt to mislead the Court. The affidavit states that the witness was Medical attendant of Mrs. Weed, and it turned out that he had met her but once on the road, and once six months previously, and that he had not visited her medically for twelve months.

THE ESSEX AND HERTS MEDICAL BENEVOLENT SOCIETY.

The Annual Report of the Essex and Herts Medical Benevolent Society, for 1861, has been forwarded to us by Mr. Stephen Austin, of Hertford, the Secretary. The Society possesses about £8500 in the 3 per Cents., and in addition to £242 interest on this sum, received £138 4s. 6d. last year from donations and subscriptions. As for the disbursements, £258 were granted to the distressed widows and orphans of members; £100 was invested, and the working expenses were £27 6s. Eight widows receive sums varying from £15 to £35 per annum each; four children received smaller sums, and one Surgeon £20. The annual subscription is one guinea. According to the laws,

> "A widow may be allowed any sum according to the exigency of the case, provided such sum does not make the income she already possesses more than £100 per annum. A child (notwithstandigg the above sum granted to the parent) under 16 years of age, may be allowed upon petitioning, a sum not exceeding £20 per annum. An orphan may be allowed a sum not exceeding £50 per annum. And though the general intention of this charity be to relieve the widows, children, and orphans of such Medical persons as have been members of this Society; yet, if it should unfortunately happen that any member, through sickness, infirmity, or other unavoidable misfortune, be totally incapacitated from following, superintending, or directing his business, it shall be lawful for him to petition the District Court in which he resides; and, upon their recommending his petition to the General Court of Audit, for the members there present to allow him such relief as the exigency of the case may require, providing that such relief does not exceed the sum of £80. But no person shall be allowed relief in such case unless he shall have been a member of this Society for five years."

REVIEWS.

On the Health of Merchant Seamen. Reprinted from the "Transactions of the National Association for the Promotion of Social Science." By J. O. McWilliam, M.D., C.B., etc. London: Victoria Press. 1862.

Dr. McWilliam has rendered another signal service to the public by calling attention, in the paper before us, to the sanitary condition of our mercantile marine. He compares the ratio of loss from disease, from drowning and accidents, and from all causes during the three years 1856, 1857, and 1858 in the Royal Navy and in our merchant service, and estimates the disease ratio per 1000 in the Navy as 18·70; amongst merchant seamen as 10·98; the ratio from drowning and accidents in the Navy, 4·58; amongst merchant seamen, 8·87; from all causes in the former, 20·25; in the latter, 19·85. In remarking on these results, he observes that it must be borne in mind that during the period in question the number of deaths in the Navy was considerably augmented by the loss sustained both by disease and wounds in action among the naval forces employed in China and India. In the Navy, although all the deaths resulting from impaired constitutions in the service are not obtained, comparatively few escape us, whereas in the merchant service a very large proportion of mortality from this cause is never ascertained. Men when sick on coasting voyages are sent on shore, and their deaths are registered with those of the general population. "When, therefore," he concludes, "we take into account the great addition to be necessarily made to the ascertained and recorded deaths in the merchant service before we arrive at its true mortality; that the merchant seamen are much less continuously exposed to climatorial sources of disease, more especially those of the tropics; that they are exempt from the diseases and casualties incident to war; and that nevertheless, the records, so far as they go (perfect as regards deaths at sea, but far short of the actual number due to sea service), indicate an actual mortality, from all causes, all but equal in the foreign voyages, and in the home service much in excess of, that of the Royal Navy; the conclusion appears inevitable that, although much has been done, 'all is not done that might be done' to secure the health and safety of the seamen of our mercantile marine, who have been appropriately denominated the 'source and resource of our naval power.'" Dr. McWilliam intimates his intention of further prosecuting the subject. He already deserves the thanks of the public, as well as of the Profession for having directed the current of investigation towards a most important but unexplored field of enquiry.

The Climate of Algiers in Reference to Chronic Affections of the Chest; being a Report of a Medical Mission to Algeria, Presented to his Excellency the Minister of Algeria and the Colonies. By Prosper De Pietra Santa, M.D. London: Baillière. 1862.

This Report on the Influence of the Climate of Algiers on Phthisis, made by the direction of the Minister of Algeria, is a good specimen of a careful and exhaustive investigation of climatic and local peculiarities, and their influence on a particular disease. In the first section the subject is treated of under the Hippocratic divisions of air, water, and locality. The conclusion arrived at is that the climate of Algiers is intermediate between the temperate and tropical, and the reporter strongly insists on its favourable character for invalids generally, stating that it unites advantages which will be sought in vain on any of the other stations in the Mediterranean, and which can only be obtained in Madeira. In the next section, "On the General Condition of Phthisis in Algiers," the author gives an account of the various races which compose its motley population, their hygienic condition, and the prevalence of phthisis amongst them. His investigation proves that phthisis exists at Algiers amongst the European, or emigrant population, as well as amongst the natives; but that this disease is not so common as it is at the other stations on the Mediterranean, and much less so than it is in Paris. He investigates the question of the alleged antagonism of phthisis to intermittent and typhoid fevers, which he finds contravened by the statistics of the civil and military Hospitals, and the central prison of El-Harrach. At the foot of the Atlas mountains, and in the Sahel mountains of Algeria, therefore, these diseases may be found co-existing. The principal results of the investigation may be thus summed up:—That the climatic conditions of the town of Algiers are generally favourable to chest disease; that the beneficial effect is most apparent in averting the tendency to phthisis, or in combating the symptoms which mark its first stage; that, in the second stage, its influence is doubtful, especially when general symptoms predominate over local; but that the climate of Algiers is fatal in the third stage of the disease, when symptoms of softening and disorganisation have declared themselves.

Cases Treated by Faradisation. By Julius Althaus, M.D. London: Trübner and Co. 1861.

Several of the cases recorded in this pamphlet have been reprinted from our columns. They afford useful indications for the employment of Faradisation in various forms of nervous affection, especially in cases of neuralgia and loss of motor power and sensation. Dr. Althaus especially insists on the necessity of adjusting the dose of the Faradic stimulus, not only to the variations of age, sex, and constitution, but to the differing sensibilities of different organs. He finds from experience that the action of Faradisation is generally confined to the part which is brought under its direct influence; but more remote effects are produced in certain cases; amongst which he especially instances an emmenagogue effect in women, and the production of sleep in cases of insomnia. His cases will well repay perusal.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

QUESTION OF EARLY VACCINATIONS.

It is the general custom in France to vaccinate infants within a day or two after birth; but of late some doubts have arisen as to the propriety of the practice, in consequence of some instances of fatal erysipelas having been traced to the practice. The subject was brought, by M. Barthez, under the notice of the Paris Hospital Society, and, still more recently, M. Dépaul introduced it before the Academy. At the Medical Society some of the speakers attributed the erysipelas rather to the large number of the punctures made, than to the period at which they were executed. M. Dépaul, relating his own experience to the Academy, founded upon observations made at the Maternity and Enfants Trouvés, declares that he has found no greater proportion of accidents of any kind following these early vaccinations than attend those performed at the age of two or three months. He draws attention, too, to the fact that the immunity of young infants from the small-pox is not complete, and is far from being so considerable as is generally supposed. One cause of their relative immunity is their less exposure to sources of contagion. Even in the rare cases in which serious or fatal complications arise, these are probably due to the condition of the child's health, and the circumstances amidst which it is placed. They are by no means confined to early infancy, as is shown by a striking circumstance which occurred in the garrison of Toulouse. While more than 12,000 soldiers of the garrison at Paris had been re-vaccinated in four years without a single serious accident, several soldiers of an artillery regiment stationed at Toulouse suffered from diffused phlegmon after undergoing re-vaccination. On investigation this was clearly traceable to bad hygienic conditions, and the neglect of proper precautions. In fact, M. Dépaul comes to the conclusion that very early vaccination is not attended with any more danger than when performed after the second or third month. And, indeed, if under ordinary circumstances this later period may be chosen without much inconvenience, for children isolated in their families, it is no longer the case when small-pox has appeared in a house, or when the children reside in a Hospital. Among the latter, contagion may be carried at any moment. M. Dépaul feels convinced that if every infant were vaccinated during the first few days after birth, small-pox, which is even now so rare compared with formerly, would entirely disappear. In certain communes and cantons zealous vaccinators have achieved this result for their localities.

At the reading of M. Dépaul's paper, M. Robert took occasion to condemn the practice of making numerous punctures, as being liable to form phlegmonous patches followed by erysipelas. M. Renault also observed that in his experimental inoculation of animals with virulent poisons he had always met with most success when he had made but few punctures, and he recommended that the vaccine punctures (usually six) should be diminished in number. M. Cerise, in an article in the *Union Médicale*, cautions Practitioners against following this advice, believing that it may have mischievous effects as regards the objects of vaccination, while it only provides for a very remote contingency, which may also be guarded against by separating the punctures from each other by wider intervals. He also cautions them against relying upon the protective efficacy of one or two vaccine pustules, however well developed these may be, and insists that when there is only one pustule the "*vaccine saturation*" of the child should be tested by re-vaccinating it from its own pustule at the end of eight days. He refers to cases in which this has been done with the effect of producing new pustules, which ran their normal course. There is great difficulty in obtaining the mother's consent to this; but, at all events, we should decline assuring the efficacy of one pustule (or even of two pustules) unless this test is submitted to. M. Moynier, in support of this opinion of M. Cerise, refers to Mr. Marson's statistics, showing the relationship of attacks of small-pox after vaccination to the number of cicatrices observable. He also refers to some researches made on "vaccine saturations" in M. Trousseau's wards, by which it was found that a child exhibiting one pustule only was susceptible of new vaccinal influence on the fifth, sixth, and seventh days of its appearance, but not subsequently. In children thus re-vaccinated, the new pustules do not acquire all the amplitude of the first, those nearest the first period being most complete, and those performed later, gradually undergoing diminution in force. Those performed on the ninth or tenth day prove complete abortions. All the pustules the results of subsequent test-vaccinations, making up by rapidity of development for the time separating them from each other, terminate their evolution at about the same period.—*Moniteur des Sciences Méd.* No. 14, and *Union Méd.* Nos. 12 and 20.

EXCERPTA MINORA.

Plaster of Paris Splints.—Dr. Little, House-Surgeon of the New York Hospital, states that in that establishment the plaster of Paris bandage has almost entirely supplanted the starch and gutta-percha bandages, and, in many cases, side-splints. It is rapidly and easily applied and adapted and well-borne by the patient. A piece of muslin of sufficient size to admit of being folded into four thicknesses and of enveloping more than half the circumference of the limb is immersed in, and well saturated with, the plaster, quickly folded up again, smoothed out on a board, and applied to the posterior surface of the leg. The portion extending below the heel is turned up on the sole of the foot, a fold being made at the ankle on either side, and a roller applied over all pretty firmly. The limb is to be kept in proper position, by extension if required, until the plaster dries. The roller is then removed, leaving a solid plaster case partially enveloping the limb, with its anterior surface exposed to view. If necessary, an anterior plaster splint can be also applied and the two bound together by strapping. When there is no anterior splint, two or three strips of strapping may be passed around the plaster case. This splint is light and of equable pressure, the patient being able to sit up in bed with it on, go on crutches, and it can be applied at a much earlier period than the starch bandage. For the preparation of the plaster paste, the plaster and water should be gradually mixed in equal proportions, and if on trial the plaster requires more than five minutes to set, a little salt should be added to expedite the process, while when it is desired to delay the setting a few drops of glue or mucilage should be added. Mixing the plaster and applying it to the limb may all be done in a quarter of an hour.—*Amer. Med. Times* Vol. iii. No. 23.

Laxatives after Delivery.—Dr. Barker does not approve of the routine practice of administering a dose of castor-oil on the second or third day after delivery. In many patients the bowels act spontaneously, and even when an aperient is indicated he rarely orders castor-oil. It is a disagreeable medicine to many; and when, as is so often the case, piles are present after delivery, its operation causes great suffering. The agent should be selected according to the indications of the case. If a mere laxative to overcome torpor of the bowels is required, an enema of warm water and Castile soap, thrown up very gently and slowly, is much better than any medicine given by the mouth. If the patient has an objection to an enema, the following pills, taken directly after breakfast, will usually act efficiently and without pain:—℞ Ext. coloc. c. p. rhei. āā gr. iij.; ext. hyosc. gr. ij.; ext. nucis vomic. (alcohol) gr. j.; ol. caryoph. gtt. j. M. Ft. pil. iij. Laxatives should always be given in the morning. When a laxative is needed, and flatulence with severe after-pains are present, the following is an excellent combination:—℞ Ext. sennæ fluid., syr. zingib. āā ℥vj.; tr. jalap. ʒiv.; tr. nucis vomicæ, gtt. xl. M. A tablespoonful in a glass of water. If the derivative action of a cathartic is required on account of milk fever, two or three of the compound cathartic pills of the U. S. Dispensatory are perhaps the best agent; but if the patient suffers from piles, Dr. Barker recommends the following combination as invaluable:—℞ Mag. sulph., mag. carb., sulph. sublim., pot. supert., equal parts to be thoroughly mixed together. Dose, one or two teaspoonfuls in an agreeable vehicle.—*American Medical Times*, No. 5.

Treatment of Varices by the Perchloride of Iron.—M. Sentex reports that of seven cases of varix, treated in M. Denucé's practice at Bordeaux, by means of perchloride of iron, six resulted in cures, and one in amelioration. Examining the results of the cases which have been published, he finds that there have been 103 cures, 19 ameliorations, 6 non-results, and 1 death. Moreover, on examining the details of these cases, he finds that, for the most part, any accidents which have occurred during their progress, have been usually due to circumstances entirely independent of the action of the perchloride.—*Gazette Médicale*, No. 7.

Sassafras.—Dr. Hedenus points out the great preferability of *cortex sassafras* to the *lignum* usually employed, its medicinal powers being much more strongly marked. He has found it of great value, used, in combination with other substances, in scrofula, and in old syphilis or mercurialismus occurring in scrofulous subjects.—*Froriep's Notizen*, No. 9.

Therapeutical Properties of Malt.—M. Frémy, of the Beaujon, communicates an account of the trials he has made of malt as a remedial agent. He has employed a malt prepared by Nitsohke, a brewer near Berlin, which he found to be of superior quality to that obtainable at Paris; it is more soluble, aromatic, and agreeable. The malt-powder may be given internally in the form of decoction, and applied externally by means of baths. The substance was tried on sixty-four subjects of well-marked phthisis; but the results were trifling, beyond a certain degree of temporary amelioration. It was, however, of greater service in cases of chronic bronchitis, early phthisis, and chronic pulmonary catarrh,—its utility being very marked in this last affection. In simple dyspepsia it is of use when the saburral condition of the tongue has been removed. In Germany it has been found to be of great advantage in the chloro-anæmia of nurses. "The powder is a true analeptic, and the bitter principle, which it owes to the presence of lupulin, renders it very efficacious in re-establishing the functions of the stomach in dyspepsia."—*Journal de Chimie Méd.*, February.

Substitution of Daturine for Atropine.—For some time past M. Jobert has substituted for the preparations of belladonna a solution of daturine as a mydriatic. He finds it is three times more powerful than atropine, and can therefore be employed in proportionally less quantities. It does not produce pain when introduced into the eye, nor does it confuse vision like belladonna, while its effects are more constant and its action more persistent.—*Bull. de Thérap.*, No. 3.

Procedure after a Bite of a Mad Dog.—As of late years deaths from hydrophobia have notably increased in France, the Prefet of the Seine, believing this to be due in part to a general ignorance as to the best mode of procedure after bites from a mad dog, has given full publicity to the recommendations made by the Council of Public Hygiene. According to these the sole measure to be relied upon is the thorough and prompt application of a red-hot iron to the bitten part, the pain from such application being less in proportion as the iron is heated nearer to a white heat. Any portion of iron of suitable shape should be immediately heated, the wound being in the meantime well pressed so as to expel all the saliva and blood possible, or it may be washed with alkaline or soapy water, with salt and water, or pure water. As soon as the iron is ready, the parts should be rapidly dried and burned as deeply as possible. This means is very preferable and far less painful than any form of caustic.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

FRANCE.

PARIS, March 4.

THE ACADEMY OF MEDICINE, AND M. TRÉBUCHET ON ENGLISH STATISTICS.

THE discussion on Hospital Statistics is still proceeding at the Academy of Medicine with unabated vigour. Amongst the last speakers on this subject was M. Gosselin, who said that, as the mortality of the Parisian Hospitals was shown to be greater than that in the foreign Hospitals, and especially in those of London, it was incumbent upon the Medical Profession in France to apply themselves in real earnest to the much-neglected study of Sanitary Reform. The pathological anatomy and physiology, the symptoms and course of purulent and putrid infection, and of erysipelas and puerperal fever were well known; but the same could not be said concerning the conditions which governed the appearance and the development of these diseases. Over-crowding of Hospitals was no doubt a predisposing cause, and an evil which should be removed as soon as possible. Regarding cleanliness, linen, beds, the sweeping of the rooms, the wards of transfer and special rooms for convalescent patients, much room was left for further improvement. The method of dressing had, however, little or nothing to do with the bad results obtained in the Parisian Hospitals. Dressing was just as cleverly done in Paris as in London; every mode of dressing had been tried here, every one of the much-vaunted topic remedies had been used, but nothing had hitherto been found to reduce the rate of mortality. Moreover, the French country Surgeons employed the same mode of dressing as their Parisian colleagues, and nevertheless the mortality was considerably less in the provinces than in the capital; besides which deaths after operations, which did not require any dressing, were just as frequent as after such in which dressing was indespensable. Could the great mortality which was shown to exist after parturition be explained by a faulty method of dressing? The Managing Committee of the Hospitals could not be rendered responsible for the unfavourable results obtained; it was the Physicians and Surgeons themselves who were in fault, and who had not exposed to the Committee the various drawbacks inherent to the actual state of things. In old Hospitals much good could be done by distributing the patients over a larger area, and by making ventilation as extensive and complete as practicable, by exacting scrupulous cleanliness of the rooms, by more careful attention to the state of the linen, the beds, the curtains, the cesspools, and finally by occasionally leaving the wards unoccupied. If new Hospitals were constructed, the several portions of the buildings should be isolated from one another, the stories should be few, the wards small and well ventilated, and the number of beds in each one of them should be reduced as much as possible.

"*Non omnibus licet adire Corinthum,*" — it is not given to every one to speak to the point; and I am afraid that the following remarks made by M. Trébuchet, were rather distinguished for patriotism than for good sense. He said that it was by no means proved that the mortality was unproportionably large in the French Hospitals; and he saw no reason why small Hospitals should, in a sanitary point of view, be preferred to large ones. It was wrong to destroy, by gratuitous assertions, or too violent attacks, the *prestige* which surrounded the Parisian Hospitals; and it would be much better to inculcate into the minds of the population as an incontestable truth, that the "unfortunate classes" were better cared for, better treated, and received more profound consolation in the Parisian Hospitals than anywhere else. Upon these extraordinary sentiments being delivered, M. Gosselin rose and remarked, with a slight touch of sarcasm, that the speaker had exceeded the limits to which the discussion should have been confined, and that it was not so much mortality in general, but the difference of results obtained in the Parisian and London Hospitals, which was under consideration. But M. Trébuchet rather sulkily replied, that he was not at all convinced of the success of the English, he had no faith in English statistics, and could not give his adhesion to the conclusions drawn by most of the speakers. Thus it seems that "perfidious Albion" has, after all, had the worst of the contest, which at its outset gave results that must have been very gratifying to your feelings.

A NEW TEST FOR RESPIRATION.

At the same meeting of the Academy, M. Bouchut, the well-known authority on infantile diseases, read a paper, in which he described a new method of ascertaining, by means of the magnifying glass or the microscope, whether the lungs of infants have respired or not.

According to him we are able to recognise, by inspection with a magnifying glass of the external surface of the lungs of a newly-born infant, the presence of air in the pulmonary vesicles, the collapse of these vesicles by disease, and finally, their congenital impermeability, if the infant has not breathed. The pulmonary tissue which has not respired, is compact, soft, whitish and pink, in the middle term of pregnancy; and red-brown, like the normal tissue of the liver, or like chocolate, if the infant is fully developed. A lung which has completely respired is of a pale pink, soft, and crepitating; it floats on water, and encloses in every lobule heaps of air-vesicles, which are brilliant, round, and transparent, and which, although invisible to the naked eye, may be easily distinguished by means of a good magnifying glass. The lung which has not completely respired, is pink, soft, crepitating, marmorated with red-brown spots, compact, hard, and sinks in water; in these brown spots no air-vesicles can be recognised. Lungs are sometimes met with which have scarcely respired, and the largest part of which is compact and impermeable, but in which at a few places infinitely small lobules may be perceived, which contain bubbles of air. Lobules of lungs which have respired, may be compressed by the fingers without entirely losing the air contained in them; and even after putrefaction of several days, either in air or in water, air-vesicles are yet to be found in a lung when it has once respired.

M. CIVIALE ON LITHOTOMY AND LITHOTRITY.

At one of the last meetings of the Academy of Sciences, Dr. Civiale, the veteran stone-operator, gave an account of 66 patients affected with stone in the bladder, whom he had had under his care in 1861. Among these, 52 suffered from calculus for the first time, while in 14 the affection had returned after a previous operative treatment. Of 66 patients 61 were operated upon; 51 by lithotrity, with successful results in 49 cases, while lithotomy was performed in 10 cases, of which 4 died and 6 were cured. Five patients were not operated upon at all, because the stone was too large, and the organs had suffered too much. Of these 5 patients two have since died, and three are still alive. In 31 cases there was only a small calculus, without any unfavourable complications; and all these patients were promptly and easily cured. In 35 others the stone had existed for a somewhat longer time, and had given rise to other morbid conditions unfavourable to the success of the operation. If the calculus is very large there is no room for executing the necessary manipulations in the bladder; operating becomes insecure, and the Surgeon has no other guide than his tactile sensations. Under such circumstances lithotrity often becomes inapplicable, and one-fourth of M. Civiale's patients have necessarily been subjected to lithotomy. In one case this Surgeon extracted from the bladder of a woman sixteen pebbles, which this person had herself introduced through the urethra. In 1860 and 1861, M. Civiale treated, in all, 120 patients, among which were 115 males, and 5 females. Of these 88 were operated by lithotrity; 3 of them died, 79 were cured, 6 still suffer from functional disturbances depending neither upon the stone nor upon the operation. In 17 cases lithotomy was performed; of these 8 were cured, 7 died, and 2 are still affected with fistula. Fifteen patients have not undergone any operation; of these 6 are dead, and 9 still alive.

LIVERPOOL.

MARCH 1.

IT is a somewhat singular coincidence that just about this time last year we were troubled with an importation of zymotic disease from the far East, and now we have had something of the same kind from the far West, though happily not to the same extent, or with the same results. Last year your readers will remember that the *Scheah Gehad*, a Turkish frigate, with a sickly, dirty crew, brought us a very malignant form of typhus, and now, within the last few weeks, we have had an importation of small-pox from America, and principally, if not entirely, from New York, which, had it occurred in the pre-sanitary-improvement period of the town, might have proved the cause of an epidemic amongst us. Fourteen cases are known to have arrived; but as they were promptly removed, some to the Institution for this class of diseases at Everton, some to the Parochial Fever Hospital, there does not appear to have been any extension of the disease in the town. The only fatal case among them was that of a Mulatto, who was unvaccinated. The others recovered remarkably well, and it was particularly noticed that, although in three or four of them the eruption was very full and partially confluent, there was scarcely any constitutional disturbance, and the patients stated that they were feeling "tolerable smart," even at the height of the disease.

The annual meeting of the Institution for Infectious Diseases at Netherfield House, Everton, was held last week, under the presidency of the Mayor, and some of the facts then mentioned are, I think, worth recording. It appears that during 1861, sixty cases of typhus were received, four of typhoid, seven of scarlet fever, six of small-pox, four of measles (two of which were, from the peculiar aspect of the eruption, on its first appearance, sent in as small-pox), and of continued and intermittent fevers, diphtheria, and erysipelas, one each. There were also received three cases of pneumonia, one of peritonitis, and one of cerebral disease, the early symptoms of which appeared to indicate that typhus was coming on. There were eighteen fatal cases,—sixteen from typhus, one from phthisis following the fever, and one from pneumonia. In reference to the fatal cases of typhus, one most important fact is noticeable,—that in only two of them was the patient removed in the early stage of the disease; some, in fact, were admitted when almost in a state of collapse. When the transference was effected in good time, the patients have appeared rather benefitted than otherwise by the change. The total cost of the Institution for the year amounted to £432, and there had been received from patients £283, so that it is still far from being self-supporting; but I do not anticipate that there will be the slightest difficulty in raising whatever funds may be required when those now in hand are exhausted. The charge now made of £1 11s. 6d. per week for first class patients, and £1 1s. per week for second class, is, indeed, scarcely sufficient to cover the actual outlay were all the beds at the Institution occupied, and yet it is thought that a higher tariff would be hardly advisable.

In one of my former letters I mentioned a case of accidental poisoning by opium at the Liverpool Workhouse, the circumstances of which incidentally brought out the fact, which deserves far more attention than it receives, that a very large quantity of opium is consumed in this, and I suppose also in other large towns, not as a medicine, but as a luxury; and within the last few days another case of poisoning by this drug has occurred, which I record in the hope that the reiteration of these occurrences may lead to some efforts to prevent them. A man, who had the misfortune to be the step-son of a beerhouse-keeper, and the still greater misfortune to have no regular employment but running on errands, was stated to have been drunk on Friday, February 8, "speechlessly so" on Saturday, "got more drunk" on Sunday, was "outrageous" on Monday, and brought home insensible on Tuesday morning. Supposed to be "drunk, as usual," he was left in the bar; but as he seemed to continue much the same after an hour and a-half, assistance was procured, but it was too late, and he died. At the inquest it was proved that on the Saturday he had brought home "a piece of opium three times the size of a bean," which was taken from him and destroyed, and that on the same day he had asked for opium at the druggists' shops. At the first he was refused it; at the second he obtained two drachms in one lump, the assistant who sold the drug knowing the man, and believing his statement that he wanted it for some Lascars who lodged at a boarding-house from which he often used to go on errands. He purchased another drachm on the Tuesday on which he died. The assistant who sold it told the Coroner that "When he was at a shop in Parliament-street, near the docks, he used to sell half-a-crown or five shillings' worth at a time almost every day. His master had known as much as half-a-pound sold at one time for the use of Lascars." This really is a state of things that ought not to be. I do not see that in this melancholy case any more blame can attach to those who sold the opium than to others who do the same every day with impunity; but I do think that, failing any legal prohibition in reference to the sale of opium, something might be done to lessen the evil if the Pharmaceutical Society or any large body of chemists and druggists would request the signature of their *confrères* to a declaration that they would not sell this article except in such quantities and in such a manner as are accordant with its *bonâ fide* medicinal use.

A case of ovariotomy, performed by Mr. Bickersteth on January 14, would have come with more chronological propriety in my last letter, but is too important to omit altogether. The patient was single, aged 27. The cyst, which was multilocular, and situated on the left side, had been tapped six months previously. The operation presented no special feature, excepting a difficulty which occurred from the tumour having got into such a position that the pedicle was stretched over its upper surface, so that when separating some adhesions which bound the cyst to the edge of the omentum and to the right side of the pelvis, it so closely resembled a strong band of false membrane that Mr. Bickersteth thought of dividing it with the *écraseur*; but on rotating the tumour the true nature of the part became apparent. In a little more than an hour after the operation the patient began to vomit. At 5 p.m. (the operation having been performed a little after 1 o'clock) the pulse was 84, and at 11 o'clock 100. On the 15th, at 9 a.m., pulse 120, at 6 p.m., 130; vomiting still, but not so much as before; there was no pain, no tympanitis, and the expression of face was good; by 11 p.m. the pulse had risen to 140, but the vomiting had ceased, and she took milk and arrowroot. 16th, 9 am., pulse 130; slight tympanitis; retained food. 10 p.m., vomiting recommenced, much pain with each effort. Half-a-drachm of chlorodyne for one dose, by the mouth, and liq. opii sedativ. ♏xxv., as an injection every four hours, arrested the vomiting during the night; and on the 17th she was free from pain during the morning, and took beef-tea and some claret. At 4 p.m. vomiting and pain recommenced; tympanitis increased. The sickness went on during the night, and the next day (the 18th), at 6 p.m., she died. On the post-mortem examination it was found that inflammation had extended from the upper end of the wound, from which point it seemed that a very small portion of the pedicle had become detached by the violent movement of the abdominal walls during the sickness. The pelvic viscera were covered with recently-effused fibrinous deposit; but there was no general peritonitis. Since this operation, Mr. Bickersteth has been making some experiments to ascertain whether or no it would be justifiable to tie the pedicle with silver wire, sufficiently tight to prevent any bleeding from it, but not so tightly as to cause sloughing; then to return it to the abdominal cavity, and close the wound in the parietes. Several dogs have accordingly had their spleens removed, and the gastro-splenic omentum tied with silver wire. The details of the results I cannot give fully, but I may say that in two of the four canine patients who recovered from the immediate effects of the operation the plan succeeded perfectly, and on the animals being killed the ligatures were found imbedded in a little fibrinous effusion, and the neighbouring parts healthy. In the others the strangulation had been too complete, small portions had sloughed, and there was, of course, suppuration around these portions.

In the Lying-in Ward of the Workhouse there is at present a case illustrating very forcibly the power of endurance possessed by some parturient women. An unmarried woman, who was intending to come into the Workhouse to be confined, was taken in labour at a friend's house in Birkenhead. She set off to walk to the Ferry, a distance of rather more than a mile, which she took about two hours to travel, got on board the steamer, and was delivered just as she arrived at the landing stage on this side. As it was late at night, a bed was made for her at one of the refreshment rooms, and she was sent up to the Workhouse in the morning. It does not seem that her recovery was in any way retarded by the very unfavourable circumstances under which her labour proceeded, and it has been noticed at this Institution, that women delivered in the street or in a car—as they are sometimes, when on their way—do just as well subsequently as any other patients.

There is an unfortunate midwife now awaiting her trial for manslaughter, whose case is worthy a brief notice, as showing the severity with which sometimes our law visits those who assume duties for which they are not qualified, and cause consequent loss of life. A midwife, who had a tedious case in hand became alarmed and wished to obtain Medical assistance, unfortunately another midwife was first summoned; she pooh-poohed the idea of sending for further aid, and guaranteed that she would soon deliver the woman, the case, however, terminated in rupture of the uterus, and as it appeared that the child might have been delivered had proper help been obtained early, and that thus the rupture might have been prevented, she was committed for trial, and with this case I must end, as I suppose I shall have filled as much of your valuable space as you can spare me at present.

GENERAL CORRESPONDENCE.

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THE ANILINE TREATMENT OF CHOREA.

Letter from Dr. T. Skinner.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have just perused your last Number, and in particular I have read with much pleasure and instruction the account of five cases of chorea treated by sulphate of aniline at the London Hospital, under the care of Dr. Fraser.

I think it is interesting to observe that in all the cases, although the agent was administered in every conceivable dose, with sufficient frequency, and an ample amount of time allowed for the development of its said-to-be specific therapeutic action,—yet there was no appreciable diminution observed in the choreaic symptoms in a single instance.

Without seeking in the least to depreciate the excellent observations of those gentlemen who have both in Hospital and private practice obtained very different results from the aniline treatment of chorea, I would desire to add the following case to the list of failures, which case, although occurring in private practice, is not without its weight so far as facts are concerned:—

J. W. F., a young gentleman about 16 years of age, consulted me for chronic chorea, from which he has suffered more or less for the last five, but particularly for the last three years. The convulsive movement have at times been so violent and constant as to lead his Medical attendants almost to despair of his life. At the time of his consulting me the choreaic movements were entirely limited to the left side of the body, but particularly were they manifested in the muscles of the leg and foot, and of the forearm and hand, as also those connected with the scapula. He experienced very great difficulty in buttoning or unbuttoning his dress, especially if anyone was observing him, and in walking, from what I take to be a choreaic spasm of the tibialis anticus, posticus, and possibly of the peroneus tertius muscles, he was now and again suddenly brought to the ground, or if walking fast, he would fall forward as if something had tripped him.

On November 20, 1861, he was put upon the sulphate of aniline, in doses of one grain, in the form of a pill, thrice daily, after meals. Next day he reported himself the same, and that the pills had not disagreed. In accordance with my friend Dr. Turnbull's practice, I ordered him a mercurial purge, and to continue the pills. On the 23rd he reported himself improving, but I saw no evidence of it—rather the contrary. To continue the pills. On the 25th the choreaic movements have very much increased, as observed by his own family and himself, and they are daily getting worse. Having made sure of this by a careful examination, which was scarcely required, I stopped the pills.

Faradisation of the affected muscles was attended by immediate benefit. Ordered ℞ Liq. arsenici chloridi, ʒij.; tr. ferri sesquichlor., ℥j.; etheris chlorici, ʒss.; aquæ ad ʒvj. M. Two tea-spoonfuls thrice daily, in a wine-glassful of water after meals.

Under the use of Faradisation and the arsenic and iron, a steady and, so far as I am aware, an effectual and permanent arrest of the choreaic phenomena was brought about.

I am, &c.

Liverpool, March 8. Thos. Skinner, M.D.

County and City of Cork Medical Protective Association.—At the Annual General Meeting of the Association, held on the 4th inst., Dr. Richard Corbett was unanimously elected Vice-President in room of Dr. Meade, deceased. Dr. John D. O'Flynn was at the same time elected Treasurer, in room of Dr. Corbett.

REPORTS OF SOCIETIES.

◆

THE PATHOLOGICAL SOCIETY.

Tuesday, February 18.

Dr. Copland, President, in the Chair.

Mr. Holthouse exhibited a cast showing

A COMPOUND, INCOMPLETE LATERAL DISLOCATION OF THE UNGUAL PHALANX OF THE RIGHT THUMB INWARDS.

This, Mr. Holthouse said, was an accident exceedingly rare, and, indeed, was not described by any author, though two examples, one occurring in the index and the other in the ring finger, had been reported by Malgaigne. Mr. Holthouse, during the last six months, had met with two such cases. One was that of a woman, from whom the cast was taken. The terminal phalanx was dislocated inwards, while a part of the distal articular extremity of the first phalanx projected outwards through a wound in the integuments. The thumb, at the joint was bent at an obtuse angle, the concavity being towards the fingers; it could be flexed by the Surgeon, but the patient had no power over it. It was easily reduced by extension with the clove hitch. The wound was sealed up by collodion and a splint applied. In a few days, however, as the finger had become swollen and painful, the splint was removed. The dislocation then recurred. It was at this time that Mr. Holthouse first saw her and took the cast. Mr. Holthouse then gave the particulars of another case, in which the deformity was the same, except that the convexity was towards the fingers. This was likewise reduced by extension with the clove hitch, the articular surfaces coming together with a very perceptible snap. Both these cases, as well as the two recorded by Malgaigne, occurred in a similar manner, namely, by falls on the hand with the fingers outstretched.

Dr. Harley then showed a stomach (and a drawing) taken from a man who was

POISONED BY THE ESSENTIAL OIL OF BITTER ALMONDS.

In this case the chief peculiarity was the great congestion of the stomach, it being of an intense livid purple. The patient, a man, aged 26, was engaged in mixing perfumes, using amongst other things the essential oil of bitter almonds. Frequently, however, nitro-benzol was used, and this latter was thought by many not to be a poison, and was now used in cooking as a safe substitute for the oil of bitter almonds. He (Dr. Harley) had found that it was just as poisonous. The patient had taken a large quantity, above an ounce, and immediately fell down insensible; he expired before Medical aid could be obtained. There was an intense smell of the essential oil, and a considerable quantity of hydrocyanic acid was distilled from the brain after death.

In reply to Dr. Schulhof, Dr. Harley said that he could not explain the great congestion of the stomach, except on the supposition that it had been caused by previous drinking.

Dr. Copland said that in 1825 he had recorded cases, showing the value of cold affusion in the treatment of poisoning by narcotics. This was published in a Medical journal, of which he was then the Editor. It was copied into the German journals, and re-copied from them into English periodicals as a German discovery.

Dr. Harley said that in the last month he had thus treated a case of poisoning by a substance which was called chloroformic anodyne, the poisonous ingredient being prussic acid. He did not know that this treatment had been recommended so long since by the President. The drug was administered unintentionally. Ten minutes after taking it the patient vomited, and in the act of vomiting fell back asleep. When Dr. Harley saw her, two hours later, she was insensible, pulseless, and the respiration was only eight in a minute. The stomach being emptied, cold affusion was tried, and in three-quarters of an hour her nose bled, and she became sensible. In a quarter of an hour she relapsed, but on again trying the cold affusion she once more became sensible. For a third time relapse took place, but sensibility was restored by cold affusion.

Dr. Copland said that as early as 1822 he had recommended cold affusion in narcotic poisoning. He was led to do so by noticing, when a boy, the rapidly sobering effects of pumping on the heads of drunken sailors.

Dr. **Gibb** brought before the notice of the Society an example of

DIPHTHERIA ASSOCIATED WITH PAROTITIS

in a female, who was six months pregnant with her third child. When first seen she had been ill two days, with the general symptoms of cynanche tonsillaris, associated with cynanche parotidea. The throat itself could not be seen from the great swelling of the back of the tongue, and the resistance offered by the patient. Two days after this she was extremely low. The throat could now be seen, and a diphtheritic membrane covered the pharynx, soft palate, and tonsils. The swelling of the parotid gland was still persistent. Under treatment, in the course of five days, she was comparatively well. Dr. Gibb stated that this was the first case he had noticed of the simple form of diphtheria being complicated with inflammation and enlargement of the parotid glands; it is seen occasionally in the croupal form of the disease. The urine at one time was albuminous, but the recovery has been permanent thus far.

Dr. **Hare** exhibited a specimen showing

THE EXTENT OF THE FALSE MEMBRANE IN DIPHTHERIA.

The child was six years old, and died on the sixth day of the disease. Tracheotomy had been performed with great temporary relief, but the patient died twenty-four hours after. After death, it was found that the cast extended down the trachea and to the bronchi of the second or third diameters. It also lined the pharynx and the nares.

Mr. **Holthouse** at a previous meeting showed a specimen of

A CASE OF TRANSVERSE FRACTURE OF THE PATELLA,

in which the fragments were two inches and a-half apart, but united by true ligamentous tissue. He observed that in 1850, Mr. William Adams directed the attention of the Society to a mode of connexion of the fragments of a patella fractured transversely that had not, up to that time, been recognised. He demonstrated that certain cases which were usually regarded as examples of true ligamentous union in which the ligament had become elongated, were in reality cases of non-union, the connecting material being no new structure interposed between and uniting together the fractured surfaces, but simply the fascia which passes over the patella in a thickened condition, and having incorporated with it the bursa patella. "In true ligamentous union the separation of the fragments is generally from half an inch to an inch, and Mr. Adams had not seen it exceed one inch and a-half." The specimen exhibited was removed from a patient of Mr. Holthouse, who died in the Westminster Hospital; but as the lesion was not observed till after death, no history of it could be obtained. A longitudinal section through the two fragments and their connecting mediums, showed the latter to consist of true ligament, two inches and a-half in length, uniting the fractured surface of one fragment to that of the other, and enclosed between the fibrous capsule of the joint on the outside, and the synovial membrane on the inside. The ligament was strong and thick at its attached extremities, but became somewhat thinner towards its centre. Mr. Holthouse observed that he considered the specimen worthy of exhibition on three grounds: 1st, Because it showed that a separation of the fragments of a broken patella to the above extent is not necessarily a proof of non-ligamentous union. 2nd, Because it illustrated the extent to which the new material may become elongated; for he supposed it would not be disputed that at one period the fragments must have been, if not in actual contact, at least in much closer apposition than at present, or no new uniting material would have been thrown out; and 3rd, Because it demonstrated the importance of not using the limb till the uniting medium had become sufficiently firm to resist the action of the muscles which flex and extend the leg.

Dr. **Dickinson** showed a specimen of

DISEASE OF THE MEMBRANE OF THE BRAIN.

The patient was admitted into St. George's Hospital a month ago. He was then violently convulsed, most on the left side. The face was convulsed, but not drawn more to one side than to the other. There was no strabismus. He was quite conscious, and could write with his right hand. The pulse was rapid, and he was sweating profusely. He continued in this state for two hours, and then the convulsion ceased, and he went to sleep. The patient had had syphilis,—chancre, followed by disease of bones and loss of the vomer. He had, however, no further symptoms until three months before admission. He then had a fit of an apoplectic character, with loss of consciousness, which continued three days. This had not been preceded by any pain or other symptoms referred to the head. Afterwards he had two convulsive attacks similar to that in which he was when admitted. On the day after his admission he was nearly free from convulsion, but generally there was more or less spasmodic action of the face and limbs, except during sleep. He occasionally had severe attacks, such as have been described. His temper was exceedingly irritable. The convulsions were attended by a general feeling of cramp. He gradually became exhausted. A large abscess appeared near the left elbow, which was opened and made him more prostrate. Latterly the convulsions ceased, and he quietly sank. Ever since the first fit the limbs on the left side had been slightly weaker than the others, and somewhat wanting in sensibility. The head only was examined. On the skull-cap on the left side was a small patch of new bone, and it was adherent to the membrane. On removing it a deposit of lymph, firm and hard, was found under the point mentioned. In the centre of the deposit was one of apparently older date. This deposit extended through the dura mater. In the cavity of the arachnoid was a stout membrane, which appeared to be the remnant of an effusion of blood into the arachnoid. Dr. Dickinson said, that this case supported the opinion of Dr. Bright, that in cases of convulsion, without loss of consciousness, the organic disease causing the convulsion was generally found in the membranes of the brain. He (Dr. Dickinson) believed that the deposit of lymph had set up irritation, and that this was the cause of the effusion of blood in the cavity of the arachnoid, and that this effusion occurred at the time of the first attack.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, January 17.

Mr. James R. Lane, Vice-President, in the Chair.

Dr. **Baines** related a case of

DISEASED PANCREAS.

The patient, a widow, aged 70, complained of severe, deep-seated, burning pain in the epigastric region. There was a general cachectic appearance about her, with severe constipation, though only occasional vomiting. On examination, a hard tumour was discovered, dull on percussion, and painful on pressure; it was fixed and deep-seated, the greater part occupying the left side of the spine. No kidney symptoms; but there was progressive attenuation and final exhaustion and death within eight months of the first symptoms. There was a bellows sound, clearly due to the pressure of the tumour on the aorta. After death, the stomach, liver, kidneys, and spleen were found healthy. The pancreas was hard and enlarged. In structure it was composed of hardened matter, which gave firmness to the gland, and in parts there was softened, yellowish-gray matter, found contained within glistening fibrous bands, which radiated through the gland. The mesenteric glands were enlarged and filled with similar matter to that found in the pancreas. The Author remarked on the comparative absence of vomiting, which might have been expected from the anatomical relations of the pancreas. When it did occur in this case it was clearly due to the morphia used to relieve the pain. The attenuation of the body was clearly traceable to the state of the mesenteric glands, and the character of the pain, of a deep burning kind, was almost pathognomic of the disease in connexion with the existence of the tumour. Salivation—a common symptom in these cases—was absent, as well as diarrhœa with oily stools. During the greater part of the time there was obstinate constipation, and when diarrhœa did occur, the stools were deeply charged with bile.

Mr. **Hunter** read a paper on

TUMOUR OF THE JAW.

He first pointed out the necessity for careful diagnosis in the various diseases of the antrum and of the upper jaw, especially for the reason that the first symptoms of most diseases of the antrum resemble each other. Two cases of cancer of the upper jaw were alluded to. In one, a boy about seven years old, though the eye was destroyed and the neighbouring glands greatly enlarged, the patient suffered scarcely any pain. In the other case, a woman of fifty years of age, the disease had run its course in less than a year (without operation), the swelling having only appeared six months before death, though it gradually filled up the cavity of the mouth and destroyed the functions of the eye. Pain was here a very prominent symptom. The tumour exhibited to the Society was that of encephaloid cancer, infiltrating the entire left upper jaw and neighbouring bones to such an extent that the scalpel alone was sufficient to separate it; the ethmoid and palate bones were similarly affected. No glands, however, were affected. The main treatment consisted of administration of quinine, gallic acid, and morphia, with the inhalation of ether.

A case of Fungus Hæmatodes of the Eye, of very large size, was alluded to, in which decided diminution of the hæmorrhage and the tumour accompanied the use of gallic acid.

REGULATIONS FOR DEGREES IN MEDICINE AND SURGERY.

The following Regulations have been adopted by the Senate of the University of Cambridge on the recommendation of the Council:—

BACHELOR OF MEDICINE (a).

Preliminary Examinations.—1. Students proceeding to the degree of Bachelor of Medicine, who have not graduated in Arts, shall be required to pass the Previous Examination, and subsequently, (in conformity with the Grace passed April 8, 1859,) the Examination in Algebra, Mechanics and Hydrostatics, as required of Candidates for the degree of B.A.

Time to be spent in Medical Study.—2. Five years of Medical study shall be required of Candidates for the degree of Bachelor of Medicine, with the exception of Students, who have graduated with Honours as Bachelors of Arts, in whose case four years of Medical study shall be deemed sufficient.

3. Of this time six terms shall be spent in the University, commencing not earlier than after the expiration of the first three terms of residence, provided that four terms so spent shall suffice in the case of any B.A. who shall have graduated with Honours.

Number of Medical Examinations and Times of passing them.—4. There shall be two Examinations for the Degree of Bachelor of Medicine. The First Examination may be passed after the completion of three years of Medical study, the time of Medical study required to be spent in the University being included in these three years. The Second Examination may be passed after the completion of the course of Medical study. No Student shall be admitted to the First and Second Examinations in the same term.

Subjects and Course of Study previous to the First Examination.—5. The student before admission to the First Examination shall produce certificates of diligent attendance on one course at least of lectures on each of the following subjects:—Chemistry, including manipulations, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy. He shall also produce a certificate of having practised dissection during one season at least. The certificates must show that the lectures on Pathology were attended subsequently to those on Chemistry and Human Anatomy and Physiology, and the lectures on Materia Medica and Pharmacy, subsequently to those on Chemistry and Botany.

6. As evidence of Medical study in the University, the student shall produce certificates of diligent attendance in each term on courses of lectures on two of the following subjects, viz.:—Chemistry, Botany, Human Anatomy and Physiology, Comparative Anatomy, Materia Medica and Pharmacy, Pathology; or of diligent attendance in each term on a course of lectures on one of those subjects, and also on the Medical Practice of Addenbrooke's Hospital.

7. Certificates of attendance on lectures shall be deemed satisfactory if the lectures be delivered either by a Professor of the University, or by a graduate of the University approved by the Senate; provided that the Course, in each case, consist of not fewer lectures than shall have been determined by the Board of Medical Studies.

Subjects of the First Examination.—8. The subjects of the first Examination shall be—Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology; Celsus—The Aphorisms and Epidemics of Hippocrates—Aretæus on the Causes and Signs of Disease—portions of these authors having been selected for examination by the Board of Medical Studies in the year preceding that of the Examination.

Exemptions in favour of those Persons who have obtained Honours in the Natural Sciences Tripos.—9. In the case of every person who has obtained Honours in the Natural Sciences Tripos and has passed with distinction or to the satisfaction of the Examiners for that Tripos the Examination in Botany, Chemistry or Comparative Anatomy, the Examiners, if required, shall give to such person a certificate, stating that he has passed the Examination in those subjects; and Candidates possessing such certificates shall not be required to be examined again in those subjects to which the certificates relate.

Examiners for the First Examination.—10. The Examiners for the First Examination shall be:—The Regius Professor of Physic, the Professor of Anatomy, the Professor of Chemistry, three Members of the Senate nominated annually by the Board of Medical Studies and elected by the Senate, one of whom shall be a Doctor of Medicine and shall become a Member of the Board of Medical Studies, in accordance with the Grace for the constitution of that Board.

Requirements previous to the Second Examination.—11. Before admission to the Second Examination, the student shall have passed the First Examination, and shall produce certificates of having attended one course at least of lectures on each of the following subjects:—Principles and Practice of Physic, Clinical Medicine, Clinical Surgery, Medical Jurisprudence, Obstetric Medicine, and of having attended Hospital Practice during three years.

Subjects of the Second Examination.—12. The subjects of the Second Examination shall be—Physiology, Pathology and the Practice of Physic, Clinical Medicine, Medical Jurisprudence, the Medical treatment of Surgical and Obstetrical Diseases.

Examiners for the Second Examination.—13. The Examiners for the Second Examination shall be:—The Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, a Doctor of Medicine, being a Member of the Senate, nominated annually by the Board of Medical Studies, and elected by the Senate.

Mode of conducting the Examinations.—14. The Examinations shall be conducted partly by written questions, to which the person examined shall be required to give answers in writing, and partly *vivâ voce*.

Time of the Examinations.—15. The Examinations for the degree of Bachelor of Medicine shall take place twice annually, commencing on the Monday following the completion of the first two-thirds of Michaelmas Term and on the Monday following the completion of the first two-thirds of Easter Term.

Public Exercise in the Schools.—16. The Act (Graces, May 6, 1858, and May 20, 1858) shall not be kept till after the Candidate has passed both Examinations.

Time of Admission to the Degree of Bachelor of Medicine.—17. The Student may be admitted to the degree of Bachelor of Medicine in the eleventh term after the completion of his first term of residence.

Inauguration.—18. (1) The inauguration of Bachelors of Medicine and the perfecting of their degree shall be on the day of the *Magna Comitia*. (2) At the inauguration the names shall be arranged in order of seniority as follows:—(*a*) Those who have been Bachelors of Arts, arranged alphabetically. (*b*) Other Bachelors designate of Medicine, arranged alphabetically.

DOCTOR IN MEDICINE.

Time to be spent in Medical Study.—19. All persons proceeding to the degree of Doctor of Medicine, shall be required to produce certificates of having been engaged in Medical study during five years.

Examinations and Hospital Practice.—20. Masters of Arts, proceeding to the degree of Doctor of Medicine, shall be required to produce the same certificates of attendance on

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(a) The alterations proposed will be found in regulations 2, 10, 11, 12, 13, 14, 15: the grace to prevent Candidates being admitted to the first and second examinations in the same term, which was passed last Easter Term, has been incorporated in Regulation 4.

Lectures and of attendance on Hospital Practice, and to pass the same Examinations as are required for the degree of Bachelor of Medicine.

MASTER IN SURGERY.

Preliminary Examinations.—1. The same as for Bachelor of Medicine.

Time to be spent in Medical Study.—2 and 3. The same as for M.B.: "Medical Study" being understood to include the study of Surgery, in which three years at least must be occupied.

Number of Medical Examinations and Times of passing them.—4. The same as for M.B.

Subjects and Course of Study previous to the First Examination.—5, 6, and 7. The same as for M.B., either the Surgical or Medical practice of Addenbrooke's Hospital being accepted as, in part, evidence of Medical Study in the University.

Subjects of the First Examination, Exemptions and Examiners.—8, 9, and 10. The same as for M.B.

Requirements Previous to the Second Examination.—11. Before admission to the Second Examination, the Student shall have passed the First Examination, and produce certificates of having attended a second course of Lectures on Human Anatomy, one course of Lectures on the Principles and Practice of Surgery, Lectures on Clinical Surgery during one year, one course of Lectures on Midwifery, and ten cases of Midwifery, one course of Lectures on Medical Jurisprudence, of having practised dissection during a second season, of having attended the Surgical practice during three years, and the Medical practice during one year, of a recognized Hospital (the Medical and Surgical practice being allowed to be attented at the same time), and of having been House Surgeon or Dresser for six months at least of such a Hospital.

Subjects of the Second Examination.—12. The subjects of the Second Examination shall be Surgical Anatomy, Pathology and the Principles and Practice of Surgery, Clinical Surgery, Midwifery, Medical Jurisprudence (the same Examination as for the M.B. degree).

Examiners for the Second Examination.—13. The Examiners for the Second Examination shall be the Professor of Anatomy; two Members of the Senate, being Masters in Surgery or Fellows of the Royal College of Surgeons in England, nominated annually by the Board of Medical Studies and elected by the Senate; in Medical Jurisprudence the same as for M.B.

Time and Mode of Conducting the Examinations.—14 and 15. The same as for M.B.

Time of Admission to the Degree and Inauguration.—17 and 18. The same as for M.B.

Certificates.—1. The Certificates required in each case shall be delivered to the Regius Professor of Physic.

Medical Study out of the University.—2. Medical Study out of the University shall in all cases be understood to mean study at some well-known School of Medicine, which shall have been recognised by the Board of Medical Studies. It shall be the duty of the Board to define from time to time what shall be sufficient evidence of such Medical Study.

Deputy Examiners.—3. In case any one of the *ex officio* Examiners for Medical or Surgical Degrees be prevented by illness or other reasonable cause from taking part in such Examinations, it shall be competent for him to appoint a Member of the Senate to examine in his stead, subject to the approbation of the Vice-Chancellor; with the proviso that in the case of either the Regius Professor of Physic or the Downing Professor of Medicine appointing a deputy, such deputy shall be a Doctor of Medicine.

Appointment and Salaries of the additional Examiners.—4. The Election of the Additional Examiners for Medical and Surgical Degrees shall take place at the first Congregation after the first of October in each year. Each of such Examiners shall receive £10 from the University Chest.

The Council further recommended that the alterations embodied in Clauses 2, 11, and 12 of the Regulations for the M.B. Degree shall not affect students presenting themselves for Examination before Michaelmas, 1864, and 2nd par. of Clause 4 shall not affect students presenting themselves before Michaelmas, 1862.

OBITUARY.

MR. JAMES ROBINSON.

The account of the sudden death of Mr. James Robinson, dentist, of 5, Gower-street, Bedford-square, which has reached us will, we are sure, be read with melancholy interest by members of the Medical Profession amongst whom he was well known and much respected.

On the 2nd of the present month some friends had spent the day with Mr. Robinson at Kenton House, Harrow, and had left him about 5 p.m. Shortly after their departure, whilst walking in front of his house, a stray twig of a favourite plant attracted his attention, to remove which he took a pruning knife from his pocket and proceeded to sever it. In this act, while in a stooping position, the point of the knife accidentally stuck into his left thigh. He went into the house and stated to his wife that he felt himself seriously injured. No bleeding at first took place. A handkerchief was bound round the wound and he went to bed. Mrs. Robinson immediately sent for Surgical assistance, and Mr. O'Brien, Assistant to Messrs. Hewlett and Bridgewater, of Harrow, attended. On arriving he found Mr. Robinson in a state of collapse, and on turning down the bed-clothes discovered that he was deluged in blood. The hæmorrhage was arrested by Dr. Bridgewater and Mr. O'Brien, but the condition of collapse was never recovered from. He was seen by Messrs. Hancock, T. Carr, Jackson, Wotton and Harris, but all means of rallying him proved unavailing, and he died at 12.45 a.m., on Tuesday, the 4th inst. It was at first surmised that the hæmorrhage was venous, and that it had been favoured by the handkerchief which had been bound tightly round the thigh; but the post-mortem revealed the fact that a large arterial branch to the vastus internum had been wounded. Mr. Robinson will be remembered as one of the first persons who introduced the use of anæsthetics into this country, and as the author of a work on Dentistry, which has had a large circulation. He was one of the chief originators, and first President of the College of Dentists, and the founder of the National Dental Hospital.

Amongst his own Profession his loss will be deeply felt. He had received an Honorary Degree of Doctor of Dental Surgery from the United States; and in August of last year had been elected an Honorary Member of the Central Society of German Dentists. Mr. Robinson was Dentist to the Royal Free Hospital, and Consulting Dentist to the National Dental Hospital.

MEDICAL NEWS.

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Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, March 6, 1862:—

Davies, William, Froodvale, Carmarthenshire
Dustan, John, Jersey
Elias, Daniel, jun., Chorley, Lancashire
Gale, Henry Stanley, Hampstead
Howell, Thomas, Bristol
Long, Charles F., Barham, Kent
Milsome, John Ruddle, St. Bartholomew's Hospital
Summers, Llewellyn J., Ramsey, Isle of Man
Todd, Joseph, Selby, Yorkshire.

On Monday, March 3:—

Milburne, Thomas Dodd, Dents' Hall, Newcastle-on-Tyne.

The following gentleman also on the 6th inst. passed his First Examination:—

Morgan, William John, Charing-cross Hospital.

APPOINTMENTS.

Allingham.—James Henry Allingham, M.R.C.S. Eng., and L.D.S., has been elected Dental Surgeon to the Royal South London Dispensary.

Allingham.—William Allingham, F.R.C.S. Eng., L.S.A. Lond., Surgical Tutor at St. Thomas's Hospital, has been elected an additional Hon. Surgeon to the Farringdon General Dispensary and Lying-in Charity, Bartlett's-buildings, Holborn.

Darwen.—John Darwen, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer for District No. 6 of the Birmingham Union.

Davey.—John E. Davey, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the Infirmary and Dispensary, Bolton-le-Moors, Lancashire, in the place of William Hitchen, Pendlebury, M.R.C.S. Eng., L.S.A. Lond., resigned.

Dowse.—John Dowse, L.S.A. Lond., has been elected Medical Officer for the Cumberworth District of the Huddersfield Union, Yorkshire.

Dyson.—Alexander Dyson, L.S.A. Lond., has been elected Medical Officer for the Honley District of the Huddersfield Union.

Gardiner.—John Gardiner, M.D. Glasg., L.S.A. Lond., has been elected Medical Officer for the Kirkheaton District of the Huddersfield Union.

Hainsworth.—Joseph Hainsworth, M.R.C.S. Eng., has been appointed Assistant Resident Medical Officer to the Public Dispensary, Leeds, *vice* Mr. Henry H. Collins, resigned.

Hawkesford.—George Hawkesford, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer for District No. 5 of the Birmingham Union.

Hill.—Alfred Hill, M.D. Kings Coll. Aberd., M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer for District No. 3 of the Birmingham Union.

Hoare.—William Hoare, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer for District No. 2 of the Birmingham Union.

King.—James King, L.R.C.S. Edin., has been elected Medical Officer for the Fulstone District of the Huddersfield Union.

Richards.—William Moseley Richards, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer for District No. 1 of the Birmingham Union.

Ritchie.—Thomas Ritchie, L.R.C.P. Edin., L.R.C.S. Edin., has been re-elected Medical Officer for District No. 3 of the Wharfdale Union, Yorkshire.

Thorowgood.—John Charles Thorowgood, M.D Lond., M.R.C.S. Eng., M. and L.S.A. Lond., has been elected Physician to the Royal General Dispensary, Bartholomew-close, *vice* Robert Cameron Galton, L.M. Cantab., M.R.C.P. Lond., resigned.

White.—Edward White, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been elected Medical Officer for District No. 4 of the Birmingham Union, in place of John White Keyworth, M.D. Lond., M.R.C.S. Eng., L.S.A. Lond.

Wiche.—C. G. Wiche, M.D., has been appointed Inspector General of Prisons in the Bombay Presidency, in succession to Dr. Ogilvie, deceased.

DEATHS.

Jones.—March 4, Thomas Cumpston Jones, of Ruthin, Denbighshire, M.D. Univ. Edin., L.R.C.S. Edin., L.S.A. Lond., aged 40.

Lloyd.—March 4, at Ventnor, Isle of Wight, Eusebius Arthur Lloyd, late of No. 14, Bedford-row, London, F.R.C.S. Eng., Hon., aged 68.

Martin.—March 3, Thomas Martin, of Brighton Park, Clifton, Bristol, M.R.C.S. Eng., L.S.A. Lond., late Surgeon to the Bristol Dispensary, aged 52.

Muter.—March 9, John Denovan Muter, of No. 4, Carnarvon-street, Glasgow, F.F.P.S. Glasg.

Renshaw.—March 9, Jeremiah Renshaw, of Altrincham, and Ashton-upon-Mersey, Cheshire, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., aged 52.

Shorter.—February 24, at Branstone, near Burton-on-Trent, John Wilson Shorter, formerly of Walsall, and Coventry, late Assistant-Surgeon, Army, aged 34.

Stringer.—March 6, James Stringer, of No. 22, Dobson's-terrace, New-street, Kennington-road, M.R.C.S. Eng., aged 61.

Watson.—February 27, James Eyton Watson, of Ellesmere, Salop, M.R.C.S. Eng. (in practice prior to 1815), aged 68.

Wolstenholme.—March 8, George Wolstenholme, of Bolton, Lancashire, M.R.C.S. Eng., L.F.P.S. Glas., Justice of the Peace for the Borough, aged 66.

Income-tax.—In the House of Commons on Wednesday Mr. Hubbard gave notice that, in the event of Her Majesty's Government proposing to re-enact the Property and Income-tax, he should move resolutions with the view of removing the inequalities and anomalies of the tax on industrial incomes, especially in its incidence on such incomes as were derived from intelligence and skill.

The Société Médicale des Hôpitaux de Paris organized a Commission last October, to give an account of the maladies which prevail from time to time amongst the patients in the Parisian Hospitals. It appears that during the first two months of the present year, all diseases have been characterised by *embarras gastrique*; and that typhoid fever and small-pox have prevailed to an extraordinary degree. The increasing prevalence of typhoid fever in London attracts some attention.

On Monday evening last Dr. B. W. Richardson gave a lecture on "Air and Ventilation," in Surrey Chapel, at the request of the Ladies' Sanitary Association. Mr. Baines, M.P. for Leeds, presided. The lecture comprised an explanation of the composition of the atmosphere, its relation to this planet and its uses to man; the cause of winds, the diffusion of poisonous matters in the air, its value as an equalizer of temperature, and its importance as a supporter of animal heat. In the latter part of the lecture he illustrated the different methods of ventilation, and gave a description of such methods as were best adapted to the houses of the poor. The lecture throughout was illustrated by experiments. The speaker was listened to with the greatest attention by an audience of three thousand persons.

Melancholy Suicide of a Surgeon.—An inquest was held on Friday week, in Sunderland, on the body of Dr. H. Hodgson Ogle Hay, who was found dead in his Surgery on Wednesday week. The evidence went to show that deceased had of late been much troubled in his mind, and that whilst in this state he took a large dose of prussic acid, from the effects of which he died. The jury returned a verdict "That the deceased had taken away his life while in a state of temporary mental derangement." Dr. Hay was a native of Newcastle, but had resided the last fifteen years in Sunderland. He had a good practice, and was very much esteemed by his Professional brethren. He was only 43 years of age, and has left a widow, to whom he was married about two years ago, and four children by a former wife.—*Daily Telegraph.*

Universal Ophthalmological Society.—This newly-constituted Society met for the first time at Paris last October; but whether from some of its originators or some of its members not meeting with the approval of the Profession there, those members who came from a distance found themselves well nigh alone. To obtain the necessary adhesions it was found necessary to re-organise the Society, and to insist upon proofs of scientific and special attainments on the part of candidates, all prior admissions being declared cancelled. It is intended that the meetings shall be held in turns in the different capitals, in each of which standing committees have been formed. The Committees for Great Britain consist of Messrs. Bowman, Critchett, White Cooper, and Streatfield for London; Messrs. Mackenzie and Brown, for Glasgow; and Dr. Jacob and Mr. Wilde, for Dublin. The first meeting of the re-organised Society will be held from September 30 to October 3, 1862, at Paris. The Paris Committee is formed by MM. Sichel, Desmarres, Giraud-Teulon, and Wecker.

A Meeting of the Metropolitan Association of the Medical Officers of Health will be held this evening (March 15) at 8, Richmond-terrace, Whitehall. Dr. Ballard will read a Paper "On the Transmission of Syphilis by Vaccination." Gentlemen wishing to attend can obtain tickets of admission on application to the Honorary Secretary to the Association, Dr. Hillier, 21, Upper Gower-street.

The Governors of St. Thomas's Hospital have circulated a statistical account of the numbers of patients who were brought to the Hospital in 1861 from various places on the south side of the Thames. It would obviously have been more complete and interesting had it embraced all the patients. It agrees remarkably with the statistical account which we gave of the residences of the patients who die in St. George's Hospital, in showing that not half of the patients came from the immediate neighbourhood of the Hospital, and that the removal to a healthy situation cannot be opposed on the ground of local interests:—"St. Thomas's Hospital, March, 1862. The Grand Committee, to whom has been referred the very important duty of negotiating, subject to the approval of the General Court, for a site for the new St. Thomas's Hospital, have felt that the chief aim of the Governors must be to secure as far as in their power the accomplishment of the noble object for which the Hospital was originally endowed, and has since been liberally supported—namely, *the cure and relief of the suffering poor; and that to this object all other considerations must be subordinate.* It seemed, therefore, to the committee to be the paramount duty of the Governors, in selecting a site, to choose one on a healthy soil, with sufficient space and in an accessible situation; and that in the designs for the new Hospital it should be the Governors' aim to combine as far as possible all the advantages which skill and experience have already produced in similar institutions in this country and on the Continent, or can suggest, so that the Hospital, when completed, may not be inferior to, and, if possible, may surpass, any existing Hospital. The Committee have arrived at the conclusion that the Hospital ought not to be removed from the south side of the river Thames, but in what particular locality it should be placed is a question of more difficult solution. To assist them in the determination of that question certain statistics have, by the Committee's direction, been furnished."

Summary of Medical and Surgical Patients Admitted from the South Side of the Thames, 1861.

No. 1.—Borough and London-bridge District, extending from London-bridge to Millpond-bridge, Bermondsey, Blue Anchor-road, Grange-road, Bricklayers' Arms, New Kent-road, Elephant and Castle, London-road, Blackfriars-bridge, and Bankside—452.

No. 2 (South-West).—Lambeth and Blackfriars, 237;

Vauxhall, Nine Elms, Walworth, Newington, Kennington, and Camberwell, 345; Clapham, Wandsworth, Brixton, and Tooting, 89; Sussex and part of Surrey, 71—742.

No. 3 (South-East).—Bermondsey from Church to New-cross-gate, Old Kent-road, 354; Rotherhithe, New-cross, Deptford, Greenwich, Blackheath, Lewisham, and Woolwich, 632; Kent, 233; part of Surrey, 60—1279.

Accidents for 1859, 1860, 1861.

No. 1.	1859.	1860.	1861.	Total.	
Borough and London-bridge.	101	113	132	346	
No. 2—South-West.					
Lambeth Districts as above	52	66	51	169	
Vauxhall ditto	30	46	47	123	
Clapham ditto	14	14	15	43	
Sussex and part of Surrey	10	8	11	29	
				——	364
No. 3—South-East.					
Bermondsey Districts as above	35	46	28	109	
Rotherhithe ditto	68	91	93	252	
Kent	18	17	27	62	
Part of Surrey	6	4	10	20	
				——	443

1850.—Total number of accidents—Men, 346; women, 104—450. Mortality—Men, 23; women, 8—31. Average number of accidents on any one day, 44.

1860.—Total number of accidents—Men, 401; women, 116—517. Mortality—Men, 22; women 26—48. Average number of accidents on any one day, 46.

1861.—Total number of accidents—Men, 400; women, 125—525. Mortality—Men, 26; women, 23—49. Average number of accidents on any one day, 47.

Out Patients for January and July, 1861.

No. 1.	Med.	Surg.	Total.	
Borough and London-bridge	305	379	684	
No. 2—South-West.				
Lambeth Districts as above	34	469	503	
Vauxhall ditto	195	184	379	
Clapham ditto	—	213	213	
Sussex and part of Surrey	46	—	46	
			——	1141
No. 3—South East.				
Bermondsey Districts as above	350	655	1005	
Rotherhithe ditto	357	537	894	
Kent	45	31	76	
Part of Surrey	—	—	—	
			——	1975

R. G. Whitfield, Resident Medical Officer.

February, 1862.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 8, 1862.

BIRTHS.

Births of Boys, 1016; Girls, 1011; Total, 2027.
Average of 10 corresponding weeks, 1852-61, 1848·1.

DEATHS.

——	Males.	Females.	Total.
Deaths during the week	799	706	1505
Average of the ten years 1851-60	656·1	640·2	1296·3
Average corrected to increased population	..	..	1397
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	..	..	..

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Mr. Prescott Hewett's Lecture "On Injuries of the Head" shall appear in the Number for March 22.

B. H. R. may try Condy's solution. Oil of lavender has been recommended.

Who does not love pie-crust if neither heavy nor empyreumatic? a compound of nitrogenous, amylaceous, and butyraceous elements in the nicest proportions, subjected to sufficient heat to produce an agreeable crispness and aroma? If a Medical man wants to prove himself a ninny, how can he do so more surely than by writing a popular book on Diet, in which pie-crust shall be denounced? We once met a travelled Frenchman who, speaking of his visit to England, said, "*La chose dont je me souviens avec le plus grand plaisir, c'est le plat dont qu'on appelle* 'apple-pie.'" Since (it seems then) that this homely dish tends to redeem our national cookery from disgrace, the patriot, as well as the gourmand, ought to give a trial to a simple invention patented by Mr. Charles N. May, of the Foundry, Devizes, whereby the excellency of the crust shall be guaranteed. It consists of a tin support, in which the crust is to be baked separately from the tart, so that it may neither be overdone and burned, nor yet be sodden with steam from the contents of the pie-dish. We venture with all humility to suggest, that the crust should be of the *flakey*, and not of the *short*, variety; otherwise, the crust when baked will not be easily removed.

TREATMENT OF DIARRHŒA IN CHILDREN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read with much interest the valuable remarks of Dr. Wilks on the treatment of the diarrhœa of children. Knowing that nitric acid has been recommended on good authority in this complaint, I have tried it often when in charge of Dispensary patients, though with but small success; while the acid sulph. dil. has seemed to me a remedy of great value in cases of watery purging, very frequent, and sometimes attended with passage of blood. I give the dilute sulphuric acid with a few drops of sulphuric ether and tr. hyoscyami, and as irritability and restlessness cease, I substitute for this last the tr. cinchonæ. The nitric acid I give with spirit. æther. nitric. and water, but it is only in cases of obvious hepatic derangement that I give this medicine as a remedy for infantile diarrhœa.

The vinum ipecacuanhæ has seemed to me sometimes a useful addition to the sulphuric or nitric acid mixtures. Of the value of the tinct. opii, my own experience, as far as children are concerned, hardly warrants my giving an opinion. I am, &c.

Upper Seymour-street, W. John C. Thorowgood,
Physician to the Royal General Dispensary.

EXTRA FEES IN PAROCHIAL PRACTICE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will any of your correspondents have the kindness to inform me whether, as Medical Officer of a district in which extra fees are allowed, I can fairly charge a Midwifery fee of £1 1s. in the following case:—

A woman, supposing herself to be in the fifth month of pregnancy, had symptoms of miscarriage (hæmorrhage, etc.) checked at various times by acid. sulph. and opiates. I visited her several times. However, at last (about three weeks after the first attack) severe pains came on, and about a pint or more of hydatid cysts, of a size varying from that of a horse-bean to a small pea, with a distinct placenta, were voided, and on my arrival, as the hæmorrhage still continued, I introduced my hand, and a further quantity with a portion of adhered placenta. The patient required after-treatment, and eventually recovered satisfactorily. Is this a case for which I ought to claim payment?

I am, &c. E. J.

FUNGOUS TOXICOLOGY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to your article of March 1, on Fungous Toxicology it will interest you to know that there is in Cassell's *Family Paper* for July 3, 1858, an exact description of the action of the poison termed *drei*, introduced in a romance called "Smiles and Tears," by J. F. Smith, Chap. 62. The romancist, however, describes the powder as made from a kind of truffle resembling an irregularly-shaped piece of dried cork. May not Mr. Smith and the *Times* have obtained their information of this wonderful fungus from the same source? I am, &c.

Glandore, Co. Cork. George G. Creighton, M.D., M.R.C.S.L.

TREATMENT OF PITYRIASIS CAPITIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As a subscriber to the *Medical Times and Gazette*, will you afford me space for inquiry amongst my Professional brethren as to the most successful treatment for obstinate cases of Pityriasis capitis?

A case now under my care resists the means I have usually found sufficient, viz., a pretty long course of Fowler's solution of arsenic, or the iodide of potassium, in decoction of sarzæ co. The entire scalp throws off daily a complete coating of thickened, ivory white, epidermal scales, giving, by their lodgment in the hair, a very unsightly appearance to the head. I have not hitherto found external applications of much use, so that for some time my patient—a gentleman, thirty years of age—has simply kept the head washed with tepid water every morning. Any remarks on the disease and its cure will oblige. I am, &c.

J. R. W.

RELATIVE PROPORTION OF MALE AND FEMALE PATIENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have long been aware of the fact that more females than males come under treatment, both in private and Hospital practice. There can be little doubt about it. Any Hospital list, in which the male out-patients are set down distinctly from the females, will prove the preponderance of the latter, cases of accident excepted; and I think it might be regarded as a thing established. But questions not so easily answered are, What the relative proportion is in different places and circumstances, and what are the causes of the preponderance? If it were usual for Medical men to register their new cases of disease, and take steps for their aggregate publication, as advocated by me in the spring of 1857, and on several other occasions, as well as by Dr. B. W. Richardson, there would be data tending to assist materially in forming a judgment on the points raised, as well as to solve other important questions. From an examination of limited portions of Hospital and private statistics, I find that the relative proportion of sick males to sick females varies in different places; and that it is different among Hospital out-patients from what it is in private practice. It also appears to vary according to the station in life of the private patients. I doubt the statistics of Hospital in-patients being of any value towards solving the questions, as the numbers admitted depend on the number of beds and wards set apart for each sex, which are fixed.

I have now no time to say more, and have written this chiefly to direct attention to the importance of adopting a system of registration of current diseases.

I am, &c.

11, Old Steine, Brighton, March 8. W. E. C. Nourse, F.R.C.S.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am obliged to your correspondents for the information they have given me. Let me now give the grounds for my question, and show the necessity for further information.

At the Liverpool Royal Infirmary there are 145 male to 86 female beds. The number of patients applying daily for admission averages six males and three females. The purely Medical cases average four males to two females.

In the Liverpool Northern Hospital in two years 6000 patients were admitted, of whom 800 were females.

During the time I was Physician to the last, my male Medical patients averaged 30, my female patients averaged 5.

I am, &c.

Liverpool, March 5. T. Inman.

Treatment of Aneurism by Flexion—Question of Priority.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Monsieur le Redacteur,—Je viens de lire dans le No. du 8 Fév. 1862, du *Medical Times*, une intéressante communication de M. Ernest Hart à la Société Royale de Médecine et de Chirurgie. Cette communication, qui est la seconde du même auteur sur le même sujet, est relative au "Traitement de l'Anévrysme des Extrémités par la Flexion du Membre."

Mons. Hart pense être le premier à avoir découvert et employé cette méthode, si tant est qu'on puisse donner le nom de méthode à la réunion de quelques faits très dignes d'attention sans doute, mais encore trop peu nombreux pour faire loi. Dans la discussion qui a suivi la communication de M. Hart, M. William Adams le remercie: "since he first introduced this method of treating aneurism." Quoique je ne mette pas aux questions de priorité une bien grande importance, il y a pourtant ici une rectification à faire et je la confie à votre courtoisie. J'ai publié en Sept. 1858, dans *l'Echo Médical* (Journal imprimé à Neuchâtel en Suisse), une observation détaillée d'anévrysme femoro poplité traité et guéri par la flexion. Le hazard me fit découvrir l'efficacité de cette position du membre pour arrêter les battemens artériels, et en relisant la première observation de M. Hart, publiée, si je ne fais erreur, dans le *British Medical Journal*, 21 Mai, 1859, je suis frappé de l'analogie assez naturelle du reste, des motifs qui nous ont mis sur la voie de la même découverte. J'ai pourtant la priorité d'une quinzaine de mois environ, car c'est en Juin, 1857, que ce cas d'anévrysme tomba sous mon observation, et je l'ai publié en Sept. 1858, précisement à l'époque où M. Hart voyait son premier malade dont il n'a parlé qu'en Mai, 1859.

Il est infiniment probable que cet habile Chirurgien n'avait nullement connaissance de ma publication, à laquelle sans celà il aurait fait allusion, et qu'il ignorait même l'existence de *l'Echo Médical*. Comme il est fort possible que vous ne possédiez point la collection de ce journal, je prends la liberté de vous adresser un exemplaire du cas en question. Le sujet est à l'ordre du jour, M. Hart lui-même fait appel à l'expérience de ses confrères en Chirurgie sur ce point spécial, et, bien que l'observation qui m'appartient soit la plus ancienne, peut-être trouverez-vous qu'elle peut offrir quelqu'intérêt aux lecteurs du *Medical Times*, je vous en laisse entièrement juge.

Agréez, je vous prie, Monsieur le Rédacteur, l'assurance de mon entière considération.

Genève, 22 Février. Th. Maunoir, D.C.

Poor-Law Medical Officers.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I shall feel obliged if you will permit me to address a few words to the Poor-law Medical Officers of this country at the present crisis.

Long and persevering efforts have been made to ameliorate your present condition, and procure more reasonable remuneration for your arduous duties; not only so, but to establish an uniform system of payment; hitherto, without success. But the time is fast approaching when the cause of the Poor-law Medical Officer must receive the attention of the House of Commons, as the Select Committee on Poor Relief will doubtless propound some recommendation as the result of the evidence they have now taken. Medical Officers have already made many sacrifices in furthering and supporting what many think a hopeless case; but let me ask you, gentlemen, not to relax either your energies or your endurance at this present juncture; for be assured a just cause must prevail. Let us throw all despondency to the winds, and make one grand, united effort to rescue ourselves from that thraldom under which we are ground to the dust. Let us all join with one heart and one mind to endeavour to obtain that justice which is our due: and let us spare neither pains nor pence in order to accomplish our purpose.

The late Judge Pattison once said, "The country Surgeon is the hardest worked and the poorest paid of any man I know." This was said of Medical Practitioners in general. But what would have emanated from the Judge's lips, if he had been informed that a large body of Poor-law Medical Officers were treating, daily, cases of injury and sickness among the "poorest of the poor," supplying, at the same time, all necessary attendance, medicines, and appliances, for, in some instances, a few pence, and in most, for two or three shillings! What he would have said, I do not know; but judging from the expression of his sentiments as given above, I fancy he would exclaim, "The Poor-law Medical Officer is an honour to his Profession, but it is clear that the State neither knows his value, nor how to treat him. The remuneration he receives is truly disgraceful."

Matthews, the comedian, once travelled by the night-mail from Halifax to Manchester. On alighting at the inn in Cottonopolis he gave the guard twopence, and told him, with the greatest gravity, to divide it between himself and the coachman. The guard turned his treasure over in his hand several times, and then returned it to Matthews, with a most benevolent expression of countenance, saying, "My poor fellow, put it in your pocket, if you have one, it will do *you* more good than either of *us*." Might not many a Poor-law Medical Officer say the same to his employers when he contemplates what he has to do for twopence? The whole system is untenable, unjustifiable, and poverty-stricken in the extreme. It is a disgrace to every Board of Guardians, it is a disgrace to the Poor-law Board, it is a disgrace to the whole House of Commons. I say this, not as a novice, but as one who has discharged the duties of a Poor-law Medical Officer for fourteen years in a district containing nearly 30,000 souls.

Now, then, gentlemen, can anything be done on your behalf? I say it can. Not, however, if we are to fold our arms in supineness,—not, if we are to neglect the common energies of men,—not, if we have not strength of purpose and indomitable perseverance,—not, if we do not find the sinews of war. Can you, then, refrain from entering into the struggle? Can you, as men of intelligence and generosity, as Poor-law Medical Officers ought to be, consent listlessly to gaze on the struggles of a few for your benefit, and yourselves take no part? If so, it seems to me a course antagonistic to that of Englishmen.

Now, gentlemen, if every particle of spirit has not been worked out of you, if you have not altogether succumbed to the severity of the harassing duties you have to perform, take fresh courage; and from this time show that you have some estimate of the value of your services to the sick poor, and that you feel that those services should be fairly remunerated. Give your support then to the Committee which has so long watched over your interests, and of which Mr. Griffin is Chairman, and let them not labour in vain. Act promptly and without a moment's delay. Let every man in the service contribute something, no matter what it is, for, as the Scotch say, "Every little makes a muckle," and rely upon it, if you will only do what is right, that "muckle" will be obtained, and muckle good it will do.

To the magnates of our Profession I would say, Help, if you have the heart, your down-trodden brethren, give them your countenance, your support, and your sympathy, not ten years hence, but *now*, and the grace of the act will be duly acknowledged and throughly appreciated. In conclusion, my Poor-law brethren, I will pray, "May God defend the right!"

I am, &c.

5, Cheapside, Halifax, March. Frederick Smith Garlick.

Fraudulent Letters.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Through the kindness of some professional friends in the country, I have recently ascertained that a person, signing himself "Alfred Needes, of 59, Wilson-street, Finsbury-square," has been practising a most disgraceful fraud upon them. This person undertakes to guarantee them an invalid patient, paying £400 a year, on their forwarding him a registration fee of half-a-guinea, and a per-centage at the yearly stipend!

In justice to myself, as well as to the Profession, I have thought it my duty to make enquiries in Wilson-street, and, as a matter of course, find there is no such person as Alfred Needes residing there. The house, in fact, being occupied by a small tradesman, who permits letters and parcels to be addressed there on payment of a penny.

The trick, I have little doubt, has been pretty generally practised, and in many cases, I fear, has succeeded beyond the registration fee demanded; and as I am the only Medical Agent of the surname which this person has assumed, my professional reputation may possibly suffer, unless some public notice be immediately taken of the imposition.

Will you, therefore, oblige me by inserting this communication in your next Number, not only for the purpose of placing myself right with those gentlemen who have been the subject of the fraud, but as a caution to others who may yet be favoured with this party's future communications?

I am, &c.

March 10. John Willis Needes, Medical Agent.

COMMUNICATIONS have been received from—

Mr. Soelberg Wells; Mr. Nourse; E. J.; Dr. Skinner; Mr. Griffin; Dr. Thorowgood; Mr. Kesteven; Dr. Downie; M. A. B.; Mr. J. W. Needes; Mr. Prescott Hewett; Mr. G. Wallis; Mr. H. Smith; Mr. F. S. Garlick; Dr. Watson; Mr. H. Jones; Mr. E. H. Roe; U. M. O.; Dr. Smyth; Dr. Tanner; Medico; Dr. C. Taylor; Quæsitor; Dr. Laycock; Mr. Wm. Smith; Dr. Boxwell.

APPOINTMENTS FOR THE WEEK.

March 15. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Metropolitan Association of Medical Officers of Health, 7½ p.m. Meeting.

Royal Institution, 3 p.m. Henry F. Chorley, Esq., "On National Music."

17. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

Medical Society of London, 8½ p.m. Mr. Gay, "Intestinal Obstruction by Invagination."

Royal College of Physicians of London, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

18. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. Wm. Bollaert, Esq., F.R.G.S., "On the Ancient Indian Tombs of Chiriqui in Veraqua on the Isthmus of Darien." C. Carter Blake, Esq., "Note on the Stone Celts from Chiriqui."

Pathological Society, 8 p.m. Council Meeting.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

19. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Royal College of Physicians of London, 4 p.m. Croonian Lectures—Dr. Lee, "On the Nervous Structures of the Thoracic, Abdominal, and Pelvic Viscera." (Also on the 21st.)

Society of Arts, 8 p.m. Meeting.

20. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Harveian Society, 8 p.m. Dr. Levison, "Two Cases of Incipient Moral Insanity."

Royal Institution, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

21. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. F. A. Abel, Esq., F.R.S., "On Some of the Causes, Effects, and Military Applications of Explosions."

Western Medical and Surgical Society, 8 p.m. Dr. Marcet, "An Account of a Case Illustrating the Chronic and Acute Form of Alcoholisation, with Remarks on the Treatment of the Chronic Form."

ORIGINAL LECTURES.

◆

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

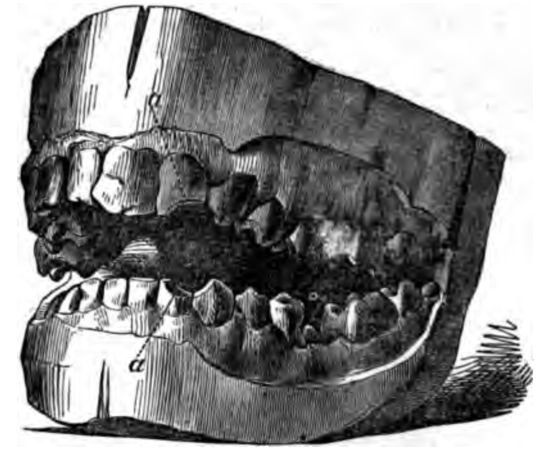
ROYAL INFIRMARY, EDINBURGH.

By THOMAS LAYCOCK, M.D., etc.
Professor of the Practice of Medicine and Clinical Medicine; and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

Lecture VI. — Diagnosis of Degenerations of the Nervous System, *Continued.—Arched Palate—Rabbit-jaw and Teeth—Buck-teeth—Horse-teeth—Short Upper Lip and Hare-lip — Nose and Nostril—Ugliness.* The Ears.—*Standards of Comparison—Position of Ear—Modifications of Helix and Lobule by Race, Sex, Constitution, Endowments, Habits — Defective and Adherent Lobule.* Pathological Changes in Ears.—*Hæmatoma—Plastic Ears—Flaccidity of Lobules — Atrophy.* Sexual Characteristics. — *Hair, Mammæ.*

Gentlemen,—We have already had numerous opportunities of observing the physiognomical value in diagnosis of special features, as the jaws, palate, teeth, ears, hair, and the like. I will to-day summarize experience as to these points.

Jaws and Palate.—A contracted, deeply-arched palate, has been often observed to coincide with idiocy and congenital imbecility, but I think, in persons of ordinary intellect, it sometimes indicates a tendency to feeble or irregular cerebral action, and to degeneration of tissue, as tuberculosis or atheroma. It is best known by the compressed bird-like form of the midface, but it may be found in idiots with broad faces. The development of the palate depends upon the general form of the upper jaw; not unfrequently that of the lower jaw follows suit, so that there is a rabbit-like appearance of the mouth. And this resemblance is the more striking when the teeth are so irregularly set or developed that the two central incisors of the upper jaw project beyond the general line of the teeth.



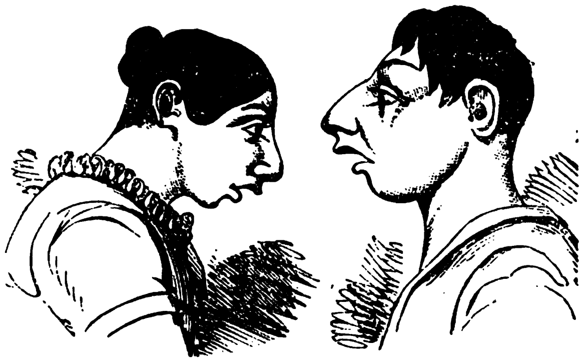
Rabbit-like Jaw in a case of Dementia: upper central incisors projecting and over-lapping: lower, unusually small. *a a.*—Smoking-nick: from a cast. (Clinic of Mental Diseases.)

Sometimes this appearance is rendered less obvious, because the upper lateral incisors, or the canines, are set back into the palate, so that the upper central incisors have room laterally. And occasionally you will find that there are supernumerary teeth developed far back in the palate (palatal teeth) in these rabbit-jaws, having the form of contorted wedge-shaped incisors. Sometimes, again, the lateral incisors are altogether wanting; but they are more commonly of imperfect form, resembling a small round peg, or are of minute proportions. And when tuberculosis, or indeed imperfect general nutrition of any kind is beginning, it is often first seen in these teeth as decay or caries. Hence it happens that the development and decay of the upper lateral incisors are worthy of special notice in cases of hereditary phthisis, or other hereditary tendency to degenerate nutrition. The incisor teeth of the lower jaw much less commonly decay than those of the upper, but their arrangement is worth notice, for the projecting teeth of the lower jaw, known as *buck teeth,* often mark a tendency to gouty and rheumatic diseases.

Horse Teeth.—There is another imperfection of this class which consists in a change of direction of the teeth and upper jaw, rather than a contraction and crowding. You will meet with persons whose upper teeth are not set at right angles to the jaw, but at a large obtuse angle, as in the horse, so that they project forwards rather than downwards, and even so far beyond the upper lip that it never covers them entirely. If you look at these persons you will see that the upper jaw itself projects too much, so that the under teeth do not meet the upper when the mouth is shut, but fall far within. This conformation often coincides with a receding lower jaw, but not necessarily. I have noted it most frequently in women with more or less of intellectual power, but it nevertheless indicates a congenital tendency to feeble or irregular nutrition and development, so that you will find other members of the family presenting more striking anomalies and defects.

The *upper lip* presents modifications in form corresponding to those seen in the facial bones. A short contracted upper lip very commonly coincides with a retreating chin and a projecting mid-face, and, taken with these, indicates a tendency to feeble cerebral action. When there is no maxillary contraction, but absence or imperfect development of the inter-maxillary and palatal bones, the two symmetrical halves do not unite, and we have *hare-lip.* Now, I am assured that a contracted lip in the parent is often seen to coincide with a defective palate and split upper lip in the child. Hare-lip is occasionally associated with congenital imbecility, as in the case already referred to (a), and with peculiarities of temper.

We must refer all this class of degenerations, I think, to imperfect development of the middle region of the face, and especially of the inter-maxillary bone. They are very common amongst animals as well as mankind. Rams and ewes, too highly bred, are apt, it is found, to produce lambs with prolonged upper jaw, and with lower jaw so receding that they cannot suck. Hence sheep-breeders avoid using rams and ewes, however highly bred, so soon as this tendency to maxillary degeneration is manifested.(b) Highly-bred spaniels often exhibit irregularities of maxillary and dental development like those of their luxurious friends; there is a breed, indeed, of dogs, in which hare-lip is hereditary.(c) The *nose* may be either atrophied or monstrously large. The alæ may be so shallow that the septum is exposed, together with the corresponding portion of the nostril: sometimes the nostrils are so contracted that nasal breathing is difficult. When these characters coincide with a defective ear, rabbit jaws, short upper lip, and receding chin, you may diagnose a tendency to defective nutrition generally, and to cerebral debility in particular. The nose may, however, be monstrously long in such cases, as in the cretin children called Aztecs, of which I show you a drawing.



Cretin "Aztec" children; heads microcephalic, lower jaw receding, upper lip short, mid-face projecting, nose monstrously long, ears lobeless. From a photograph. (Dalton's "Physiology.")

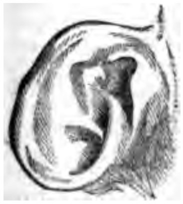
(a) See Lecture I., Hare-lipped Idiot.

(b) Compare Heusinger's *Pathologie Comparée,* vol. i. p. 204.

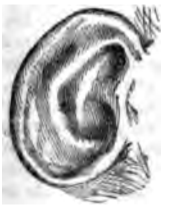
(c) These dogs have also webbed feet, and webbed fingers sometimes go with hare lip. My friend Mr. Edwards, Lecturer on Surgery, has called my attention to the fact that he has found cyanosis from cardiac malformation to interfere sometimes with his treatment of hare-lip in infants. This coincidence of the two is interesting, if established, as showing the tendency of morphological degeneration of Form to be associated with a corresponding degeneration of organs.

The large, thick and shapeless nose usually accompanies big lips and a wide mouth; it is seen in a whole family of adult imbeciles, numbering seven men and women, who are in an Asylum near Edinburgh. This is a kind of face apt to be developed in the younger members of a numerous family whose parents have a tendency to cerebral defect. These persons are wonderfully plain, yet by no means deficient in intellect, although not remarkable for talent. Their children, however, are apt to be imbecile or cretin-like, or variously defective as to the senses and intellect; so that these monstrously large features indicate a tendency to degeneration. The most striking examples of this kind amongst idiots are to be found in endemic cretins, such as those of the Alpine valleys.

The Ears.—Congenital imperfection of the meatus and of the internal ear, causing deafness, has been observed as a not unusual mark of degeneration, but physiognomists afford us little information as to the diagnostic value of different forms of the external ear. Lebrun's plates are simply works of imagination. Lavater gives one very characteristic drawing of an ear which, he truly says, cannot be referred to any but a head excessively weak. What standard of comparison should we select? Perhaps we ought to adopt the artistic type for this purpose, and observe in what respects the ear departed from that type through degenerate races of man, and thence to the simiæ and anthropoid apes in particular. I am satisfied, from my own inquiries, that race makes a considerable difference, and probably temperament also; but to what extent I cannot pretend to say. It is easier to speak of the influence of sex and age, and diseased states. In the absence of any sufficient inquiries, or even accessible facts, I will mention to you some of the results of my own observations on the pathological significance of certain departures from the *typical ears*. Now, the form of the external ear depends upon two fundamental elements, namely, —first, the cartilage with its muscles; secondly, the helix and lobule. In man the cartilage of the perfect ear is comprised within an ellipse or ellipsoid proportionate to the head, and to this is attached a geometrically-formed helix and a pendent ellipsoid lobule. In proportion as these parts are defective, or as the ear is monstrous, triangular, square, or of irregular form, it indicates a tendency to cerebral degeneration or defect. Monstrous ears with defective helix or lobules are very common in idiots and imbeciles. You will note the defective form and absence of lobule in the female Aztec, and in the case of dementia already referred to. The ear of the male Aztec cretin is also defective, but it more nearly resembles the ear of the chimpanzee.



Square Lobeless Ear in Case of Dementia.



Ear fo Chimpanzee. (British Museum.)

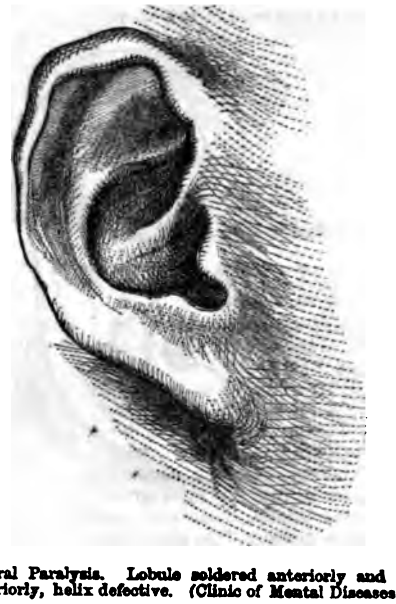
Angle of Position of the Ear.—You will find that the ears of persons differ much as to the angle of position on the head. In some the long or conjugate diameter of the ear runs at a right angle with the long or conjugate diameter of the head, while in others it is placed at an angle more or less acute. In other words, the ear points either backwards towards the vertex of the head, as in the chimpanzee, or upwards to the crown. Ears pointing backwards are usually defective in form and development of parts, as the helix or lobule.

Modifications of the Helix and Lobule.—*Race* has, I think, an influence on the development of the external ear, although I speak with reserve, not having had numerous opportunities for observing and comparing. But, so far as I have had them, I conclude that the ear in coloured races more nearly approximates that of the chimpanzee than in our Anglo-Saxon race, in which the helix is full and the lobule large and pendent as compared with men of the darker races that I have seen, whether African or Malay. *Sex* has certainly an influence, for it appears to me that women generally have not only the whole ear smaller than men, but the helix and lobule smaller in proportion to the ear. And I think I may venture to say, as the result of numerous examinations of the ears of female lunatics and imbeciles,—and the kind of ear is shown in the photographs of these which I hand round,—that from one-third to one-fourth are below the standard of development as to the lobule. In men somewhat feminine in form and comparatively defective in force of character, the ears are often feminine as to the helix and lobule. You may have such men manifesting great refinement and sensibility, and perhaps considerable intellectual power, but at the same time, even with marks of genius, there is often seen less capability of endurance mentally, less force of character, less tenacity of purpose, and even less clearness of ideas than in standard men.

Men of high intellectual attainments, great capacity for mental labour, and great force of character, have a full, perfectly ovoid ear, the helix well-developed, the lobule plump, pendent, and unattached to the cheek at its anterior margin. These characteristics are seen in all the portraits of great men which Lavater gives, and are easily observed in living celebrities. I was much struck with the highly characteristic ear in these respects of the Prince Consort, as he stood without his hat when laying the foundation-stone of our Industrial Museum in October.(d)

Activity of the instincts and appetites, and perhaps of vegetative or nutrient force in general, seems also to coincide with a well-developed lobule. It is worthy of remembrance that these parts are not constituted wholly of cartilage; the helix is cartilage covered with a layer of condensed cellular and adipose tissue, but the lobule is made up wholly of such a layer, without any cartilage whatever. This layer and the skin covering it are highly vascular. Now, in proportion as the helix is simply cartilaginous and the lobule defective, or in other words, as this vascular elastic tissue is wanting, you seem to have imperfect encephalic action and development. And with certain reservations, the plumpness and vascularity of the lobules may be considered to coincide with extent of vascular activity within the encephalon. I say within the encephalon, because I am satisfied we must not restrict our consideration of the question to intellectual activity alone, for that implies only activity of a certain kind. You may have great volitional activity, as in the day labourer, or great sensual activity as in the sensualist, who seeks only the indulgence of his appetites, whether sexual or others. But it is further to be noted that this vascular activity may be wholly local and due to exclusively local causes, as constant exposure to the atmosphere. Perhaps the comparative development of the lobule in the microcephale in Ward 1, is due partly to this exposure, partly to his habits of labour, possibly to appetitive activity of a kind we cannot with propriety or hope of success inquire into. Here is an illustration of this fact in this photograph of an imbecile, aged 10 years, with which I have been favoured by my friend Dr. Oliver, of the Shropshire County Asylum. You will observe the lad has a well-developed lobule, but then he manifests precocious puberty, for that epoch of development appeared at or before the age of five years, and his appetitive activity renders him the "flibbertigibbet" of the Asylum. Indeed, he is so mischievous, and such a torment to the other patients, that his life is endangered.

Defective and Adherent Lobule.—In a perfect ear the ovoid lobule hangs from the cartilage with a rounded lower margin,



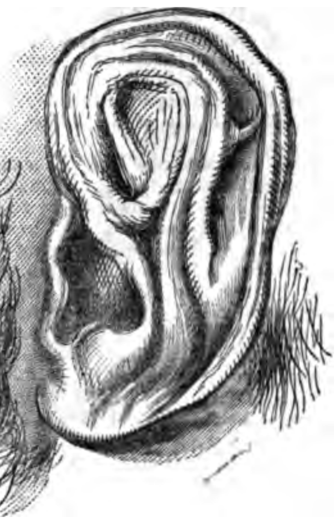
Ear in General Paralysis. Lobule soldered anteriorly and cut away posteriorly, helix defective. (Clinic of Mental Diseases.)

(d) This Lecture was delivered before the death of the Prince.

which at its inner border is not confluent with the face. Now, if this inner margin be adherent to the cheek, and at the same time the lobule be only a segment of an ellipse, there is more or less tendency to imperfect cerebral action. In this case of melancholia in a woman of the bilious temperament with short upper lip you have this characteristic. (e) This is a very common appearance. A more important form is seen when the lobe is not only soldered to the cheek, but its posterior half cut away, as it were, and the helix defective. This is by no means uncommon in men with slowly progressing general paralysis. This kind of imperfection occurring in persons of the neuro-vascular or neuro-arthritic diathesis, will often be observed to coincide with a tendency to those diseases of the encephalon that depend upon diseased conditions of the blood-vessels, or the imperfect nutrition thence arising, as paralytic and congestive affections, embolism, epilepsy, melancholia, and mania with general paralysis. If it occurs in persons of the nervous temperament, it indicates a proclivity to imperfections of the senses, as myopia, amblyopia, nervous deafness, strabismus, and to hysteria and analogous cerebral affections.

Inequality of Ears.—Sometimes you find on looking at both ears (and this should always be done), that there is inequality in form and development of the lobule of each. I know a family with cerebral tendencies and horse-teeth in which there are two brothers and two sisters who have this inequality as to the size and extent of attachment of the lobule to the cheek; in all it is the left which is the most imperfect. I am inclined to think this inequality indicates a corresponding inequality in the encephalic development or activity.

Pathological Changes in the Lobule.—There are morbid states which influence the vascularity and the development and nutrition of the lobule and of the elastic tissue which covers the helix. In certain forms of mania, bloody tumours, termed *hæmatoma*, have been found situate within this tissue, and the question has been raised whether the morbid state is due to purely pathological causes or to mechanical violence. I have seen only two or three examples of this hæmatoma (for it is not a common appearance), and in all there was such marked vascular turgescence of the ear, previously to the sanguineous effusion, that I was led to the conclusion that a very slight amount of mechanical violence would serve to induce it in those cases, just as you see black and blue marks easily induced in thin-skinned or hysterical women. Now, this kind of vascular turgescence of the lobules seems to coincide with certain forms of mania, and probably indicates in these instances a morbid condition of the vascular system of the brain. And I am the more inclined to this opinion because we occasionally find that plastic exsudation into the connective tissue of the ear takes the place of sanguineous effusion, giving rise to great thickening of the tissue. Such an example we had in our Clinic of Mental Diseases of last summer, in the case of a very violent maniac, both of whose ears were much thickened in this way.



Deformed Ear from Plastic Exsudation in a Case of Furious Mania. (Clinic of Mental Diseases.)]

Flaccidity of the Helix and Lobules.—It not unfrequently happens that the lobules vary in size in the same individual, under varying conditions of the mental or encephalic health. Thus, they will appear flaccid when he is depressed, and so seem smaller than they really are, until with the restoration of mental vigour they re-assume their ordinary plumpness. This varying condition of the helix and lobule from temporary causes, while it will serve to indicate the amount of cerebral vascular activity, must be remembered in establishing a diathetic diagnosis.

Atrophy of the Helix and Lobule.—In very numerous cases of disease you will observe atrophy of the lobules, so that there is nothing left but a fold of wrinkled skin; indeed, we have sometimes seen it so atrophied and doubled back, as to present the appearance of an entire defect of lobule, while the helix is very thin. Perhaps this is most common in persons who have been of feeble intellect for many years, the result of imperfect vascular activity and nutrition of the brain, from old age or other causes, or even from general bad health, interfering with mental activity. This kind of thing is seen also in cases of phthisis, cancer, and other diathetic diseases of the class. Hence we must be careful how we confound mere atrophy from disease with bad development of the lobule.

In offering you these results of my observations on the physiognomical significance of changes in the external ear and its parts, I make no pretence of completeness. The whole subject presents, in fact, a field of investigation almost wholly untouched, and is therefore necessarily imperfect. The two principles I would impress upon you are: 1. That the states of the circulation, nutrition, and development of the tissues which make up the ear-lobule, and cover the helix, very commonly coincide with similar conditions of the encephalic tissues: and 2. That the development of the cartilages of the external ear, and of their several parts is in relation with the encephalic and cranial development of the individual. Within what limits these principles operate, and under what conditions they are modified in their operation, can only be determined by observation and induction in the direction I have indicated. (f)

The Hair of the Scalp and Face.—There are two kinds of hair to be observed: the sexual and the specific, or that of the species. The sexual hair in woman is that of the head,—in man of the face, limbs, and trunk; in both of the axillæ and pubes. Now, when these growths of sexual hair are defective, there is apt to be more or less degeneration. The sexual development is late and often imperfect in such, and the character deficient in force. And as a general rule an interchange of the sexual characteristics may be taken as an indication of degeneration. Thus mammæ developed in men (as in the icteric microcephale) indicate defective virile vigour, and they are not so uncommon at the decline of life as would appear. They follow in this respect the analogous development of facial hair in women, in whom the ovaries are not only shrunken, but exercise a physiological influence in their morbid state like that of the male sexual glands.

Philip Verheyen.—The memory of this distinguished anatomist, second only to Vesalius in renown, is about to receive a tardy recognition at the hands of his countrymen, the Archæological Society of Waes having determined to erect a statue to him at Verrebroeck, the place of his nativity. From a simple shepherd he became towards the end of the seventeenth century *Rector Magnificus* of the University of Louvain.

(e) See case of Melancholia in Lecture I.

(f) Since this Lecture was delivered, Dr. Mitchell, Assistant Commissioner in Lunacy for Scotland, who has made very interesting and minute researches into the state of Scottish idiots, has favoured Dr. Laycock with the subjoined note:—

"I have found that the ears of idiots and imbeciles are subject to very frequent and very various abnormalities. 1. The external ear is often excessively large, standing out from the head. 2. Less frequently it is unnaturally small. In two cases I have seen it all but entirely absent. 3. The eminences and depressions are sometimes very slightly marked, making the whole external ear more or less a simple concha. 4. The external meatus is often singularly large, and in these cases the canal is seemingly straightened and shortened. The reverse of this, however, occurs, and I have seen the external opening so small as of itself to explain the imperfect hearing which was present. 5. That abnormality which I have observed most frequently relates to the lobe, which is either absent, or soldered to the side of the head. In one form of idiocy I think this peculiarity is never wanting."

We shall be able to give some notes on this subject by Dr. Mc Intosh, of the Perth Lunatic Asylum, in our next number.—Ed. *Medical Times and Gazette.*

ORIGINAL COMMUNICATIONS.

◆

ON SOME CASES OF NECROSIS, WITH REMARKS ON THE PATHOLOGY AND TREATMENT OF THIS DISEASE.

By HENRY SMITH, F.R.C.S.
Assistant-Surgeon to King's College Hospital.

It is not my intention on the present occasion to enter at any length upon the nature of necrosis. The subject is so interesting and so comprehensive that even so long ago as 1792 a most elaborate treatise was devoted to it by Wiedmann, and since that time our knowledge of the disease and its treatment has greatly increased. In no one direction perhaps has Conservative Surgery made greater advances than in its application to the treatment of necrosis of the bones, and I purpose to illustrate this fact by detailing some cases of great interest which have fallen under my observation, and I trust that they may not be without their value in affording some data, which may guide us in dealing with the disease.

The very term used to describe the disease in question is plain and very suggestive of the real condition which obtains; still it has happened to me to witness several cases which show how important it is for us to understand rightly the meaning of necrosis, and how easy it is to fall into error regarding the disease, which may result in serious consequences. Necrosis, which constitutes the actual loss of vitality of bone, has associated with it the destruction and removal of that membrane, through which, in great measure, it receives its nourishment, viz., the periosteum; hence one of the main features of necrosis is roughness, caused by the separation of the membrane in question. This important symptom is most frequently a correct guide to the Surgeon, but its existence may lead an incautious observer into error, inducing him to mistake for necrosis what is merely an inflammation of the bone accompanied with the removal of the periosteum. Not unfrequent examples of this disease are met with in those acute inflammations attacking the extremities of the fingers, where if not arrested the disease terminates in suppuration extending beneath the tendons involving the periosteum and rapidly causing its removal. On making a free incision down to the bone, the phalanx is found to be bare, and an inexperienced person might suppose that the bone was necrosed; but in the majority of cases, especially in patients below middle age, the gradual return to a healthy condition after prompt treatment shows that the bone had not been affected by necrosis, and had merely been stripped of its periosteal covering. It is very important to bear this in mind, because there is a great tendency in us to suppose that necrosis is present as the bone is felt to be bare, and to treat it accordingly. I once saw a Surgeon of experience make a great mistake in this way. A young girl was seized with violent inflammation of the deep structures of the thigh followed by extensive formation of matter. This was opened, and on the application of a probe the femur was found to be extensively bared of its periosteum. It was supposed that acute necrosis of the femur had taken place, and it was proposed that amputation should be performed high up in the thigh. To this step the parents would not consent, but took the child to a Homœopathic Practitioner who allowed Nature to have her own way, and the patient recovered without any operation. The mistake which I have alluded to occurred here, viz., of confounding a bone merely bared of its periosteum with necrosis.

In the majority of cases the Surgeon has to deal with, there is no obscurity as to the real condition of the bone; but there are circumstances connected with the morbid state which prevent him from ascertaining how far necrosis has extended, and what connexion the part may have with the healthy tissues, and to these points I will draw attention more particularly by-and-by. In necrosis of the superficial lamina of a long bone, such as the tibia, there is generally no difficulty in assigning to the disease its true limits. The dead bone may have been separated from the living for some time, as far as regards its connexion directly with osseous tissue, and yet there is a very distinct bond of union between the two by means of the granulations springing from the surface of the healthy tissue and inserting themselves into the interstices of the dead bone, nevertheless from the absence of new bone the extent of the disease is apparent to the eye and the sense of touch, and by a little careful manipulation with the elevator or gouge, the whole necrosed portions may be removed. It is far different, however, in instances of necrosis implicating the entire thickness of the shaft of a long bone, such as the femur or humerus,—here a series of changes take place which, illustrative as they are of the wonderful powers of Nature to produce a reparative process, nevertheless in some way interfere with, or limit the efforts of the Surgeon in his operative measures. The benefits, however, which Surgery has of late years been able to afford in the removal of extensive necrosis have been remarkable, and I will briefly detail one or two cases illustrating this truth.

A gentlemen, aged 30, was referred to me in June, 1854. He stated that twelve years previously he received an injury on the knee, which was followed by severe inflammation, and two years afterwards an abscess formed at the lower and inner part of the thigh, and had been discharging ever since. He had been at sea for several years on a very unhealthy station, and he was obliged to leave the service on account of his limb.

On examination, I found the lower half, at least, of the femur much enlarged, the thickening being evidently the result of a large deposit of new bone. About three inches above the knee on the inside was an opening, and a similar one on the outer side, and through both of these dead bone was detected. The motions of the knee-joint were good, and that articulation was evidently unaffected. There was a continuous and profuse discharge from these openings. The patient thin, sallow and anxious. His internal organs sound.

I could not detect any movement in this dead bone by the most careful application of the probe, but this could be accounted for by the quantity of new bone which had been deposited, and was quite consistent with the assumption that the necrosed bone was loose. I therefore determined to cut down upon the parts and endeavour to extract the imprisoned sequestrum, and failing in this, to amputate the thigh, to which measure I had the patient's consent.

Accordingly, on June 21, I made a long incision on the outer side of the thigh, just above the knee, and getting down to the edge of the popliteal space, I reached a small opening in the bone which I enlarged with cutting forceps until I could distinctly feel a large portion of necrosed bone. By means of a powerful lever, this was broken in two, and each half of the mass was extracted from above and below with comparative ease, as the dead bone was lying quite loose. Several other fragments were then taken away until there was a large cavity left, soft and smooth, in the interior of the new bone which was abundant, dense, and hard to be cut. There was very considerable bleeding during the operation which was very tedious and laborious, lasting three-quarters of an hour. This patient had a formidable attack of secondary hæmorrhage on the seventh and again on the tenth day from a vessel close on the edge of the bone, and which was only checked by the use of the actual cautery; but he made a good recovery, and left London in two months. In April, 1858, this patient paid me a visit; he was looking remarkably stout, could walk well, had a capital leg; there was a little dimple or depression in the site of the wound which occasionally wept slightly.

Now, in this case is exemplified the course of the disease, as well as the value of Surgical interference. We have first a local injury followed by inflammatory action, lasting over a long period, then suppuration ending in sinuses continually discharging, with, at the same time, great enlargement of the limb, produced partly by the infiltration of the soft tissues, but mainly by the increase of new osseous tissue which, when the inner lamella, or the entire thickness of a long bone dies, becomes deposited in large quantities through the medium of the periosteum, the neighbouring living bone, and the soft tissues around, and imprisons the dead bone within more or less tightly. This latter has become entirely detached from the living bone, and has only connexion with it by means of granulations which spring up from the bed of the latter, and insinuate themselves into the cavities and irregular depressions, which are more or less invariably found in necrosed bones.

In the case just detailed, although the disease had existed for twelve years, and a great deal of new bone had been thrown out, the sequestrum was to a certain extent isolated, and when once it was cut across, there was little difficulty in extracting the dead bone through the opening in the new bone, which I was enabled to enlarge; still, this deposit was so thick and hard that I broke a powerful pair of cutting-pliers.

One of the greatest difficulties, perhaps, the Surgeon is called upon to solve in connexion with the operative treatment of necrosis, is as to the period at which an operation should be undertaken. We are told in books that we must wait until the necrosed portion has become loose, and, doubtless, this advice is good; but, in many cases, it is almost impossible to ascertain whether the sequestrum be loose or not, in consequence of the large amount of new deposit which has been thrown around it. Hence, an error is not unfrequently committed, by some who have not had much to do with these cases, of deferring operative proceedings under the idea that the necrosed bone has not separated from the living, whilst in reality the bone has been detached for some time, but in consequence of the large amount of new bone which has been provided, the dead bone has been so imprisoned that no movement could be detected on the most careful application of the probe. This error is not only hurtful, as leading to more prolonged suffering on the part of the patient, but the longer the time the diseased bone is allowed to remain, the more dense and abundant does the osseous deposit become; so that when an operation is undertaken it is rendered much more difficult, and in some cases it is impossible to effect it.

I will now relate an instructive case in which I lately operated, and which will prove not only illustrative of the value of a well-timed proceeding of this kind, but will serve as an example of the doubt which sometimes exists respecting the condition of the necrosed bone:—

A young Indian officer was shot in the inside of the right arm, just above the elbow joint, eight months previous to his seeing me in September last. A very bad compound fracture was the result, and the question of amputation was raised, but it was determined by the Surgeons of his regiment to save the arm as the main artery was not wounded. After a long illness the arm was got into a pretty good condition, and the patient's health was so far restored as to allow him to go to England for further surgical aid. When he consulted me, I found that only partial union of the broken bone had occurred, there being considerable mobility at the seat of fracture. There was an opening just above the elbow joint in front, and another behind, but higher up. From these openings was a considerable discharge, and through them, with the probe I could detect necrosed bone, but I could not decide as to whether it was moveable or not, and it was a question of great moment whether the operation should be deferred or not. It was certainly pretty evident that the non-union of the bone was due to the presence of the necrosed portions, but still there was some union going on, and I thought that if the bone had not separated, an operation which would of necessity disturb the parts very much would do more harm than good. I calculated, however, upon the cause of the necrosis, and of the length of time since the injury, and coming to the conclusion that the necrosed bone was loose, determined to operate. I may mention that it was a question both with the patient and his Surgeons, whether it would be possible to save the arm, as the elbow joint was fixed and the limb quite useless; but now-a-days amputation for such a disease is almost unheard of.

In performing the operation, I made a free incision through the posterior part of the limb; taking the sinus as the centre of the cut, I found a good deal of new bone thrown out, and an opening on its surface which I was enable to enlarge, and then after a good deal of trouble, I extracted several inches of perfectly dead and separated bone and a quantity of shots. A rapid recovery took place, this wound nearly healed in a fortnight, and in three weeks the patient left London. Two months after the operations he called on me, the wounds were healed and the fractured arm was consolidated. Now, in this instance, I had strong doubts whether I ought not to wait a few months longer; but the result showed that it would have been highly imprudent to do so; for even taking the most favourable view of the case, and assuming that by the change of climate and an improved state of health, union of the broken bone might and probably would have occurred in a few months, the necrosed bone must have been ultimately got away, and this process would have been rendered a much more troublesome business, in consequence of the sequestrum being firmly imprisoned by the new osseous material which would have formed in that period.

My observations have hitherto been confined to necrosis, as attacking the shafts of bones, and it is in such cases that the Surgeon is called upon most frequently to wield the resources of his art; but necrosis is now and then to be met with in the articular ends of bones, involving or close upon a joint; and then are presented to our notice the most trying and difficult of all cases of diseased bone; and yet there are no greater triumphs in Surgery than are shown in saving a limb or a joint by detecting and removing a necrosed portion of bone which is hidden in the recesses of the articulation, and acting like a foreign body in it. As is well known, caries is the condition that mostly affects the articular ends of bones, and severe as this disease is, it may be and is frequently recovered from by the efforts of Nature and judicious treatment without any operation whatever; but when the end or a portion of a bone becomes actually necrosed, and is imprisoned in or is in connexion with the articular cavity, it is impossible to hope for amendment until this foreign body be removed. The difficulty, in such cases, lies not so much in removing the disease, but in detecting the condition of the parts. Specimens are to be met with in every museum, where patients have suffered for years from articular disease, and have ultimately died, and where on examination a small portion of dead bone has been found lying loose in the joint or imbedded in one of the processes of bone close on the articulation, and whence by a careful operation the dead bone might have been removed. There is no better illustration of this to be seen than in Plate XI. of Weidmann's celebrated Folio, where is represented the bones of the knee with a portion of the femur in the popliteal space about three inches in length, lying loosely in, and projecting from a cavity close upon the joint. Amputation was had recourse to, because in those days little was known of Conservative Surgery, but were such a case presented to us now, we should be able to save the limb by extracting the dead bone. Not long since I had a case where the patient, a young woman of 23, had suffered with all the most severe symptoms of hip disease, and there were present as severe marks of the Surgeon's treatment in the shape of cicatrised issues and incisions. A very attentive examination of this case led me to believe that although the hip-joint itself had indubitably been diseased, the existing irritation evidenced by the presence of several sinuses discharging much matter, was due chiefly to some disease in its more immediate neighbourhood, and this made me hesitate about removing the head of the femur, and it was well I did so, for on making an incision over the back part of the joint I found a long and tortuous sinus leading to the posterior part of the neck of the femur; and although a Surgeon of great skill who was assisting me stated as his positive conviction that there was no diseased bone, but that the irritation was kept up by the thickened and gelatinous lining of the sinus in question, I persevered in my search, and was rewarded in finding and extracting a perfectly loose and necrosed piece of bone nearly as large as a walnut, which had separated, in all probability, from the trochanter.

The most striking illustration I ever witnessed of this form of disease, of the difficulty of detecting it, as well as of the triumphs of Conservative Surgery, was seen in a patient of my friend Mr. Price, in the Great Northern Hospital, who was admitted for hip disease of long standing; there were unmistakeable symptoms of considerable mischief having existed, and the condition of the child was such as to indicate much irritation of the constitution. There were no marked signs to show what the state of the hip was, whether there was dislocation of the joint, much disease in the head of the femur, or in the acetabulum. There was much doubt amongst those gentlemen who saw the case whether it would be proper to cut down and explore the parts. Mr. Price was good enough to ask my opinion, and I agreed with him in the propriety of the measure. The usual incisions for removing the end of the femur were made and at first no disease could be detected, but after a further search, and clearing away the upper end of the femur from the joint, the remains of the head and neck of the bone were found to be lying quite loose and necrosed in the cavity of the acetabulum, which was comparatively healthy. The necrosed bone was easily removed, and thus a great source of irritation was taken away. There would not have been any possibility of this piece of bone coming away by itself, and there cannot be a doubt that the presence of this foreign body would have destroyed the life of the child. In connexion with this part of the subject I must not forget to recommend to notice the admirable practice of Mr. Gay, which although more applicable to cases of caries and ulceration of articular bones, is frequently of great service in instances of necrosis of the same; this plan consists in making free incision into joints which are seriously diseased and have suppurated. By this method a ready discharge is effected of the various products of disease, and should a portion of necrosed bone be separated into the cavity of the joint, it may be detected and removed with ease. I have tried this plan myself and have seen it tried by Mr. Gay, and I can speak in the highest possible terms of the practice.

I must now conclude this imperfect paper, which I fear contains nothing new, but it will serve the purpose, I hope, of drawing attention to a most important branch of Surgery, one which has made the most rapid advances during the last half century, and to which the illustrious names of Charles White of Manchester, Park of Liverpool, Hey of Leeds, Robert Liston, Syme, and Fergusson, will ever be closely attached—but none more so than that of one who was a shining light amongst us, who has lately passed away in the meridian of his fame, too soon for those who mourn him, but not until he had added vastly to the spread of Conservative Surgery, and to the relief of suffering humanity. When the history of our art comes to be written, few names of the present century will be more prominent than that of my ever to be lamented friend George Jones of Jersey.

CLINICAL ENQUIRY INTO THE USE OF IRON IN PULMONARY CONSUMPTION.

By JAMES JONES, M.D. Lond., M.R.C.P. Lond.,
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Iron has long been used as a remedy in pulmonary phthisis, and, notwithstanding its mismanagement, has to some extent maintained its character for utility; it therefore appeared to me to be especially worthy of a careful clinical enquiry into its therapeutic value. I have taken advantage of the ample opportunities afforded me by my position in connexion with an Infirmary for Consumption to put the remedy on trial. I have now used it in the treatment of nearly 500 cases. I entered on the enquiry without prejudice, and have endeavoured in estimating its value to form an opinion from facts alone. I regret that limited space prevents me from giving the cases which, even in the tabulated form in which I had arranged them, were found to occupy too much room. The results, however, were such as to justify me in bringing the subject before the Profession.

It is well-known that iron is a necessary element in the development of the red corpuscles of the blood, and that in those conditions of the blood which are attended by a diminution in the number of red corpuscles, the administration of iron is often followed by a rapid increase of them.

In health the red corpuscles abound: in wasting diseases their numbers grow less and less. The relation between their amount and that of the vital powers is so constant as to lead us to view their diminution as something more than a mere accident of disease. In fact, the restoration to health, which is the result in many forms of non-health, of the internal use of those remedies which are known to promote the generation of red corpuscles is a strong presumptive evidence in favour of the supposition that their diminished numbers is an early and important, if not the first, link in the chain of diseased action. But whether we view the destruction of the red globules as a disease, or as a condition of diseased action, the fact that their increase proceeds *pari passu* with returning health in those who are the subjects of wasting diseases, compels us to admit the great therapeutic importance of any agent which is found to promote their formation. Take, as an example, the condition of anæmia co-existing with disorder of the uterine functions in young females. In these cases, under the use of iron, the blood regains its normal quantity of red corpuscles; the pallid cheeks, lips, and gums recover their healthy hue; the feeling of languor ceases, and the vigour and buoyancy of spirits, natural to that period of life, return; concurrently with the improved state of health there is a restoration of the uterine functions. Here we have the restoration of the functions of an important organ an almost invariable concomitant of the increase of the red corpuscles of the blood, and we are naturally led to accept this class of cases as an exponent of those in which hemagenetic agents are likely to prove useful.

This position is powerfully supported by empirical experience.

It would appear from the progress of cases of this kind that iron was the one element of sanguification wanting, so rapidly and unerringly is its introduction followed by the restoration of health.

Admitting the paramount importance of iron as a necessary element in sanguification, the next point for inquiry is its adaptation to the requirements of the system in the condition of cachexia preceding or attendant on pulmonary consumption. Here it will be necessary to rely much, if not altogether, on analogy and practical experience.

The good results which follow the exhibition of perchloride of iron in the desquamative disease of the kidneys, the frequent sequel of scarlet fever, and in all the forms of nephritic tubular exuviation, would appear, from the analogy between these disorders and one of the forms of phthisis, to indicate its use in that disease.

In both the kidney and the lung disease there is an abnormal action of a delicate secreting membrane lining cavities or tubes, which communicate with the external air, or have outlet to it. In both cases there is abortive cell growth, and a development of abnormal granular matter calling for expulsion. In both phthisis and Bright's disease there is an impoverished condition of the blood, especially in relation to the red corpuscles. The diminution in the number of the granular casts expelled by the kidney, under the use of perchloride of iron, would warrant the inference that a like result would follow its use in the condition of abortive cell growth on the free surface of the air cells which constitutes one variety of tubercle. Again, the experience of the use of perchloride of iron in erysipelas is a powerful testimony to its value in controlling abnormal action of the capillaries of the skin, which, like the lungs and kidneys, is a structure actively engaged in the functions of elimination. Those who have visited the wards of the Middlesex Hospital must have often witnessed its happy effects in subduing that disease.

In diphtheria also, which is now recognised as a disease of toxæmic production, perchloride of iron is found to exercise great curative powers. It arrests the formation of the local diphtheritic growth by its action on the capillaries, and probably by its hæmatonic properties aids the system in resisting the influence of the blood poison, and affording time for its elimination.

Having now pointed out the utility of perchloride of iron in diseases which in many of their pathological manifestations are closely analogous to phthisis, the next thing to be enquired into is the therapeutic value of that agent in this disease. This question can be answered by empirical experience alone.

Notwithstanding the impossibility of proving the existence of tubercle in its early stage of formation in all cases, every Physician engaged in the treatment of chest disease will admit that there are many cases where hereditary predisposition, physical conformation, and a combination of auscultatory signs and general symptoms unite in forming a mass of evidence practically as convincing as actual demonstration. From the study of the influence of the perchloride of iron in such cases, as well as in those in which a condition of tubercular cachexia was equally well marked, but in which no tubercle had probably yet been formed, I have deduced what to me is a sufficient amount of evidence of its power in arresting the development of tubercle, and in aiding its removal. A like experience has convinced me that its utility is not limited to the earlier manifestations of consumption, but that even after tubercle has entered its second and third stage its use is not unfrequently followed by good results. It is only from the trial of a remedy in a large number of cases that general conclusions can be safely drawn and its value fairly tested, but results thus obtained are almost conclusive.

Having used perchloride of iron in the treatment of a large proportion of the cases of phthisis which, during the last year and a-half, have come under my care, both at the Infirmary for Consumption and the Metropolitan Free Hospital, and having watched its effects from week to week, while the patients continued to attend, I have had extensive opportunities of testing its curative powers.

With reference to the *modus operandi* of iron in phthisis, I would merely observe:

That a supply of oxygen is necessary for nutrition, as is evident from the fact that the solid structures of the body are richer in oxygen than the fluids.

That the molecular changes, known as destructive metamorphosis by which the effete materials are prepared for elimination is equally dependent on the supply of oxygen.

That the red corpuscles of the blood are the carriers of oxygen.

That in phthisis there is a constant tendency to a diminution of the amount of red corpuscles in the blood as well as of the other solid constituents of that fluid.

That there is an insufficient supply of oxygen in phthisis. That this deficiency is not the result of imperfect respiration, but of a diminution in the quantity of red corpuscles, inasmuch as the oxygenation of the blood in phthisis is perfect.

That the consequence of an inadequate supply of oxygen is imperfect nutrition.

That iron is a necessary element in the composition of the red corpuscles, and that its exhibition is found to be almost constantly followed by an abundant formation of them.

That it is highly probable that simultaneously with the genesis of new red corpuscles the other elements of the blood are also enriched.

That iron having the power of promoting a healthy sanguification must have an equivalent influence on nutrition.

That tuberculosis being the result of an error of, or an imperfection in nutrition, iron, so far as its agency in healthy sanguification enables it to correct abnormal nutrition, is to the same extent remedial of that disease.

That by the use of iron in the correction of abnormal nutrition, and the restoration to a healthy condition of the blood, the deposition of tubercle is arrested.

That by the more perfect performance of the functions of nutrition, the lung structures are enabled to resist any irritation created by the pressure of tubercles, to await, without serious injury, the slow process of their expulsion or absorption, and to set up reparative action.

It is not intended that this proposition should be understood as referring to cases in which the lung has been destroyed to a great extent by a succession of crops of tubercle; yet I have watched the progress of cases to recovery in which tubercular deposit existed in sufficient quantity to give a decidedly dull note on percussion, and still more advanced cases in which the physical evidence of a cavity existed.

The mode of administering iron in phthisis is a subject of the greatest importance to its success as a remedy. In prescribing it, it is necessary that we should bear in mind the object to be accomplished by its exhibition, the supply of the *deficiency* of one of the *normal elements* of the blood. We must give iron as a *blood food*, carefully regulating the quantity by the requirements of that fluid. When iron is given in overdoses it soon induces headache and derangement of the organs of digestion. There is nothing more common than to hear from patients that steel has always disagreed with them. This intolerance of iron may generally be referred to two causes:—Firstly. The unfitness of the preparation. Secondly. The excess of the dose.

With regard to the first of these points it is important that the preparation of iron which is used should have the following qualities:—First. Perfect solubility. Second. A composition in harmony with the digestive fluids, the blood, and the other fluids of the body. Third. Compatibility with such drugs or medicines as may be required by the varying phases of the disease. The perchloride of iron possesses all these properties. It is perfectly soluble. Chlorine is an abundant and important element of the principal fluids of the body. It is therapeutically compatible with most of the medicinal substances used in the treatment of phthisis, such as quinine, morphia, chloric ether, hydrochloric acid, phosphoric acid, chlorate of potass, etc. I have tested experimentally the majority of the preparations of iron, and find none so generally to answer as the perchloride. I have found it occasionally to cause nausea, but this soon ceased on lessening the dose. I have used the pyro-phosphate of iron in several cases where the perchloride was objected to. Its effects have satisfied me that it is in many respects equally as useful as the perchloride. It appears to possess neurotonic properties, and to act very similarly to a combination of perchloride of iron with phosphoric acid. The syrup of superphosphate of iron introduced by Dr. Routh is also a useful preparation. Secondly, with reference to the dose. I have reason to believe that the disuse into which the preparations of iron have fallen in the treatment of consumption is mainly referrible to the custom of prescribing it in large doses. Disorder of the organs of digestion, also headache, and other symptoms of either hyperæmia or of the presence of an unnecessary substance in the blood, are the consequences of its excessive use.

In healthy blood the quantitative correlation of its elements is pretty constant, but in the cachexia of tuberculosis this condition is disordered, and the object of our treatment should be the restoration of the normal relation of its elements.

Thus, in using iron as a curative agent, the quantity should be sufficient and *only sufficient*, to supply the waste of that element shown by the diminished numbers of red corpuscles. Any excess of this quantity tends to embarrass the system by the presence of an unnecessary element. It is obvious that the dose must vary according to the requirements of each case. I am convinced, by experience, that the dose generally given is far too large. When the state of anæmia is strongly pronounced, the dose of a 10 per cent. tincture of perchloride of iron may be fifteen minims three times a-day, but it will soon be found necessary to reduce it considerably. In a large number of cases, from three to five drops twice or three times a-day will be found sufficient to meet the requirements of the system. In these small doses the remedy may be used for a long time. I have in many instances exhibited it continuously for more than twelve months without the occurrence of any of the symptoms mentioned as interfering with its use.

In order to derive the full benefit from the use of iron in phthisis it must be continued for a long time; for it is not only necessary to establish a healthy sanguification, but also to *maintain* it. The condition of cachexia attending tuberculosis tends to lower the standard of the blood, and this tendency is constant. If by any means a healthy condition of the blood be produced, it cannot long be maintained without the continued use of hæmagenetic agents; hence the necessity for the exhibition of iron over a long period. I would dwell upon this point as one of paramount importance. It is in the continuous use of it over a long time—one, two, three, any number of years,—as long as not only the condition of, but the tendency to, tuberculosis exists, that its value as a remedy is manifested.

The improvement in the state of health which takes place during the exhibition of perchloride of iron shows itself in the increase of bodily vigour and capability of undergoing fatigue, the improvement of the appetite, and the abatement of the well-known symptoms of impaired digestion, such as flatulency, heartburn, acidity of the stomach; in the diminution or cessation of night perspiration, and of the tendency to perspire on slight exertion; in the abatement in the severity of the cough; in the decrease in the quantity of expectoration, and in the less frequent return or complete absence of hæmoptysis.

While endeavouring to show the great importance of iron in the treatment of consumption, I wish to guard against the possibility of being misunderstood. My desire is merely to direct attention to its claims as a powerful agent in the treatment of that disease, to point out the proper mode of its administration, and to assign to it its place in the Materia Medica for consumption. I do not propose the use of iron as a substitute for cod-liver oil. Each of these agents has a distinct function to perform in aiding nutrition and promoting a healthy sanguification. In a large number of cases both are necessary, each acting a part peculiar to itself, yet complementary to the other.

26, Woburn-place.

KEROSOLENE.—Dr. Horr relates a few cases in which kerosolene was used either alone or combined with equal parts of chloroform. The addition of kerosolene to chloroform, he thinks, is of advantage, as there is less disturbance of the stomach, fuller circulation in the capillaries, and less irritation of the air-passages during the inhalation than when chloroform is given alone. Not a much greater quantity of kerosolene is required when given alone to produce a given effect than of chloroform, and its great cheapness (75 cents per gallon) constitutes a great advantage.—*American Med. Times*, No. 6.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,
AND BY
J. HUGHLINGS JACKSON, M.D.
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ST. BARTHOLOMEW'S HOSPITAL.

NOTES TAKEN OF A CLINICAL LECTURE,

Delivered by Mr. PAGET, Surgeon to the Hospital.

In the Lecture we reported on February 15, there is a note of Mr. Paget's remarks on the appearances seen in the early stage of disease of joints. In to-day's Lecture, Mr. Paget showed a specimen of disease of the knee-joint, which began twenty years ago. It was clear that in this case the joint had reached to the highest amount of repair that was possible; and as no further improvement could be expected, the man was anxious that the limb, which was a burden to him, should be removed. Mr. Paget therefore amputated above the knee. The points to which Mr. Paget directed the attention of his class, were—1st. The obvious distortion. It was the most common form of distortion, the tibia being displaced outwards and backwards, and also rotated outwards, so that the leg was more or less flexed, and the foot everted. In this case there was more displacement of the external condyle backwards and inwards than usual. Most commonly the patella is displaced along with the femur on the outer condyle, but in this case it was placed between the internal and external condyles. Mr. Paget said, that of all distortions of the limbs, this was the most difficult to deal with. Indeed, he did not know that there was any kind of apparatus which was of any use in removing this deformity, although it might relieve it. There were plenty of modes of bringing the limb straight, *i.e.*, to put it in a line with the axis of the femur; but none, so far as he knew, to bring the head of the tibia into its right place under the femur, so that the condyles of the femur would correspond to the articular surfaces of the tibia.

In the specimen there was scarcely anything left distinct of the soft structures around the joint. The ligaments were all combined in one disordered mass with the fat, connective tissue, and other structures. The effects of disease on the soft structures had been well shown. So long as the inflammatory process continues the structures affected soften, the soft structures become still softer. The ligaments being softened, they gradually lengthen, and allow greater mobility of the joint. The reason why the softened ligaments lengthen is that they are stretched by the action of the muscles. The patient seeks the easist position, and in nearly all joints this position seems to be that of flexion; hence, in the case of the knee, the distortion of the limb, the tibia, as stated, being thrown backwards. The extensors and the tensor vaginæ femoris muscles, acting on the fascia lati, contribute to the distortion, turning the head of the tibia outwards. In diseases of the knee-joint there is also another force acting on the softened ligaments, namely, the weight of the limb.

On cutting through the joint it was found to be a good example of anchylosis, not in the sense merely that the parts were in apposition, but that they were actually continuous by osseous material. The patella and the femur, and the femur and the tibia were absolutely immovable. Specimens of anchylosis are rarely found so complete; generally the union is partly ligamentous and partly osseous. The remains of disease found in the joint had been the plague of the man's life: one of the sinuses leading into a channel which passed right through the head of the tibia. Hence, for this reason, excision was not practised.

Cases of Retention of Urine.

During the past week, three cases of retention of urine from stricture had been admitted. Retention of urine, Mr. Paget said, was often spoken of as a disease. Really it was merely a convenient term, signifying only that the patient could not pass urine, for it might happen in the course of almost any disease of the urinary organs. In the present Lecture, he should only speak of the retention of urine so far as it was caused by stricture of the urethra.

The first case was that of a thin, feeble, emaciated man, admitted for pain in the abdomen and inability to pass water. He had been tramping about the country seeking work, and had undergone great privations. He had been a drinker, but had never had gonorrhœa. He had had difficulty in passing water for twenty years, but had never before had retention. For two months he had had more than usual difficulty, and for a short time before admission he had been unable to pass any urine. This, Mr. Paget said, was a common history—there was a difficulty for many years; and then, after more than usual privations and exposure to cold weather, actual retention occurred. On admission, slight attempts were made to pass a catheter. The urethra bled, and therefore the attempt was abandoned. He was then put in a warm bath, and afterwards sent to bed, and had a dose of opium. Gradually he began to pass water, and by night he was easy, next morning he felt nearly well. In four days catheterism was again tried, and No. 7 was passed through the stricture.

The next case was that of a man who was well nourished, and, in general, healthy. He had pain in the abdomen, and inability to pass urine. He had had several attacks of gonorrhœa, but was not an intemperate man. He had, however, just been out on furlough, and he ascribed the pain and retention to beer-drinking. He had had three attacks, and said that "the beer always did it." The first difficulty was three years ago. On admission a catheter was passed, and about an ounce of urine was drawn off. The eye of the catheter then became choked. A dose of opium was given. He was better after this, and soon passed a little more urine. In the night, however, he became worse, had more pain, and could not pass any water. The House-Surgeon was called to him, and finding it impossible to pass a catheter, he ordered him to take another dose of opium. Next morning the House-Surgeon was able to pass a catheter. The patient was much relieved, and in thirty-six hours was as well as usual. There was a stricture, but in four days No. 8 was passed, and the man soon went back to his duties.

This patient's circumstances presented a contrast to those of the first. He was robust, well-clothed, and well fed. But in this case there was also an exciting cause. He was on furlough, and had been eating and drinking more than usual, and thus the strictured urethra became completely stopped. The same treatment was adopted in both cases and with the same result.

The third patient was a moderately-nourished, feeble man, 70 years of age. He was a cab-driver, and had drank freely when young, but not lately. He was much reduced in health, and had many signs that his constitution was breaking down. He had gouty knuckles, was subject to winter cough, and, in fact, his vigour seemed giving way at every point; it was not the failure of one organ only, but of many. The difficulty of passing water he had had for six years. It was always worse by exposure to cold weather. For relief he had been in the habit of passing a No. 2 bougie. He had been much worse for one month, and for two days before admission he had passed water in drops only. When admitted he was very feeble. His face and lips were livid, and he had pain in the lower part of the abdomen and complete retention. The same treatment as in the other cases was adopted. His bladder had never been very much distended, but he grew worse, and died, not especially from the retention, but more from a general break up, which this had hastened. Indeed, for some time before death there was probably no urine secreted, so that he then suffered from the effects of suppression, rather than from retention.

In reference to this old man's case, Mr. Paget said that many people who were not exactly ill—who kept at their ordinary work, and who often filled very ably posts requiring considerable application—were often in a condition in which slight attacks of disease of some special organ would show how little vigour they really had to encounter more than the routine trials of life. As he said, they were in one sense well, and about at their work, but had not one organ which was fairly healthy. Thus they would be subject to cough in winter, and their winter was a long one, and at all times their breathing was short. Again, they might have stricture, or hernia, or were bilious. Though such persons are equal to routine work, yet when they become ill, they die, as, for instance, by an attack of retention of urine, or by diarrhœa. So long as they can get about their work, and can eat and drink, they are apparently well; but when any kind of sickness attacks them, they have no power of resistance. They lose their appetite; nothing tempts them, and everything pulls at them,—their old bronchitis, old stricture. The old house tumbles down, as there is no single brick that is sound. It is not because one organ is much diseased, but because not one is quite sound; they die because there is nothing good, and not because there is any one thing exceedingly bad. In the old man admitted with retention, the kidneys were granular, the liver fatty, and the heart large and fatty.

The history of all the above-recited cases of retention shows that there was in all habitual and constant difficulty in micturition, and then, on some exposure or excess, retention ensued. It is well, therefore, to consider the two stages separately. In such cases, the difficulty is not always due to a bad stricture, as in the cases mentioned. No. 7 or No. 8 would readily pass when the temporary cause inducing complete closure had passed away. In a patient admitted with retention with a history of stricture, it is the safest to assume, in regard to his permanent state, that the stricture is a bad one. It is hard to tell what amount of stricture there may be; but if of long standing and if the difficulty has been considerable, then, probably, the urethra is much narrowed. If, however, the patient during the period of difficulty has sometimes passed water easily, probably it is not a bad one. The complete stoppage of the urethra, when retention follows on permanent stricture is due to one or both of two conditions,—to muscular spasm, and to disordered vascularity. There are no signs to tell to which retention is due, and probably they both exist together.

In such cases, then, we must keep in mind three things: 1, The existence of a permanent stricture; 2, Muscular spasm; and 3, Inflammatory swelling. Of course, retention may arise from impaction of fragments of calculi in the urethra, and many other causes not the subject of this Lecture.

The idea that muscular spasm is generally a considerable element as a cause of retention in these cases seems to be confirmed by a very common expression of the patients, that if they could stop the strain, they could make water easily, and this also shows that they are suffering from a temporary rather than from a permanent condition. The muscular action is disordered. Thus, when the bladder contracts, the urethral muscles, instead of being relaxed, contract also and prevent the escape of the urine, in fact, the muscles of the bladder and urethra strain one against another, the muscles of the urethra having the advantage. This condition of disordered muscular action may be illustrated, Mr. Paget said, by stammering. The stammerer cannot at the same time keep open his glottis and also combine the actions of the articulating muscles of the lips, etc., in the same way that the man with retention cannot expel from the bladder and prevent the constricting muscles of the urethra from acting at the same time. We may thus say that the retention is due, so far as disordered muscular action is concerned, to a stammering bladder. In some few and exceptional cases disordered muscular action appears to be the sole cause of retention. In nervous people placed under circumstances of restraint, when it is impossible to make water, as when anyone is looking at them, etc., the desire to do so comes on, but instead of the water flowing, there are merely efforts to expel it constantly restrained by contraction of the urethral muscles, the abortive efforts being productive of much distress.

The other condition, which superinduced on the permanent stricture, causes retention is disordered vascularity, a transient state of congestion. In another of the patients who died, the stricture extended from a point just beyond the glans to the membranous part of the urethra, and in addition there was much swelling and congestion.

To illustrate the way in which sudden stoppage occurs, from swelling and congestion, Mr. Paget spoke of the stoppage in the nostrils which occurs in a common cold. This is a good example, in consequence of there being in the nasal passage no muscular action to account for it. In some people this will occur very suddenly, and completely obstruct the passage of air. When in a short time the swelling of a healthy mucous membrane will completely obstruct the nostril, it was easy to conceive that a urethra may be rapidly occluded in the same way, and this of course would occur more rapidly when the urethra was narrowed by stricture.

In treating cases of retention of urine from stricture, in which, however, the sudden stoppage is brought about by temporary conditions of muscular spasm and swelling, we must not trust too much to treatment by instruments. In all cases Mr. Paget said it is justifiable to make an attempt, quietly and without any roughness or force, to pass a fair-sized instrument, but it is a great mistake to set to work to get a catheter into the bladder by persevering manipulation. If, he said, we can pass the instrument easily it should of course be done, but if not, we must trust to Medical treatment. For in such cases, as shown above, it is not a mere mechanical obstruction which is to be overcome, but a temporary condition, which requires treating on general principles. Failing to pass the catheter easily, we should give a full dose of opium, or perhaps laudanum by the rectum, and place the patient in a warm bath and afterwards put him to bed. In the large majority of cases this treatment will be followed by relief. Suppose the urgency of the case relieved and that the patient gets rid of his urine, we should still wait four or five days before we attempt to treat the permanent stricture. By waiting, we do not lose time as at first only a very small instrument could be passed, but by waiting we may at the first trial pass an instrument of considerable size. Such was shown in the treatment of the first two cases above given. But in others, relief does not follow and then the question arises, under what circumstances are we to relieve the bladder by mechanical interference? The answer should be given by the length of time the retention has lasted, by the amount of pain, and especially by the distension of the bladder. If the bladder is much distended then it is important to interfere, or if it is not distended, but feels very hard, and the symptoms urgent, we ought to interfere. Of course it is impossible to lay down arbitrary rules for the treatment of extreme cases. In all cases in which such mechanical interference was necessary, Mr. Paget assumed that the patient could not pass any urine. About eight weeks ago a patient was admitted, who had for many years suffered from an old and severe stricture of the urethra. Some operation had, before his admission, been performed on the perinæum, but he was not relieved. He was admitted with complete retention, and had not passed urine for thirty-six hours. From the urgency of the symptoms it seemed essential to introduce a catheter. Chloroform was given and a very small catheter, No. ½ or ⅓ was passed, and he was relieved. Larger instruments have since been passed. Mr. Paget then spoke of the great caution required in treating cases of stricture by instruments. He said there was danger from being too bold, and that in fact, what appeared boldness was oftener cowardice, the Surgeon being fearful of some danger from waiting, which fear better knowledge would show him to be groundless.

GUY'S HOSPITAL.

CLINICAL REMARKS ON THE TREATMENT OF CHOREA.

By Dr. WILKS.

It is well known that there are fifty remedies against this disorder, and even more than this number may be discovered if it be worth while to collect them from Medical writings; and yet those who have not the opportunity of witnessing the practice of others, are well satisfied with their own particular remedy as the best, in consequence of having generally found it successful. Thus scarcely a week passes but we hear of some new medicine which will infallibly cure this disease; and even it is worth the time of the British Association to discuss the merits of some novel anti-choreal drug. All the while the believers in iron, zinc, belladonna, or galvanism, still exist. In Guy's Hospital iron was superseded by zinc; and then, according to Addison and Bird, both were inferior to galvanism. This, however, did not take a year to be forgotten, although lately revived by the French Physicians.

Now, we think it would be tolerably evident to an unprofessional person, or to one unacquainted with the disease in question, that where a malady can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as whooping-cough, and many other disorders which tend to a spontaneous cure. We had almost arrived at this conclusion when visiting some years ago the Paris Hospitals, and discovering that at one time iron was the remedy; at another, no drug could equal strong coffee; and at another, that certain gymnastic movements, on the plan adopted at the "Hôpital des Enfans Malades," were quite sufficient to cure the disease.

It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal. With this idea the late Dr. Hughes had a favourite and very useful remedy, consisting of rhubarb steeped in port-wine. All other medicines acting on these principles are beneficial, and we generally administer them. But in order to impress upon students the importance of attempting a rational treatment of disease so that they may know with what purpose they are administering medicines, we have for some years past taken bad cases of chorea into the Hospital so that students might witness for themselves the fact of the spontaneous cure of the disease, and in order also to disabuse their minds of the false notion that iron and zinc *cure* the disease by an antidotal sort of action.

This result, we may remark, can scarcely be obtained except in a Hospital, for the cure seems to depend upon the removal of all those circumstances which may have excited the disease at the onset and then perpetuated it, as well as upon the controlling the patient by the stricter discipline of an Institution and the more correct regimen. Thus it is, that although amongst our out-patients recovery will ensue under the ordinary treatment in a certain time, yet this is often protracted, and sometimes even no benefit at all results. Under these circumstances, if the patient be admitted into the Hospital, a change speedily takes place. We should state that as the nurses are staunch believers in physic, we have been obliged to order the children a little coloured or sweet water. We append a few cases in order to prove our position that chorea is a disease which tends to get well of itself, but is assisted in the process by tonic remedies, especially of the mineral kind. This we regard as absolutely certain, and appears, indeed, to be the only explanation of the numberless remedies which are in vogue to cure this disease.

Case 1.—A girl, aged 15, had been ailing a month with symptoms of severe chorea, and had got so much worse during the last week that she was unable to stand, and was obliged to keep her bed. Her Medical adviser, a very good Practitioner, had treated her up to this time without relief. On admission it was seen to be as bad a case as is usually witnessed. She was obliged to be placed in bed with sides to it, for fear of her falling out. She was in constant movement, throwing her limbs about, the skin of which was knocked off on several parts, owing to the violence of the jactitation. She was scarcely able to speak. She had become very thin. She was ordered a little syrup and water to be taken three times a-day. After a short period she began to improve, was soon able to sit up in bed, then to walk, and finally she left the Hospital quite well, exactly four weeks after admission; the usual time, it may be said, when the most highly-vaunted remedies are said to cure.

Case 2.—Sophia B., aged 7, admitted May 6, 1858. Symptoms of chorea had been gradually coming on for two months, but she had still been able to walk about and go to school. Two weeks ago she fell down, when all the symptoms became worse. On admission she was unable to stand, the jactitation was general, so that she was obliged to keep her bed. A slight systolic bruit existed. She was ordered Syr. aurantii ʒss., tr. cardam. c. ♏ v., aq. ℥ss. ter die.

On May 11, a little better. On 14th, much better. After this she still improved, and on the 28th all movements had ceased. She then left the Hospital, but was directed to take some steel mixture with her, thinking it might be of service, and not then interfering with the natural course of the disease.

Case 3.—Maria H., aged 8, came into the Hospital with the last-named patient, and left about the same time. Three weeks ago choreal symptoms came on without an assignable cause. A slight systolic murmur existed. Jactitations considerable, so as to prevent her doing anything, although she did not keep her bed. She was a very intelligent child, but her father was a lunatic. She took no medicine, and in three weeks was quite well.

Case 4.—Emily J., aged 14. She had been ill two years with attacks of chorea, and had been an out-patient twelve weeks, taking several remedies—as zinc, iron, etc., without benefit. She was advised to enter the Hospital on January 12, 1859. She took Syr. aurantii ʒss., aq. ℥j. ter die, and at once began to improve. On February 1 she walked about, and was almost steady. In two more weeks she left well.

Several other cases of a similar nature might be mentioned, where the children recovered without the administration of any medicine, and we remember two cases where colchicum was given, after strong recommendation, with good result; but probably the disease had only worn itself out.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF FEMORAL HERNIA IN WHICH THE GALL BLADDER WAS CONTAINED IN THE SAC—OPERATION—DEATH FROM PERITONITIS ON THE EIGHTH DAY.

(Under the care of Mr. SKEY.)

[Reported by Mr. FREDERICK MARSH, House-Surgeon.]

M. R., aged 55, was admitted on Thursday, March 6, suffering from strangulated femoral hernia on the right side. She had been ruptured some years, and had worn a truss. Strangulation occurred on March 3, since which day there had been no action of the bowels, and pain which was at first confined to the right groin, had extended over a considerable portion of the abdomen, and had increased each day in severity. She complained of feeling sick, but no actual vomiting had occurred.

Upon examining the right groin there was found a very firm, distinctly defined, irregular tumour, about the size of a large chestnut, yielding an obscure impulse upon coughing. The abdomen was distended, and slightly tympanitic and intolerant of pressure, especially over the right iliac fossa. After a very moderate trial of the taxis Mr. Skey proceeded to operation. The tumour when exposed had a peculiar appearance. It was irregular, and indistinctly lobulated on the surface, very firm, and attached by a tightly-constricted base. At first sight it might almost have been mistaken for an enlarged and indurated femoral gland. The wall of the sac was much thickened and consolidated. The contents were a piece of omentum which had long become adherent, and what appeared at the time a knuckle of small intestine, about as big as a small walnut, dark-coloured from congestion, and closely adherent to the interior of the sac. After breaking down the adhesions, and dividing the stricture Mr. Skey remarked that the state of things was not satisfactory, for the intestine (as was then thought) still remained doubled sharply on itself, and did not unfold so as to restore the patency of the canal. As, however, the part had suffered considerably it was thought advisable not to prolong the examination, and it was returned into the abdominal cavity. During the interval between the operation and death, which took place on the eighth day, there was considerable abdominal pain, chiefly on the right side, with some tympanitis; sickness was occasionally very violent; no action of the bowels occurred, although several stimulating injections were administered.

Autopsy.—The thoracic walls were noticed to be very much pressed in, as if from tight lacing. On opening the abdominal cavity, the peritoneum was found deeply congested, and the apposed surfaces of the intestine were glued together by recently-effused lymph. The liver was much elongated, extending far down into the iliac fossa. The gall-bladder was distended, and reached about an inch and a-half below the margin of the liver. Its apex, which had contracted a recent adhesion with the abdominal wall immediately on the outer border of the femoral ring, bore distinct evidence of constriction. Around almost its entire circumference, about an inch from its tip, was a line of ulceration which had extended through the serous covering; this ulceration was most extensive on the inner side, where it must have been in contact with Gimbernat's ligament. The whole intestinal canal was most carefully examined, and no marks of stricture could be discovered.

HOSPITAL NOTES.

INFLAMMATION OF THE TONGUE.

INFLAMMATION of the tongue is not only a rare disease, but is one of great danger; it is generally described as seldom terminating in suppuration; but this hardly appears to be correct. The following case occurring in the practice of Mr. Bryant will be read with interest:—

A healthy carman, aged 37, applied to Mr. Bryant, at Guy's Hospital, on February 3, with inflammation of the tongue. Without any known cause it appeared five days previously with pain and swelling. This increased gradually, so that when seen the tongue nearly filled the mouth. The man, however, could swallow fluids. There was some fever and constitutional disturbance. The glands were also somewhat enlarged. Salines were given and hot fomentations ordered, which gave great relief. On the following day an abscess formed and broke in the centre of the tongue, giving exit to about a teaspoonful of pus, and affording instant relief. All swelling then gradually subsided, and in two weeks the man was convalescent.

DEPOSIT OF URATE OF SODA IN THE SHAFT OF A BONE.

The pathological fact which the following case illustrates we believe to be very rare, if not new, and at any rate it is one of great interest:—

Mr. Bryant was requested by his colleague, Dr. Wilks, to see a male patient of his in Guy's Hospital, aged 46, who for sixteen years had been the subject of rheumatic gout, attended with the deposition of gout stones around his articulations, and more particularly about the phalangeal. Four years previously one of the joints of his right ring finger inflamed and subsequently disorganized, and it was on account of the pain and inconvenience which followed from this that Mr. Bryant amputated the finger. On making a clean vertical section of the bone after its removal the urate of soda was not only seen to be extensively deposited upon the bone and articular cartilage, but a distinct mass, the size of a large pea, was found to be imbedded in the centre of the first phalanx.

HÆMORRHAGE FROM THE BOWEL FOR ONE YEAR, PRODUCED BY A POLYPUS IN THE RECTUM—REMOVAL OF THE POLYPUS AND RECOVERY.

The connexion between hæmorrhage from the bowel and polypus of the rectum is now well recognised, and the following case is a good instance illustrating the fact:—

A boy, aged 10, was brought to Mr. Bryant for hæmorrhage from the bowel, of one year's duration, it had not been constant during the whole of that period, but was very frequent, and for the last three months had been profuse; it occurred both during defecation and between the intervals; otherwise the child's health was good. He had been under Medical care, but no local examination had been made.

Mr. Bryant at once, from the symptoms, recognised the disease, which an examination confirmed. A large polypus the size of a nut was drawn down and ligatured. All symptoms immediately were relieved, and the boy had had no return three months subsequently.

ABSCESS IN TESTICLE OF AN INFANT.

Edwin A., aged 6 weeks was brought to Mr. Bryant with an abscess of the right testicle. Swelling first commenced one week previously, without any known cause, and one day, before applying to Guy's Hospital, the abscess broke.

When seen, the testis was evidently much enlarged, and a discharging sinus appeared to pass completely into the gland. In two weeks, however, the wound healed, the testis remaining somewhat larger than natural.

CASES OF NECROSIS OF THE FEMUR WITHOUT ASSIGNABLE CAUSE.

There are two cases of necrosis of the femur in the London Hospital, occurring in boys about twelve years of age, without any assignable cause. One, acute, under the care of Mr. Critchett, was admitted with the following symptoms,—general swelling of the thigh, with slight œdema along its inner side; no redness of the skin; great pain about the middle of the limb, much increased on pressure; skin hot and dry; pulse rapid; tongue dry; occasional delirium. In the absence of Mr. Critchett, Mr. Maunder saw the case, and detecting deep fluctuation, laid open the thigh, on the outer side, to the femur, when, the periosteum having been divided, a copious discharge of pus ensued, with immediate relief to the patient. A probe introduced, found the femur bare, both in an upward and downward direction. Fourteen days have now elapsed since the incision was made; there is scarcely any discharge, and slight thickening of the femur opposite to the wound only. It is to be hoped that the timely use of the knife has prevented the threatened extensive necrosis.

The second case, in charge of Mr. Maunder, is an example of chronic necrosis occurring, in a badly-fed lad, with very mild symptoms,—slight pain and swelling at first; then, after the lapse of a fortnight, an abscess forms on the inner side three inches above the knee, and is evacuated artificially. A fistulous opening, leading to bared bone, occupies the site of the abscess. The lad has been ill fourteen weeks, and the lower two-thirds of the femur, including the epiphysis, are much enlarged. The knee-joint has not escaped, the synovial membrane and ligaments being apparently the seat of gelatinous degeneration. As soon as the boy's health shall have been improved by a generous diet, an attempt will be made to remove the sequestrum.

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Medical Times and Gazette.

SATURDAY, MARCH 22.

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SYPHILIS AND VACCINATION.
THE DEBATE AT THE ASSOCIATION OF THE MEDICAL OFFICERS OF HEALTH.

We have before us a report of the debate which was held on Saturday evening at the Meeting of the Association of Medical Officers of Health, on a Paper read by Dr. Ballard, "On the Alleged Transmission of Syphilis by Vaccination." We have so recently given a full account of the lately-observed cases, and an impartial judgment on them, that in the crowded state of our columns we hope we shall be excused for omitting Dr. Ballard's Paper, though it was even fuller of facts than our own late leading articles, and quite as impartial in its estimation of them. We may say, however, that Dr. Ballard's lucid exposition of the arguments on either side in reference to the numerous points raised, received the warmest commendations. The debate was one of the most practical order, and singularly free from the intrusion of irrelevant matters. The first point mooted was, What evidence is required to prove that a syphilitic child was made syphilitic by vaccination? The President (Dr. Dundas Thomson) read a case which had been forwarded to him as an example of the transmission by vaccination, which happily served as a model of the want of evidence. A child, healthy up to three months, was vaccinated; five days afterwards an eruption made its appearance, which after several temporary improvements and relapses, at last presented unmistakeable characters of syphilis. The patient after some months was treated by mercury, and recovered. Now, in this case there was the following concurrence of phenomena:—1. The symptoms began *five days* after vaccination—too early for syphilis. 2. The vaccinated punctures did not present the marks of disease. 3. The child's father had been unmistakeably syphilitic. 4. No evidence that the *vaccinifer* (which name we readily adopt to signify the child from whom the lymph is taken) was syphilitic. As it was said by Dr. Elliott, of Stratford, this case was unmistakeably one of congenital syphilis, the outbreak of which happened to coincide with vaccination, and such as was this case, are the multitudes of others which are alleged to exist, not merely by the vulgar, but by some amongst our own ranks. It was stated in conversation, that some eminent London skin doctors affirm that no week passes without their meeting with children syphilized by vaccination. They are challenged to produce their cases, and if they cannot make good their theory, they should cease to propagate it. They should no longer spread opinions which alarm the public, and throw discredit on vaccination; which serve to screen guilty parents, and to prevent proper steps being taken for the eradication of the poison that they communicate to their innocent offspring.

In the next place, having regard to the fact that syphilis, if transmitted by vaccination, will show itself first at the vaccinated spot, after the vaccine vesicle shall have run its course, there was wonderful unanimity amongst all the speakers,—*they had never seen such a thing*. Mr. Godrich, of Chelsea, Mr. Lord, of Hampstead, Mr. Mitchell, who had vaccinated for forty years the children of the artisans and paupers of Lambeth, Dr. Barclay, with his large experience amongst Hospital out-patients, Mr. Jorden and Mr. Jay, from St. George's, Hanover-square, and Mr. Gerrans, of St. Marylebone, all concurred in saying that they had never seen a case in which the vaccinated arm presented traces of syphilitic inoculation.

But these gentlemen said enough to show that such an occurrence, rare as it must be admitted to be in this country, may not be impossible. They one and all agreed in denouncing the almost criminal carelessness, not only of poor parents, but of Medical Practitioners, even yet in the performance of vaccination. We hear of rusty and dirty lancets sent to be charged with lymph. We hear that vaccinated children are not brought to be inspected; and even if inspected on the eighth day, as the law directs, that is too early to testify to the absence of syphilis, whose period of incubation is, as Mr. Lee affirmed, from three to seven weeks. If no other good results flow from this discussion, it must, we think, be followed by greater care in the performance of vaccination.

As to the possibility of the inoculation of a twofold virus, there were few dissentients. Mr. Jay gave a case of inoculation of chicken-pox with vaccine. Mr. Acton, it is true, with a warmth which does honour to his heart, defended those doctrines of the non-contagiousness of secondary symptoms, which his master, Ricord, now holds with a very uncertain grasp. But Mr. Lee and Mr. De Meric did more than avoid the incautious assertion of *impossibility*.

It appeared singular that all the cases heretofore reported had occurred on the Continent. Are we to believe that families exist there, whose clothing is so infected with syphilitic virus, that the punctures made in vaccination shall be accidentally infected? If so, it would be very strange that any adult individuals should have escaped the poison till they were vaccinated; strange that no abrasion on their fingers, should have been exposed to it; stranger too, that they should not have become infected with *soft* chancre, which is so much more contagious than the true Hunterian.

The sum of the matter is this. The communication of syphilis by vaccine lymph is highly probable. But it is attended with certain phenomena which have never yet been witnessed in England. The precautions which we pointed out in our preceding Number would render the occurrence impossible. Meanwhile, the whole operation—and especially the choice of a *vaccinifer*—requires greater care than is often bestowed on it, and with that care a greater remuneration than Public Vaccinators receive.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

In his Second Lecture, on the 12th inst., Dr. Pavy continued his observations on the effects of digestion on food and animal tissue. In order to discover to what extent post-mortem digestion would go, he exposed a rabbit, killed during digestion, to a temperature of 110° for ten hours. The result was that the stomach had at the end of that time entirely disappeared; the liver, diaphragm, and abdominal muscles were partly digested; and the remaining contents of the abdomen were reduced to a pulp. Now, since the presence of acid is necessary to the process of digestion, it is clear that all post-mortem solution must be due either to the existence of acid in the stomach at the time of death, or to a tendency to the production of acid afterwards. In herbivora a sufficient quantity of lactic acid may be supplied by the starch of the vegetable food contained in the stomach. The effect of arresting the circulation by placing ligatures on the cardiac and pyloric orifices, and on the vessels between the spleen and the greater curvature of the stomach, was to prevent perforation; by reason, as Dr. Pavy concludes, of the contiguity of the alkaline blood. There was corrosion of the surface, however, at the end of six hours. The introduction of a little dilute phosphoric acid into a stomach full of food, produced solution of the entire cardiac end of the stomach; and equally complete solution followed the introduction of the same acid into an empty stomach,—proving thereby the presence of pepsine when food is absent. In the case of a rabbit, the temperature of 110°, at which these last experiments were made, sufficed to produce perforation at the end of five or six hours. The Lecturer next considered the effects of gastric digestion on the albuminous elements of the food. He stated its office to be the preparation of material for absorption. By it nitrogenous substances are reduced to albuminose or peptone. Nitric acid readily combines with and precipitates common albumen, but has no such effect on that which has been deprived of its chemical properties by digestion. Artificial gastric juice, if added to milk, throws down casein, which is again dissolved at high temperatures; it also destroys the chemical properties of isinglass and gelatine. These nitrogenous substances are all converted into peptone, and so adapted for passing into the circulation as the pabulum for the nitrogenous tissues. Albumen in its ordinary state is unfit for absorption, and passes animal membranes only with difficulty; when digested it becomes very fluid and filtrable, and easily passes membranes. It was formerly supposed that the duty of plants was to build up the elements of food for animals. It is now believed, and has been proved by Bernard, that the animal must construct the proximate principles of food for itself; and that food received without elaboration is rejected as useless. Thus albumen, milk, isinglass, and gelatine when injected into the jugular vein speedily reappeared unchanged in the urine. The question arises, Can albumen be absorbed as such into the abdominal vessels? It seems not impossible that a small portion of it may pass into the lacteals with the fatty matters of the chyle, but it will then have to pass the glands, and undergo the requisite changes in them before it reaches the blood-vessels. The liver is proved not to be the natural channel of its passage, by the fact that albumen injected into the portal vein reappears very soon in the urine; and a similar result follows injection into the subcutaneous tissue. On the whole it is probable that in health almost all the albumen is absorbed by the lacteals, and that a very small portion, if any, finds its way directly into the blood-vessels. Some kinds of albuminuria may very likely be due to the abnormal entrance of crude albumen into the vessels. Dr. Parkes made some experiments in 1852, with the object of solving this question, but did not arrive at any satisfactory conclusion. He observed that the ingestion of food had a great influence on the quantity of casts contained in the urine in cases of chronic albuminuria. For example, the amounts passed before and after dinner were found to be as 14·311 grains to 34·069 in the ounce of urine; and before and after breakfast in another case as 5·8 to 9·4. The different forms in which the albumen may exist may account for the varying facility with which it passes membranes. Graham divides bodies with reference to this point into colloid and crystalloid. The latter group pass membranes easily; the former, to which albumen belongs, do not, as may be easily proved by experiment. The albumen of serum has peculiar qualities; two ounces of bullock's serum injected into the veins of a dog produced scarcely any change in the urine. The great differences in diffusibility shown by various kinds of albumen with respect to dead animal membranes, make it probable that the conditions of its passage through the more delicate living tissues are subject to still greater variation; and give credit to the belief that some forms of albuminuria may not depend on disease of the kidney. Dr. Pavy's Third Lecture treated of the oleaginous and saccharine groups of substances. The former remain unchanged till they reach the small intestines, where they are acted on by the pancreatic juice, and formed into an emulsion. The absorption of fat takes place by cell-agency, the oil-globules being passed on from the epithelial cells to the lacteals. During digestion of fatty matter the blood becomes highly charged with it; a film forms on the surface of blood drawn at this time. If the fat is superabundant, some of it passes off into the urine, as was shown by Tiedemann in the case of a dog fed for four days upon butter. The abnormal presence of fat in the urine, due to an unnatural form of fatty matter in the blood, constitutes the disease called chylous urine. Some cases were adduced to illustrate the state of the urine in this disease, and the effects of food in modifying it. After food in certain cases it becomes white and homogeneous, like milk, and coagulates into a mass resembling blanc-mange: containing sugar, albumen, fibrin, and fat. This fat shows itself to be in a condition not natural to the system by its difficult solubility in alcohol, and the impossibility of saponifying it with caustic potash. The injection of fat into the jugular and portal veins of animals produced in one case speedy death from œdema of the lungs, in all albumen and fat in the urine, and in two sugar. There were casts of the tubes, but not enough to form a clot. The saccharine group consists of starch, sugar, and gum. Sugar requires no digestion; it passes freely into the blood-vessels, but not into the lacteals, as has been shown by Bernard. Starch must be digested; in its crude state it cannot pass membranes. If pancreatic juice be added to a decoction of starch, the mixture will reduce the oxide of copper, thus indicating the presence of sugar. The sugar taken up by the blood passes to the liver, where it was formerly believed to be elaborated and used, and afterwards carried to the lungs for destruction. The glycogenic theory as enunciated by Bernard also assumes an internal source for sugar,—*i. e.*, that the sugar is formed in the liver. This theory is supported by experiments which show that after death, when an animal has been fed on animal diet for some days previously, plenty of sugar is found in the vena cava and liver, but none in the portal vein, spleen, or kidney, and scarcely any in the arterial system. Dr. Pavy repeated these experiments, in order to determine whether the formation of sugar is really of physiological occurrence, and in what manner it is destroyed. He obtained blood from the right side of the heart during life, by means of a catheter passed down the right jugular vein. If, therefore, the liver forms sugar during life, this blood ought to contain sugar. But it turned out to be perfectly free from sugar. It follows that the glycogenic theory is upset. It is necessary to get the contents of the heart and liver instantly after death, before any post-mortem change has set in, or sugar will be found. This was effected by plunging part of the liver of a rabbit immediately after death into a mixture of ice and salt. The frozen part contained no sugar; the other, plenty. The reason of this is that the glycogene, hepatine, or as it is more usually called, amyloid substance, in which the liver abounds, changes very rapidly into sugar. Very important deductions must be drawn from these facts, with reference to diabetes. Instead of attributing it to excessive formation of sugar in the liver, or defective destruction of it in the lungs, we must say that if sugar exists in the blood at all, it must find its exit by the kidney, and that its presence in the blood is due to defective conversion of sugar into amyloid substance. Dr. Pavy related a set of experiments on eleven dogs, which were fed for some days on different kinds of food, in order to show the effect on the size of the liver, and on the per-centage of amyloid substance contained in it. A diet of tripe, with ¼ lb. of cane sugar, daily produced a large amount—17·23 per cent—of amyloid substance. Sugar has the property of storing up fat in all animals. The *foie gras* of the Strasbourg *pâté* is produced by its use. The Negroes grow fat in the sugar season by sucking the ends of the cut canes. But all persons have not the same power of assimilating sugar. All that is superfluous runs off into the urine, in some cases of diabetes to the extent of 3000 or 4000 grains a-day. In a few of these cases sugar disappears from the urine when all starchy food is discontinued; but in most the disease is due to the transformation of amyloid substance, irrespective of sugar taken with the food. Dr. Pavy exhibited specimens of bread and biscuits made from seeds, such as the almond and hemp, in which the place of starch is supplied by an oil. These appeared to us to be great improvements on the gluten bread, and other substitutes for ordinary food given in diabetes; both as being free from starch, and as being lighter and more palatable. Dr. Pavy concluded his Course of Lectures with a peroration on scientific research in Medicine, in which he drew inferences with regard to his own labours, which, we think, he would have been wiser to let his auditors draw for him.

THE Fifth of Dr. Beale's Lectures was delivered on Monday last. It was "On the Ultimate Ramifications of the Ducts, and of their Connexion with the Cell-containing Network in Various Animals." It was pointed out that the *capillary* network of the lobule was what might be termed a solid capillary network,—*i. e.*, it presents the same appearance in whatever direction it may be divided. The view usually held is that the liver-cells lie free in the meshes or spaces of this network; if this were so, the cells should be arranged as the exact complement of the vascular network. But they can, as Dr. Beale showed in several preparations, be demonstrated to lie in rows, enclosed within delicate tubes of membrane, in mammals, birds, reptiles, and even in fishes. In the fœtus an interval may be seen between the capillary network and the cell-containing network. In some forms of disease, the vessels shrink and the walls of the tubes become thickened, the cells waste, and many disappear. The nuclei of the shrivelled cells which lie in the tubes in cirrhosis are capable of being coloured by carmine; and the tubes themselves can be traced in continuity with those of the healthy structure remaining at the *central* part of the lobule. Dr. Beale considers cirrhosis to consist of a wasting commencing at the exterior of the lobule, and not of any supposed inflammation of Glisson's capsule, with its consequences. The fact that injection can be forced into these tubes, between the cells and the wall of the tube containing them, accords with the conclusions arrived at with reference to the relation of the cells to the follicles in the liver of mollusca. The liver of the fish contains no separate cells, but a vast quantity of oil-globules and granular matter with nuclei interspersed. All gradations of form are found between this arrangement and the so-called liver-cell of the higher animals, which, however, does not itself answer to the definitions of an ordinary cell.

It can only be shown to consist of a nucleus, with a quantity of viscid matter around it, the surface of which, Dr. Beale believes, is constantly undergoing conversion into bile. In the human liver, and in that of most of the higher animals, the tubes contain but a single row of these bodies; but in some cases, and especially in very young livers, the number is much larger. Dr. Beale cited the opinions of many observers, both dead and living, as to the mooted question of the relation of the finest ducts to the cells, and pointed out the differences between their several views, the usual description being that the ducts terminate either by blind or open extremities in the spaces where the cells lie. By Handfield Jones and Huxley the liver is classed among the vascular or ductless glands, and is compared to the tonsil. Several of the specimens passed round showed that the ducts were directly continuous with the tubes in which the secreting cells were found. Very fine Prussian-blue injection had been made to pass into the ducts, and had penetrated for a considerable distance along the tubes occupying the capillary meshes in the interior of the lobule. Many of the cells were surrounded with injection, and Dr. Beale argued that as injection could thus be made to pass, by artificial means, between the cells and the walls of the tubes, it was only reasonable to infer that during life bile would escape towards the ducts along the same channels. The following specimens were passed round:—49. Tubes of cell-containing network, human subject, filled with viscid matter; 50. Ditto, no separate cells; 51. Ditto, liver of the rabbit, injected almost to the hepatic vein in the centre; 52. Ditto, human subject, showing outline of tubes; 53. Ditto, from the frog; 54. From the calf, injected by Professor Retzius; 55. Ducts of the liver, pig, injected with vermilion; 56. Ditto, injected with Prussian blue; 57. Ditto of the rabbit; 58. Ducts and tubes of cell-containing network of the liver of the cat; 59. Ditto of the hedgehog; 60. Of the human fœtus, distended with injection almost to rupture. In the next lecture, Dr. Beale will commence the consideration of diseases of the liver.

THE DEFENDANT IN THE CASE OF WEIR v. HODSON.

We have been informed that Mr. Hodson, of Egremont, the defendant in the action of Weir v. Hodson, to which we alluded in a former Number of this Journal, has been imprisoned for the amount of damages and costs. It will be remembered that Mr. Hodson incautiously but innocently allowed himself to be induced, by the request of the Superintendent of Police, to examine a woman suspected of having recently given birth to a child. His mistake was one into which any Medical man might have been betrayed. In another part of the present Number we publish a letter from a Surgeon who was led to commit a similar error, and who has only escaped an action by a compromise, involving a considerable pecuniary payment. These cases must stand as warnings to Medical men never to enter on such an examination without a warrant from a magistrate. We think that Mr. Hodson has a claim on the sympathy and help of his professional brethren in the unfortunate position in which he finds himself placed. Is there no local Medico-Ethical Association who would set on foot a subscription for the purpose of extricating him from his difficulty? We should be most happy to forward such an undertaking by any means in our power.

EXAMPLES OF WHAT IS MEANT BY "RESPONSIBILITY."

At the York Assizes, on the 14th inst., Sarah Hollings was charged with the manslaughter of Eliza Dixon, at Leeds, on November 12. The prisoner, who is a midwife, was called in to attend the deceased at about eight o'clock on the night of November 11, and the deceased, a healthy young woman, aged 26, was delivered about nine o'clock. The prisoner did what appeared to be requisite for the deceased, and left her comfortable, and apparently doing well, about twelve o'clock. In the course of the night, however, violent hæmorrhage came on, from which the deceased repeatedly fainted. The prisoner was sent for at seven in the morning, but was out attending another woman in her confinement, and did not see the deceased till nine o'clock, when she found her dying, and immediately went for the assistance of a Surgeon. The deceased died at eleven. On a post-mortem examination, it was found that the placenta had not been removed, and in consequence the deceased had died of hæmorrhage. On the part of the prosecution, it was alleged that there was such gross and culpable ignorance on the part of the prisoner, or such negligence and inattention, as rendered her criminally liable for the death of the deceased. On cross-examination, it appeared that a substance had passed away from the deceased, which the prisoner mistook for, and said was, the afterbirth. In defence, it was contended that the prisoner was a careful and skilful midwife, and had in this particular instance exercised ordinary skill and intelligence. The death of the deceased was not caused by any ignorance, negligence, or want of attention, but by a mistake, which, had assistance been earlier sent for, might have been remedied. Prisoner was found guilty, and sentenced to six months' imprisonment with hard labour.

At the Cambridge Assizes, on the 15th inst., Jeremiah Cross, a farmer, was indicted for the manslaughter of his brother, a man of deficient intellect, between thirty-five and forty years of age, who had been confined for a period of eighteen months previous to his death in an upstairs room of the prisoner's house. The door of this room was kept fastened, and the window barred; the person of the deceased and this room had become most filthy, and it was charged that in consequence of the prisoner's neglect while keeping his brother so confined, in not providing him with sufficient warmth, clothing, and bedding, the deceased had suffered from frostbites, producing mortification, and ultimately death. The learned Judge, in summing up the evidence, pointed out to the jury that no evidence had been given to show that the prisoner's attention had ever been called to his brother's condition, or that he had ever refused to provide him with warmer clothing; that bed and bedding, furniture, and the cleanliness of the room were matters more within a woman's department than a man's; that any neglect with respect to them would be more on the part of the prisoner's wife than on his; and that for her neglect in these matters, supposing any had been proved, he ought not to be criminally liable; that in all respects, excepting as regards cleanliness and sufficiency of clothing, the evidence for the prosecution showed that the deceased had been as well provided as the prisoner's means allowed, and that the deceased had not been secretly confined in the room, for all the prisoner's neighbours knew of his being there; that the cause of death, according to the Surgeon's evidence, being mortification from frostbites caused by cold, if the prisoner was to be liable at all, it must be for some act of commission or omission on his part in not sufficiently providing against cold. The jury returned a verdict of "Not Guilty."

THE CASE OF ALLEGED MANSLAUGHTER AT STEPNEY.

Mr. J. F. Robinson, one of the Surgeons of the Stepney Union, attached to the Dispensary of Ratcliff Workhouse, has been committed by Mr. Selfe, the Magistrate of the Thames Police Court, for trial for manslaughter. In our last Number we reported some of the evidence adduced in this case before the Coroner's Court. We are now enabled to lay before our readers the facts brought to light by the post-mortem examination. It was found that two ends of small bowel, jejunum and ileum, were hanging out of the vagina, whether torn or rudely cut across it was difficult to say, for they were softened by decomposition. These passed through a large rent in the left side of the vagina close to its connexion with the os uteri, large enough to admit the hand, and were continuous with the small intestines on either side within the abdominal cavity. On opening the abdomen a large quantity of grumous blood was observed; a considerable length of small bowel, with some of its mesentery, was wanting; but the remaining portions of bowel were distended with air. There was no evidence of peritonitis. The uterus had not contracted to its natural size after parturition; it was flaccid, and large enough to contain the placenta, which was lying detached and without its funis within it. The os uteri was dilated. The edges of the rent had begun to decompose. The removed intestine measured between three and four yards. The deceased, Elizabeth Craze, was the mother of several children; she lived thirty-nine hours after the removal of the intestine; she took nourishment in small quantities to the last. All comment on this most terrible and inexplicable case must, of course, be reserved until after the trial.

THE SALE OF UNWHOLESOME MEAT.

Dr. Letheby has amply vindicated the seizure of the carcase of the sheep, narrated in our last Number but one, in spite of the fact that two London Aldermen pronounced the meat to be wholesome. The animal had been killed whilst in a state of high fever and inflammation of the lungs and pleura.

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

CASE OF SUDDEN DEATH FROM EMBOLI.

A woman, 27 years of age, whose occupations compelled her to be constantly standing, had suffered for several years from large varices, which occupied the left saphena vein from the foot to the bend in the groin. At the end of November she was affected for the third time with inflammation of the saphena, and entered the Charité, under M. Briquet. The vein throughout its whole course and principal divisions was completely filled with coagulated blood, constituting large, indurated cords, the skin covering them being red and thickened. By position, emollients, and similar means, the inflammation and fever were got under, and the patient was thinking of getting up in a few days, when on December 8, after an excellent night, she was seized by an undefinable sensation, and uttered a cry of alarm. She was found to be extremely pale, her features having undergone marked changes. Her arms were convulsively moved, she complained of intense pain in the chest, and in a state of the greatest alarm declared she should be suffocated. The pulse was filiform, the heart beat tumultuously, but without abnormal sound, and she died at the end of twenty minutes. The external saphena, as well as its principal divisions, was filled by a hard, blackish coagulum, which adhered to the reddened walls of the vein, and extended as far as the commencement of the left iliac vein. The deep saphena was free, and the blood it contained was quite fluid. The iliac vein and the vena cava were quite free from obstruction, and nothing abnormal was found in the heart or its cavities. But when the pulmonary artery was opened, a coagulum was found folded back upon itself, and occupying all the space between the sigmoid valves and the bifurcation of the artery. The coagulum was quite free within the artery, and the walls of this vessel, as well as all the endocardium, were perfectly white and polished. The coagulum, fifteen centimètres long, was of a much less diameter than that of the artery, its calibre being that, in fact, of the iliac vein. It in no-wise resembled the concretions which are sometimes found in the pulmonary artery, being red and very hard, and consisting internally of coagulated fibrine. The lungs were pale, and almost bloodless; and there were no other appreciable morbid changes. The deep veins of the leg and thigh were of normal volume and appearance, and contained only fluid blood. There can be no doubt, M. Briquet observes, that a coagulum detached from that which filled the femoral vein, was carried into the iliac vein under the influence of the ascending venous current. Remaining movable and unattached to the walls of the iliac vein, when the patient was placed in the horizontal posture it entered the heart, and thence the pulmonary artery, when applied against the arterial bifurcation, it simultaneously arrested circulation and respiration, and gave rise to sudden death by syncope and asphyxia.—*Gaz. des Hôp.*, No. 25.

EXCERPTA MINORA.

Cephalæmatoma.—Dr. Bierbaum explains the occurrence of cephalæmatoma by the separation of the periosteum, and the consequent rupture of small blood-vessels during delivery. He discountenances heroic remedies, such as caustics, setons, etc., which have only been recommended under an erroneous idea of the nature of the affection. If the tumour visibly increases, cold applications should be made, and its dispersion afterwards attempted by the use of aromatic applications and frictions with *ung. hydr. ciner.* and *ung. hydriod. pot.* If dispersion does not take place, and the bleeding has been considerable, he does not wait (as Vogel advises) for spontaneous dispersion; but, in order to quiet the fears of the mother and to prevent any secondary injury to the bone, (which is of rare occurrence, however,) makes a sufficiently large incision to evacuate the contents of the tumour.—*Froriep's Notizen*, No. 2.

Plugging the Vagina.—Dr. Bennett states that he has found this operation to be greatly facilitated by performing it through a common glass speculum. Without this assistance, the passage of substances well saturated with astringent solutions is often a matter of pain and difficulty, owing to the corrugation of parts which they give rise to.—*American Medical Times*, No. 8.

Mode of Taking Cod-liver Oil.—A very simple and agreeable mode of taking this disagreeable substance is as follows:—Put a teaspoonful of syrup of bitter orange-peel and two of water into a wine-glass, and shake them well together, so as to rinse well the interior of the glass. Pour in the oil, and drink it off at a draught without trying to mix it with the diluted syrup.—*Rev. Med.*, February, p. 184.

Extraction of a Wine-bottle from the Rectum.—The case was recently related at the Paris Surgical Society, of a man who had introduced a bottle into the rectum. The bottle was of the size known as a *demi bouteille*, and penetrated so far that its bottom lay in the concavity of the sacrum, while its neck could be easily felt just below the umbilicus. It was removed without the slightest accident.—*Gazette Hebdomadaire*, No. 8.

Administration of Quinine to Children.—Dr. Semanas recommends in the intermittent and remittent affections of children, the administration of quinine in the form of ointment, thus leaving the digestive organs undisturbed, and not exasperating any inflammatory condition that may be present. He combines half a drachm of quinine (together with a few drops of spirits of wine and sulphuric acid) with five drachms of lard, and rubs in a portion as large as a nut into both axillæ and inguinal regions every hour, or five or six times a-day, as the case may require. The parts are to be covered up after the frictions, and every twenty-four hours they are to be carefully cleansed of the ointment by means of equal parts of alcohol and luke-warm water.—*Froriep's Notizen*, No. 3.

Persistence of the Lochia.—When the lochia persist of a bright colour six or eight days after labour, and the uterus is felt enlarged above the pubis, Dr. Barker gives half a teaspoonful of Squibb's fluid extract of ergot every two hours; and if the woman be delicate and anæmic, he prescribes tonics, the following being one of his formulæ:—℞ Quinæ sulph. ℈j., ferri sulph. gr. xij., ext. nux vomic., pulv. capisici, āā gr. vj. M. Ft. pil. xij. One to be taken three times a-day, directly after eating. This condition is frequently associated with profuse lactation, constituting an additional drain upon the system, and the patient becomes nervous and irritable, and suffers from headache and insomnia. In such cases Dr. Barker adds four grains of opium to the above formula, so that the patient takes a grain in the twenty-four hours.—*American Med. Times*, No. 5.

Diphtheritic Paralysis.—At the New York State Medical Society, Dr. Bissell stated that he had found the mortality of this affection was about five in nine cases. He treated it by tonics and stimuli. A dorsal decubitus is insisted upon in order to allow the blood to gravitate towards the spinal cord, this indication being farther carried out by dry frictions and the administration of strychnine. He regards the paralysis as a result of disordered nutrition in the periphery of the sentient nerves affecting secondarily the spinal cord through reflex action. Dr. Curry and other speakers were surprised at the amount of mortality stated, as they had met with several cases, all recovering, while some of them had not met with any cases of paraplegia among a great many instances of diphtheria. Dr. Marsh, however, has had two fatal cases from among four instances of paralysis; and he has frequently met with slight amaurosis during convalescence of diphtheria, as well as very many instances of paralysis of the bladder, as manifested by retention. Dr. Curwen had met with two cases of paralysis, both dying. Dr. Garrish had found stimulating frictions with tonics highly useful in this paralysis, of which he has met with many cases. Dr. D'Avignon believes that the paralysis of the velum met with after diphtheria is dependent in a great measure upon the length of time that the deposit has remained upon it.—*American Med. Times*, No. 6.

Primary Bubo (*Bubon d'Emblée.*)—M. Legrand relates this case as a good example of a somewhat contested affection, viz., the occurrence of bubo unpreceded by sore or urethral discharge. He was called to the patient ten or twelve days after the suspected intercourse had occurred, and found him with a large, diffused, painful bubo, unaccompanied and unpreceded by any sore or discharge. He prescribed mercurial ointment and the internal use of iodide of potassium, but the former exciting eczema, had soon to be left off in favour of emollient applications. Pills of the protoiodide of potassium were also given, but in a very few days the abscess broke, discharging abundance of serous pus. The febrile action, which had been considerable, now subsided, and iodide of potassium was applied in an ointment to the bubo. Two or three weeks after its bursting, a fistulous opening still gave vent to serous discharge, the glandular enlargement being still considerable, and the patient being of a lymphatic temperament, M. Legrand, who is a great admirer of preparations of gold in scrofula and allied diseases, prescribed the *stannate of gold.* After a while, the iodide of potassium, which had been suspended, was given as well as the stannate; and the treatment was continued for three months, when the cure seemed quite complete, cicatrization having long since taken place. The patient leading a dissolute kind of life, some swelling and considerable discharge were reproduced, when the perchloride of iron and soda was given for a month and the recovery became assured.—*Gazette des Hôp.*, No. 26. —[A correspondent, who has called our attention to this case, asks for any scintilla of proof of the syphilitic nature of this bubo? Syphilitic or not, the said treatment certainly aggravated the patient's sufferings and protracted the cure.]

FOREIGN CORRESPONDENCE.

GERMANY.

LEIPZIG, February 24.

ANIMAL HEAT IN PNEUMONIA.

PROFESSOR WUNDERLICH, of whose researches on the changes of animal temperature in typhoid fever I gave you an account in a former letter, has also investigated the variations of heat occurring in the different forms and stages of pneumonia, and has arrived at results which are of importance for diagnosis as well as for prognosis. It appears that by the use of the thermometer we are able to recognise differences between the several cases which cannot be perceived by any other means of observation; thus animal heat varies greatly according to the greater or less severity of the case, with improvement and increased danger, according as there are complications or not; besides which it may thus be shown whether there is a decided convalescence and cure, or whether latent disturbances continue and diseases which are, in certain cases, known to follow pneumonia, are developing themselves. Professor Wunderlich has shown that in typhus and typhoid fever the thermometer alone is sufficient for rendering the diagnosis secure; this is not the case with pneumonia, in which the other symptoms have also to be taken into account.

The thermometrical observations are of the greatest value in the typical forms of pneumonia, viz., the genuine, the catarrhalic, and the intermittent forms. Genuine or primary croupous pneumonia has a well-marked typical course, which is shown by the sudden appearance of severe and almost continuous fever, which, after a limited number of days, ends with a sudden defervescence; the local changes are then finished, and the hepatisation undergoes retrogressive metamorphosis. Secondary croupous pneumonia generally bears the type of the primary form, but there is not such sudden commencement and defervescence. Catarrhalic pneumonia sometimes resembles the genuine form, as far as the febrile symptoms are concerned, but is, in most cases, essentially different from it. Its course is not so well marked; the fever has a remittent type, there being exacerbations in the evening and remissions in the morning. The exacerbations are, in this form, generally more considerable than in genuine pneumonia, and the temperature often exceeds 104°. The disease lasts longer than genuine pneumonia, but not so long as typhoid fever. The febrile symptoms subside slowly, inasmuch as the remissions gradually increase, and the exacerbations become less considerable.

In intermittent pneumonia with or without a certain rhythm in the intermissions, the thermometer is also of much value. In this disease the temperature is observed to fall back to its normal standard, before the other symptoms have subsided; it then remains as it is, for twelve or twenty-four hours, after which it again reaches a degree similar to that which was observed in the previous paroxysm.

In the non-typical forms of pneumonia (such as traumatic, hæmorrhagic, serous, putrid, tubercular, etc.) the thermometer is of no service in diagnosis, as the increase and decrease of temperature are not in proportion to the general aspect and course of the disease. In genuine pneumonia, however, we may at once say that the case is severe if the temperature is at or above 104°, and mild if it is at or below 103°. Variations of temperature take place if the disease takes a favourable or unfavourable turn, and if a certain method of treatment proves efficacious. If, in the course of pneumonia, complications set in, this is shown by a further increase of heat, which is not in accordance with the genuine type of the disease, or by a retarded and interrupted defervescence, or by the continuation of an unusually high temperature during convalescence. The end of the disease may be the more safely recognised by means of the thermometer, the more genuine the type of the affection has been. In the course of a few hours, or of one or two days, the temperature falls back to its average height, or even below it. The local changes then no longer progress; there is no bloody expectoration, respiration becomes tranquil, the rate of the pulse is reduced, and a feeling of well-being perceived. On the second or third day after this fall of temperature, physical signs show the retrogressive metamorphosis of the infiltration. Finally, it is important to know, that after pneumonia the cure is only certain, if animal heat continues at its normal degree.

BERLIN, March 1.

APHONIA AND THE LARYNGOSCOPE.

DR. LEWIN, who has made the diseases of the larynx, and their diagnosis and treatment by means of the laryngoscope, a special study, read, at a recent meeting of the Medical Society of this place, a paper on aphonia, from which I extract the most important particulars. Aphonia is, according to Dr. Lewin, not a specific disease, caused by certain pathological conditions of certain organs, but merely a symptom which may be produced by different morbid conditions of a number of organs; just as cough, pain, etc. The voice is formed by vibrations of the vocal cords, and aphonia is a deficiency of this function, which is to be distinguished from hoarseness. In the former affection, if the patients are told to pronounce "aw" or "ay," they say "haw" or "hay," while in hoarseness this is not necessarily the case.

The causes of aphonia may be either within, or outside of, the vocal cords. Amongst the former may be mentioned ulceration of the cords themselves; there is a loss of substance which renders the vibrations necessary for the production of the voice impossible, as in tuberculosis, syphilis, and sometimes even in catarrh. In inflammation of the vocal cords, the patient can move these latter, but is disinclined to do it on account of the pain occasioned thereby. Paralysis of the vocal cords is either of central or of peripheral origin, and in the majority of cases is caused by an affection of the recurrent nerve. If central, the paralysis may be due to extravasation, softening, tumours, embolia; if peripheral, it is generally caused by rheumatism, aneurism, infiltrated glands, and even by hepatisation of a portion of the lungs. Central paralysis generally affects only one recurrent nerve, and is frequently combined with paralysis of other nerves.

Amongst the causes of aphonia which are outside the vocal cords, the following are the most important :—Ulcers on, and thickening of, the posterior wall of the larynx ; certain affections of the arytænoid cartilages, such as dislocation of one of them,etc. ; ulcers in the ligamenta ary-epiglottica, and tumours between, before, and behind, the vocal cords. In almost all of these cases the local application of remedies, by means of the laryngoscope, speedily leads to a cure of the affection.

GENERAL CORRESPONDENCE.

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HOW TO STOP BLEEDING BY ACUPRESSURE.

Letter from Mr. Spencer Wells.

[To the Editor of the Medical Times and Gazette.]

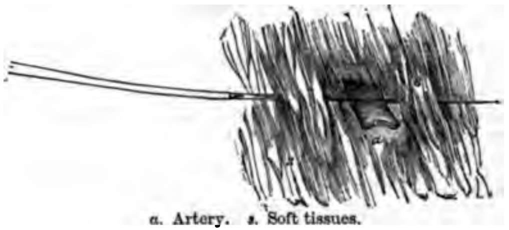
Sir,—A few days ago I received from Dr. Handyside, of Edinburgh, two very interesting reports of successful cases of amputation of the thigh, in both of which the divided arteries had been closed by acupressure. The first of these reports was read before the Edinburgh Medico-Chirurgical Society in November, 1860 ; the second early this year. In the first case the femoral artery was relieved from pressure at the forty-ninth hour after the operation, two smaller vessels having been relieved at the twenty-fourth hour. In the second case one needle was removed at the twenty-fifth hour, and that stopping the femoral at some time on the next day. In both cases the bleeding was checked easily and completely ; pressure was only maintained for the short time named above, and no unpleasant effect whatever was produced upon neighbouring veins or nerves. There was no sign of secondary hæmorrhage, and the stumps seemed to heal more speedily than in similar cases in which Dr. Handyside says he has had " to deal with ligatures and their accompanying arterial sloughs."

With the reports of these cases I also received a letter from Dr. Handyside, asking me for some account of my own experience of acupressure. I was sorry to be obliged to confess that, although I had been one of the first Surgeons in London to employ acupressure in amputation,—the patient being one upon whom Mr. W. Adams performed Pirogoff's amputation at the ankle,—my practical experience of acupressure by no means came up to my conviction of its great superiority over the ligature. One does not easily forget old habits, or fall into new ones ; and both Surgeons and Assistants fall so readily into the familiar plan of seizing every bleeding artery and putting a ligature round it, that, however sorry one may be,—when he has to wait for the separation of ligatures, and sees suppurating tracks form in their course, or pyæmia possibly supervene,—that he has not tried a better method, again and again he falls into his old bad habit. Another cause has also retarded my more general recourse to acupressure. I had not fully understood more than one of the four modes in which the needles are employed by Dr. Simpson and Dr. Handyside. I had always passed a needle through the skin, beneath the bleeding artery, and out through the skin again. This often answered admirably in breast cases, and others where the vessel was near the skin, but I often found it inconvenient. In your Journal for February 11 and April 21, 1860, Dr. Simpson had described two other modes of using needles, short instead of long, and used without transfixing the skin. But, unfortunately, his description was not illustrated by diagrams, and I did not clearly understand it. I may also confess that on reading Dr. Handyside's reports carefully, and endeavouring to understand his own and Dr. Simpson's account of how they used the needles, I could not quite make it out. I accordingly wrote to Dr. Handyside, and the following letter which he very kindly sent me will, I trust, be as interesting and satisfactory to your readers as it has been to me. Now that I have seen the diagrams, I should marvel more than I do at my own stupidity in not having understood the whole thing at once, if it had not happened that some Surgical friends were dining with me on the day Dr. Handyside's reports arrived, and although we took needles and thread and tried to follow the directions given, not one of us did so in the exact way described below.

Dr. Handyside says,—" I trust that the endeavour I now make to explain the three methods that Dr. Simpson employs to arrest hæmorrhage by the aid of short needles, applied along the raw surface of a flap in amputation, may prove successful, and let me add that you are quite free to make any use of this communication in the *Medical Times and Gazette*.

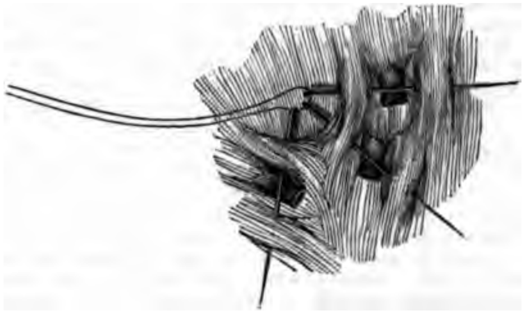
" The short needle employed is No. 4 (men's or women's size) with a slender iron thread attached, and I may add that it is fully more easy of application and quite as effectual as the long needle.

" First. The course of the needle in closing the femoral artery may be traced in this diagram.



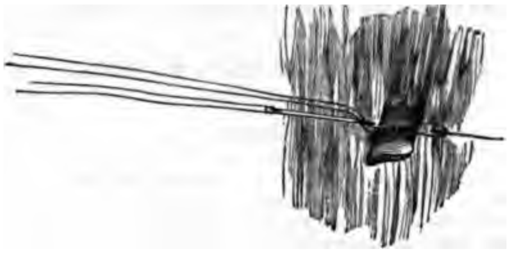
a. Artery. *s.* Soft tissues.

" Secondly. One thread, passed previously through the eyes of two or more needles, suffices for the simultaneous withdrawal of these needles, after being employed to close bleeding vessels, thus :—



Three needles strung on *one* thread, and approximated, eye to eye, after insertion.

" Thirdly. The needle may be inserted *under* the extremity of the open artery. A loop of iron thread is then carried under the needle's point, and the ends of this thread are laid *over* the artery, and retained there by being carried once *under* the eye end of the needle. The ends of this loop thread are then laid alongside the thread of the needle, and in removing these separate threads the latter must, of course, be first drawn."



I trust that this very clear description by Dr. Handyside will make the three methods perfectly intelligible. I have seen quite enough of acupressure to convince me that, in cases where it can be applied, the advantages over the ligature are very great ; and I think that Surgery is greatly indebted to Dr. Simpson for making known a method, the adoption of which will, I feel assured, sooner or later, become general, with the effect of lessening suffering and saving life.

I am, &c. T. Spencer Wells.

3, Upper Grosvenor-street, March 17.

Swedish Order of Knighthood Conferred on Mr. Wilde, of Dublin.—The recognition by crowned heads of professional or literary merit is a tribute agreeable, not only to the immediate recipients of Royal favours, but also to their more humble fellow-labourers, who, as it were, indirectly participate in the honours conferred on members of their body. We are accordingly much gratified, both as members of the same Profession, and on account of the gentleman who has been thus distinguished, to learn that the King of Sweden and Norway has been pleased to confer upon Mr. Wilde, of Dublin, Surgeon Oculist in Ordinary to the Queen in Ireland, and Vice-President of the Royal Irish Academy, the Order of the Pole Star. We cordially congratulate the new Knight upon this well-merited distinction.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, February 25.

Dr. Babington, President, in the Chair.

A Paper, by Dr. H. V. Carter, (of Bombay,) was communicated by Mr. Prescott G. Hewett

ON THE CONNEXION BETWEEN A LOCAL AFFECTION OF THE LYMPHATIC SYSTEM AND CHYLOUS URINE; WITH REMARKS ON THE PATHOLOGY OF THE DISEASE.

The nature of the disease named chylous urine had, up to the present time, remained very obscure. By Dr. Prout it was supposed to be due to some derangement in the processes of assimilation, leading to the formation of a useless chyle, which the kidneys in their turn permitted to pass through them unchanged. Drs. Elliotson, G. Bird, and B. Jones regarded it as the result of a disease of the kidneys. Dr. Beale thought it to be connected with the absorption of the chyle. The Author made it his object to show that it was a consequence of a direct admixture of chyle and urine—a leak from the lacteal tract into the urinary. He detailed three cases from which his opinions had been derived. In the first case, a Parsee youth had much enlarged inguinal glands; and, a little below them, a small, hardly perceptible pimple, from which occasionally issued a milky fluid, and sometimes so copiously that a pint had been collected in the course of a day. Pressure above the spot caused the flow to cease; pressure upon it made the fluid spirt out to some distance, as if a subcutaneous space were being emptied. The discharge had commenced spontaneously six months previously, and had ceased and reappeared three or four times. Fourteen months later, both the discharge and the swelling of the glands continued. The fluid, when collected, resembled rich milk, was slightly alkaline, coagulated in about five minutes, and in a few hours separated into clot and serum. The microscopic characters were those of chyle. The second case was that of an adult Hindoo, who had a peculiar corrugated and tuberculated thickening of the scrotum, which was soft to the touch, and, when punctured, discharged freely a chylous fluid. The inguinal glands were very large and soft, and diminished under pressure. A milky discharge occasionally oozed from many spots of the thickened skin, to the extent of about a pint daily. This flow intermitting, the inguinal glands enlarged. The urine was occasionally chylous, and frequently coagulated. It was observed that the glands became more tumid two or three hours after a meal; but there was no regularity in the urine as to the appearance or disappearance of chyle. The third case was that of a Hindoo youth, in whom the urine was frequently chylous and sometimes bloody. It occasionally coagulated, and the clots produced a difficulty of micturition. Among other observations of this patient, the fact was noticed that ingesta of flesh or wheaten bread increased the disease. The Author considered the evidence of these cases to prove that the fluids discharged from the skin and with the urine were chyle. He reviewed the proofs as arising from the physical properties, the microscopical characters, and the chemical composition of chylous urine. He alluded to a case under his care, in which the patient could at any time clear his urine of chyle by a day's fasting; and to an observation in another instance of the flow of chyle and swelling of the inguinal glands often occurring two or three hours after a meal. He referred to circumstances of the disease which were not explicable on the generally-received hypotheses, but which could be satisfactorily accounted for on the supposition of a direct admixture of chyle with the urine. Differences in the qualities of particular specimens of chylous urine he thought to be due to the different parts of the lacteal system which might have been ruptured in different cases.

A Paper, by Dr. A. T. H. Waters, was read, on

A CASE OF CHYLOUS URINE.

From the rarity of the above disease in this country, and from the imperfect knowledge we possess with reference to the pathology and therapeutics of the affection, the Author considered it desirable to bring under the notice of the Society a case which had occurred in his practice, and which had been successfully treated. The subject of the disease was a seaman, twenty-three years of age, and a native of Bermuda. He applied for admission into the Liverpool Northern Hospital, suffering from retention of urine, in consequence of the coagulation of that fluid within the bladder. He was first placed in the surgical wards, but the nature of his ailment having been discovered, he was transferred to the Author's care on October 10, 1861. He gave the following history:—He had been a sailor from the age of twelve years; his health had always been good. A fortnight before admission, whilst on his way from New York to Liverpool, he had retention of urine, and he then found that the urine was of a white colour, and it had continued so from that time. He could assign no cause for the attack, and with the exception of feeling rather weak, he felt well. No evidence of visceral disease could be discovered. The urine was abundant and of the following character:—When first passed it was white, with a pink tinge, resembling milk, and having a somewhat similar odour. It was quite free from urinous smell. Soon after being passed it coagulated. The coagulum disappeared sooner or later. After standing, a deposit of blood and muco-pus took place, and a layer of cream-like fluid generally formed on the surface. The urine was slightly acid or neutral when passed. Heat and nitric acid gave a copious preciptate. No sugar could be detected. Ether caused a deposit on the surface of oily particles leaving the mass below clear. The microscope showed the presence of a large number of fat-globules, many of them very minute. No other abnormal matters could be detected. The following is an analysis of the urine by Dr. Baker Edwards:—

Specific gravity of specimen, 1012.

Water		967·3
Solid matter, viz.:—		
Fat	9·9	
Urea	6·0	
Albumen, with traces of uric acid	6·0	
Vesical mucus	4·5	
Animal matter, with a trace of ammoniacal salts . .	4·1	
Fixed alkaline salts	2·0	
Earthy salts	0·2	
	——	32·7
		1000·0

A comparison of the analysis with that of healthy urine will show that the following substances were in excess, or abnormally present—viz., water, fat, albumen, and mucus; and that the following were deficient: urea, extractive matters, and the alkaline and earthy salts. During the treatment the urine passed by the patient at each evacuation of the bladder was kept separate, and at one o'clock daily the specimens passed in the previous twenty-four hours were examined, and the specific gravity and general appearance of each noted. *Progress of the Case.*—During the first week of treatment the urine continued milky, bloody, clotted, and highly albuminous. The specific gravity varied from 1010 to 1017. The urine was passed on an average, twelve times daily; the average daily quantity was three pints five ounces. During the second week the urine continued milky, except on one or two occasions, when it was whey-like. The quantity of blood was diminishing; and some specimens, at the end of the week, were free from blood. The specific gravity varied from 1006 to 1016. The urine was passed, on an average, twelve times daily; the average daily quantity was four pints, four ounces and a-half. In the third week the urine became less milky; some specimens were merely turbid, and a few opalescent. During the last two days of the week the blood disappeared. The quantity of fibrin was diminishing, and the urine was decidedly acid; specific gravity, 1005 to 1020; average number of times the urine was passed, twelve; average daily quantity, four pints eight ounces. During the fourth week the urine was at times quite milky, at others turbid and opalescent; there was a marked diminution in the quantity of fat, as well of fibrin and albumen. At the commencement of the week the urine ceased to coagulate after being passed, and, except on one occasion, it never coagulated again. Specific gravity, 1007 to 1025; urine passed on an average six times daily; average daily quantity, two pints seven ounces. During the fifth week the urine became quite natural, and remained so up to the patient's discharge. The first perfectly healthy urine was passed at half-past six p.m. of November 11. Four specimens passed subsequently were slightly "Chylous;" but from midday of November 12 every specimen was healthy. Specific gravity 1010 to 1025; urine passed five or six times daily; average daily quantity, two pints one ounce. During the sixth week the urine continued healthy; it was passed six times daily; specific gravity 1015 to 1026. Only a general record was kept after this date. The patient was discharged from the Hospital on December 17, the urine having remained perfectly healthy for five weeks. *Treatment.*—For the first week the patient took tonics, quinine and iron, with wine; no improvement followed. Treatment by gallic acid was commenced on October 18, with a grain of opium every night. The gallic acid was at first given in doses of ten grains three times a-day. The quantity was gradually increased until November 1, when two drachms were taken daily. This dose was continued to the 9th, when the quantity was increased to two drachms and fifteen grains daily, and continued till the 16th, at which time the urine was healthy. The gallic acid was then gradually diminished from day to day, until on the 28th it was omitted altogether. From October 26 to November 14 the patient had a vapour-bath every night. He took a grain of opium every night, and six ounces of sherry wine daily, from the 17th to the 31st October, when both were omitted. The diet was throughout good, consisting of meat, bread-and-butter, potatoes, two and four eggs daily, and arrowroot. After the wine was stopped he drank nothing but tea and toast-water. The patient weighed on October 20, ten days after admission, 8st. 6lb. From this date he gained flesh: on November 14 he weighed 9st. 10lb.; on December 11, a few days before his discharge, 10st. 6lb. The total quantity of gallic acid taken by the patient was 7 oz. 48 grs. *Pathology.*—With reference to the pathology of the disease, after alluding to the views which had been advanced by Drs. Prout and Bence Jones, the Author expressed his opinion that the disease was one of which the main pathological feature is a relaxed condition of the capillaries of the kidneys; that in consequence of this condition, the albumen, the fibrin, the fat, and the blood-corpuscles are filtered from the blood-vessels, and make their appearance in the urine. The Author was of opinion that the results which followed the administration of the powerful astringent he used bore out his views. The results were such as might be anticipated from the action of an astringent on the relaxed capillaries. From the time the patient was under observation, it was impossible to say that a permanent cure had been effected. The case, however, showed the value of the remedy that was used, and should encourage us to make trial of it in all similar cases. The Author was of opinion that the persistent employment of the vapour-bath was highly beneficial, and he would recommend its adoption in all future instances of the affection.

Dr. PRIESTLEY said that he had had under care a case of chylous urine when in Edinburgh a few years back. The case was a well-marked one, and was carefully investigated. A boy, about eight years of age, had hæmaturia and chylous urine for the second time. The first attack occurred in the Mauritius. He was sent to England, but on his arrival, possibly from the good effects of the sea-voyage, he was well. He died, after being ill the second time about four months. The urine was sometimes passed fluid, and became afterwards coagulated, but it would appear that it became sometimes partly coagulated in the bladder, as he passed shreds of fibrinous matter. Sometimes retention of urine was caused by the blocking up the urethral passage. Sometimes by drawing out the coagula from the urethra he could relieve the retention. There was always a good deal of blood in the urine. Vibriones were also found in it, even when drawn off by the catheter. Fat globules were found in it, but not when recently passed. The patient became very anæmic, and died of asthenia. The body was much blanched, and all the internal organs seemed bloodless. The heart and liver were in an advanced stage of fatty degeneration. The kidneys were soft, and tore on removing the capsules, and the distinction between the cortical and the medullary portions was to a great extent lost. The kidneys were found to be in an advanced stage of fatty degeneration. Dr. Priestley said he considered that the fatty degeneration in these cases was the simple result of anæmia. It might be said that this case was Bright's disease, and that the fatty degeneration of the kidneys would account for the symptoms. He thought that the blood had been forced out from the renal capillaries, and that it had afterwards become changed. It was not, however, he said, easy to understand how nitrogenised substances could give rise to fat globules. In fatty degeneration of muscle he said it would seem that such changes took place. He concluded by expressing his opinion that the papers read were extremely valuable and interesting.

Dr. OWEN REES said that he had had under his observation several cases of chylous urine, but had never had the opportunity of making a post-mortem examination. He (Dr. Rees) would suggest that cases of chylous urine ought to be divided into two classes, one in which the urine contained blood as well as chyle, and those in which it contained chyle only. In the case related by Dr. Priestley there was blood in the urine, but he (Dr. Rees) had had cases under his care in which there was no blood in the urine. He had always sought carefully for it in all the cases. Most of them were under his notice at a time when he was engaged in investigating the nature of the chyle—and then he had taken great pains in studying them, and he had then convinced himself that chyle was actually present in the urine. After hearing the papers, he felt, for his part, that the subject had been rather confused than elucidated,—although the cases were well authenticated, and the arguments well put. He had recently examined a specimen of urine sent to him by Dr. George Burrows in which there was both albumen and sugar in the urine. In one of the papers it was stated that the urine in one case had been examined for sugar, but with a negative result. He (Dr. Rees) said that he believed the influence of the lungs had been overlooked in the endeavour to ascertain the cause of this disease. He then spoke of the complex nature of the fluids—scarcely to be called blood—which enter at the right side of the heart, and of the changes, very little understood, effected by the lungs. The greatest change was in the chyle. He felt certain that some other plan must be adopted in our endeavour to account for the production of chylous urine, and certainly the influence of the lungs ought to receive special attention. The existence of sugar in the urine along with the chyle was interesting, and the urine ought always to be carefully tested for it. Sugar did not exist in the chyle, at least Bernard had not found it in the chyle of dogs and horses.

The PRESIDENT said that the most marked specimen of chylous urine he had ever seen occurred in a case of diabetes. One specimen of urine was so loaded with chyle that it was not possible to see the bottom of the vessel which contained it.

Dr. WATERS then replied. The case he had reported was well marked, and he thought that the result of treatment showed that there was no organic disease of the kidney. He thought that it would be better to divide cases of chylous urine into those in which there was organic disease, and those in which there was none, rather than into cases in which there was blood in the urine and cases in which there was none. In his (Dr. Waters') case there was blood as well as chyle in the urine, and yet there was no evidence of organic disease of the kidney. He considered that his case showed the great value of astringents, and also that this treatment might support the view that he held, that the chylous urine was a result of a relaxed condition of the capillaries of the kidney. The astringents relieved this, and thus stopped the flow of the blood and chyle. Although in his patient a great deal of urine was passed, there was no sugar. Dr. Waters said that Dr. Bence Jones had published two cases of chylous urine treated by astringents.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 5.

DR. TYLER SMITH, President, in the Chair.

DR. BARNES communicated a

NOTE ON THE BRONCHO-PNEUMONIA OF LYING-IN WOMEN.

The following note was appended to the Author's memoir on the "Thrombosis and Embolia of Lying-in-Women," read at the February meeting of the Obstetrical Society:—The Author stated that observation had long made him familiar with the fact that lying-in women were liable to a peculiar form of broncho-pneumonia. It had been generally considered that the pulmonary symptoms which arise during childbed were the consequence of the violent straining attending the expulsive stage of labour and of "taking cold." To him this explanation was far from sufficient. As in typhoid fever, so in perpeural fever, the lungs were apt to be involved. In either case the cause was similar. It was observed that a marked characteristic of typhoid fever was the extreme alkalinity of the blood. The urine he had frequently found highly ammoniacal on voiding. A similar condition commonly marked the blood in puerperal fever. On one occasion the Author observed that, the bladder being partially paralysed, and the urine consequently retained in the intervals of being drawn by the catheter three times a day, the urine decomposed so rapidly in the bladder as to evolve large quantities of ammoniacal gas, which escaped in a gurgling stream when the catheter was introduced. These circumstances, with others which need not be enumerated, indicated a dyscrasia of the blood which must produce certain irritating effects throughout the body. The diarrhœa of puerperal fever, and the diarrhœa which frequently happens in childbed apart from overt fever, were the simple effect of the irritation of the intestinal mucous membrane by the septic or other offending matter circulating with the blood. Peritonitis arose in the same way. Accompanying this diarrhœa, or apart from it, we might have broncho-pneumonia. This, in like manner, was simply the effect of the irritation of the bronchial mucous membrane or parenchyma of the lungs by the same offending matter. In some of these cases the breath of the patient had possessed an odour distinctly resembling that of the foul lochial discharges. It was by the complication of this form of pneumonic irritation that the Author accounted for the fatal acceleration of phthisis after labour. This form of broncho-pneumonia was distinct from that which immediately resulted from capillary embolia.

Mr. Ballard said that although Dr. Barnes did not dwell upon the cause of the formation of the thromboses, he thought, as a practical point, it was one that might be advantageously discussed. He believed all authorities admitted that absorption of pus or putrilage from the unhealed internal surface of the uterus was a principal cause of puerperal disorder, by producing coagulation and infection of the blood in the surrounding veins. It was also generally known, that irritation of the mammæ produced uterine contractions. Now he was under a strong conviction that the mammary irritation which resulted from the efforts to obtain milk from the breasts during the first two or three days after delivery produced that disturbance of the uterus which gave rise to the absorption of pus, and thus to the formation of blood-clots in the neighbouring veins. According to his own experience, no milk was secreted until a period of forty-eight hours after delivery; and in all cases where no means had been employed to obtain it before then, and even after the development of the secretion, excessive irritation of the breasts had been avoided, there had been a complete immunity from puerperal disorders of even the mildest kind; and in all instances of puerperal disorder which had come under his notice, one or both of these precautions had been omitted. He knew that it was the general teaching that the child should be put to the breast immediately after delivery, and as this rather encourages than forbids an assiduous application of it afterwards, he was of opinion that a modification of that practice, and a more general recognition of the dependence of puerperal disorder on mammary irritation would tend much to the prevention of these disorders.

Dr. Tanner observed that Mr. Ballard's views were so startling that he thought it would be better for this gentleman to embody them in a paper for the Society, so that they might be fully and fairly discussed.

Dr. Barnes said that what he meant by the term "causes of the coagulation of the blood in the living vessels," was the immediate causes: and he alluded to the several theories of Richardson, who held that the fluidity of the blood was preserved by ammonia, and of others. The question of thrombosis and embolia was a large one; it belonged to general pathology even more than to obstetrics. He could not, therefore, conveniently do more than give a clinical illustration of the subject in its bearing upon puerperal pathology. That the etiology of thrombosis and of other forms of puerperal disease was one deserving of special study, all would admit; it might also be admitted that one source of puerperal mischief arose from the infection of the blood by foul matters retained or formed in the uterus after labour; but he was not prepared to hear the doctrine just advanced, that this infection was promoted by applying the child to the breast. The constant aim of the obstetric Practitioner was to aid the expulsion of offensive matters by stimulating the uterus to contract. Not only in the puerperal state, but at other times, excitation of the breasts was one of the most efficient means of producing this effect. By it hæmorrhage was restrained; clots, which if retained might putrefy, were expelled; and thus the patient was secured against the very dangers which placing the child to the breast early was accused of promoting. Surely if this theory were true, puerperal diseases would be more frequent. In the Maternity Charity last year upwards of 4000 women were delivered; not one died of puerperal fever; yet he had no doubt that the practice of applying the child to the breast very soon after labour was generally pursued.

Mr. I. B. Brown, F.R.C.S., read a paper

ON OVARIOTOMY; THE MODE OF ITS PERFORMANCE, AND THE RESULTS OBTAINED AT THE LONDON SURGICAL HOME.

After some preliminary observations upon the operation of ovariotomy, its now recognised character, and the mortality from it being much less than that from many other capital operations, the Author alluded to the statistics of Mr. Clay, of Birmingham. He believed that, highly favourable as were the results given, there was good reason for supposing that they would become still more so when the statistics were hereafter collected, subsequently to the period to which Mr. Clay's cases extend—namely, February, 1860. The conditions rendering the operation justifiable were next dwelt upon. The difficulty of diagnosis was shown, especially in cases complicated with cancer. Much would, however, depend upon the history of the patient and her family, in arriving at a correct conclusion. Adhesions at the present time rarely prove an obstacle to the completion of the operation; they are either broken through with the hand, or divided with the knife or écraseur. When necessary to secure any by ligature, he advised the use of silver wires instead of thread or twine, allowing them to remain within the abdomen after cutting them short and close. The Author next fully described his mode of performing ovariotomy. He advises the pedicle to be enclosed in a clamp—the ordinary carpenter's calipers—as near to the tumour as possible, and kept externally. Its advantages are, that it can be removed in from one to three days; the wound heals quickly, and convalescence ensues in two or three weeks. If the pedicle proves to be very short, and pain is complained of, the clamp is to be removed in a few hours. The preliminary measures to be adopted previous to the operation were then described, and their importance shown as bearing on the subsequent results. Amongst others, the Author advised the observation of certain atmospheric conditions, and the avoidance of any proceeding when the atmosphere was low and heavy, with an absence or deficiency of ozone, and in that condition generally which we describe as depressing. If greater attention were paid to atmospheric changes, the Author thought that there would be much less of gangrene, pyæmia, low fever, etc., so frequently witnessed after operations. The after-treatment was also dwelt upon, and, finally, the analysis of the cases. Of the latter, ovariotomy has been performed nineteen times by the Author in the London Surgical Home up to the present time. Of these, thirteen have been recoveries and six deaths. The details and special particulars of the whole of these cases were given in a series of tables. The ages varied from eighteen to fifty-six. Of the successful cases, eight were under the age of thirty, and five above; whilst of the unsuccessful, one was twenty-one and five were thirty and upwards. The duration of the disease in the successful cases was from four months to six years; six were within the first year, or ten within two years, and three over the latter period. Nine were single and four were married, and of the latter two only had had children. Five had undergone tapping from one to three times. In the unsuccessful cases, the duration of the disease was from two to ten years; four were married, three of whom had had families of from three to six children. Four of the fatal cases were tapped from one to six times. The general health was very good in five of the successful cases; in six it was but middling; in one it was shattered; and in another bad. In the unsuccessful cases four had bad health; one was in good health, and another had good health up to six weeks before the operation. With respect to the operation, the incisions varied from three to seven inches long; in eleven it did not exceed five inches. The tumours were multilocular in eleven, and unilocular in two of the successful cases; in the unsuccessful they were multilocular in four, unilocular in one, and more or less solid in the sixth, containing hair, teeth, bones, etc., and no doubt congenital. Adhesions were found in all except four of the successful and one of the unsuccessful cases. These varied very much, being either very slight and easily broken down, or firm, strong, and unyielding; some were numerous in all directions, requiring to be cut or ligatured. Chloroform was given in all the cases; in two it had to be discontinued, but the patients suffered no pain; in two instances ether was substituted during the latter part of the operation. The pedicle was retained outside of the abdomen in all but two of the cases, the calipers being used for the purpose of holding it. In all the operations performed lately, the wound had been closed by silver-wire sutures, simply twisted. Of the causes of death in the six fatal cases, in two instances it clearly arose directly from the operation itself: in the other four, conditions were found which chiefly brought about this result; in one case—that of the solid tumour—there was much old disease found; in another, the patient had been a hard drinker, was tapped five times, the belly being filled with forty-five pints of ascitic fluid, independently of the contents of the ovarian cyst, there was softening of the liver, and death occurred in six days. In the other two cases, diarrhœa carried off both—one in eight days, and the other in eighteen after the operation. In one of these, cancer of the duodenum was found, wholly unsuspected during life. The Author concluded by stating that all these operations had been witnessed by gentlemen from various parts of the world, of Great Britain, and the Metropolis, many of whom had watched the results from day to day and week to week.

Mr. **Spencer Wells** said that the recommendation of the Author of the paper to tie adhesions with silver wire, to divide the adhesions, and then cut off the wire short, leaving a portion of dead tissue strangulated by the wire within the peritoneal cavity, was advice which he should not be disposed to follow. The material of which the ligature was composed could be of little importance. Either wire or twine would equally cause gangrene of the strangulated part, and there would be great danger that the whole system might be poisoned by absorption of the fetid matter of the decomposing slough. He felt convinced that if this practice were followed, the mortality after ovariotomy would increase. He preferred a ligature of wire-rope, tightened by a screw, to the caliper-clamp; and he thought (after trying both silver-wire and harelip-pins for the closure of the wound) that harelip-pins were generally to be preferred. The lateral pressure made by the cotton twisted round the pins fixed the two wounded surfaces more closely and securely than the wire. He differed entirely from the Author in his preference to flannel over sponge in cases where it was necessary to cleanse the peritoneal cavity from blood or ovarian fluid. A soft, clean sponge did the work more effectually, and there was not the danger, as there was with flannel, of leaving portions of fine wool, or *fluff*, adhering to the peritoneum. He also thought that the Author's advice would lead to a want of care in thoroughly cleansing the peritoneal cavity from ovarian fluid. In a recent case he had been led by some such advice, and by what he had heard of the practice of other Surgeons, to leave some ovarian fluid in the cavity, thinking that as the intestines were exposed, it might be more dangerous to sponge away the fluid than to leave it; but the result had very much disappointed him. There was little else unfavourable about the case, yet the patient died, thirty hours after operation, of acute peritonitis, and the whole membrane was covered by a layer of the albuminous portion of the fluid. The peritoneum seemed to have acted as a dialyser, allowing the water to pass through, and leaving a coating of albumen on its surface. He (Mr. Wells) could hardly suppose that either inhalation of the vapour of turpentine after the operation, or the exhibition of arnica before it, could have any great influence upon the result. He had never used either, and his results were not less satisfactory than those of the Author. It was singular that he had had exactly the same number of cases in the Samaritan Hospital as Mr. Brown had had in his Home—namely, 19. Mr. Brown's returns showed 13 recoveries and 6 deaths. His (Mr. Wells'), 11 recoveries and 8 deaths. His cases in private practice had been 15, of whom 8 recovered and 7 died. The total gave 34 cases, with 19 recoveries and 15 deaths. He trusted that Mr. Brown would also give the Society the result of his *whole* experience of ovariotomy. He (Mr. Wells) had not been able to do more than compare their first 20 cases; and it was singular that with these 20 the number of recoveries and deaths was directly reversed, for Mr. Brown had had 13 deaths and 7 recoveries; while he (Mr. Wells) had had 13 recoveries and 7 deaths. He was also of opinion that in some of the fatal cases brought before the Society this evening, the operation ought not to have been performed. The patients died of serious organic disease of the heart, or of some other important organ—cancer of the intestine, for example; or the uterus was so closely surrounded by adhering pelvic portions of the ovarian tumour that separation could not be effected. Such conditions could generally be detected during life, and ought, with rare exceptions, to lead the Surgeon to refuse to operate. It often became our duty to operate in very unfavourable cases, and many of his own fatal cases had occurred under conditions so unfavourable that a good result could not fairly be expected; but the operation was decidedly contra-indicated in any case of serious organic disease of heart or lungs, or of malignant disease in any important organ.

Dr. **Tanner** made some observations on the importance of not resorting to ovariotomy in cases where the operation was almost certain to prove fatal. There were many patients afflicted with ovarian tumours, where extirpation was quite impracticable.

Dr. **Hall Davis** observed, that the success recorded in the paper, of thirteen recoveries out of nineteen ovariotomy operations, was highly gratifying. Of those cases, he (Dr. Davis) had had the opportunity of watching the course of twelve, of which number eight recovered. It was his opinion that such success as that presented by the nineteen cases now reported by Mr. Brown, and the equal success of Dr. Tyler Smith, Mr. Spencer Wells, Dr. Clay, and of other recent operators, of 67 per cent. of recoveries, as compared with the unfavourable results of former years, was an advance in surgery of which we might well be proud. We are now, therefore, no longer justified in opposing the wishes of our suffering patients, anxious for the operation, as affording them a chance of escape from a miserable death,—at least in any case which furnishes a hope of a favourable issue. For many years he had taught, in his lectures, that ovariotomy was not justifiable; but the mortality which then attended it, of at least two in every three operations, as fully authorised his so doing as the present improved method of operation, with its happy results, has justified a change of opinion. He still did not think we should take upon ourselves the responsibility of actually recommending the operation, but after fairly laying before our patient the proportion of recoveries from it, we should then, in a case which offers no obvious objection to the operation, leave the important decision to the patient herself.

Dr. **Routh** said, he had seen a large number of cases of ovarian disease; he spoke, therefore, from experience. First, he believed we could never be certain beforehand on some of the most important points of diagnosis in ovarian disease. Extensive adhesions had been often diagnosed before operation, which were afterwards found to be limited or absent. In other cases their absence was predicted, while the operation revealed that they were very firm and numerous. The presence of co-existing ascites greatly increased the difficulty, so as to make a preliminary tapping necessary before ovarian disease could be made out at all. Secondly, he had known some of the most eminent men in the diagnosis of ovarian disease mistake a large cyst of the kidney, extra-uterine pregnancy, and fibroid disease of the uterus, for ovarian dropsy. Thirdly, Mr. Wells objected to the expediency of operating in cases of cancer of the intestines, which he stated was always to be made out before operation. In one of Mr. Brown's cases there was cancer of the duodenum with a large ovarian cyst in front of it. How could such a disease be made out? It was simply impossible. In honesty he (Dr. Routh) was bound to add that post-mortems often revealed the co-existence of other disease which not only could not have been made out before operation, but which could not even have been suspected. Fourthly, his impression was that the non-existence of adhesions, and a perfectly healthy peritoneum, were not necessarily favourable to recovery. He had seen such cases followed by severe peritonitis; while others, in which the peritoneum was almost entirely disorganized by extensive adhesions, which needed very great force to tear them asunder, recovered without one bad symptom. Lastly, he thought that the practice of sponging out the contents of a cyst, if accidentally effused during the operation, was better than leaving the fluid in the cavity of the peritoneum.

Dr. **Graily Hewitt** thought the facts contained in Mr. Brown's paper interesting, as showing the improvements which had occurred of late in the results obtained in the operation of ovariotomy. If he recollected aright, Mr. Brown's former experience, as summed up in Mr. Clay's work on Ovariotomy Statistics, exhibited cures only to the extent of 31 or 32 per cent., whereas in the series of cases now brought forward the mortality was 31·5 per cent., and the cures 68·5 per cent. It was very satisfactory to find that the attention paid to the subject had produced improvement such as that now referred to—an improvement which had more or less attended the operation in other hands also. He thought it would be interesting to the Society if Mr. Brown would state to what he considered the very marked difference in the results of his recent and former experience was due. Further, would Mr. Brown inform the Society whether the results related included all his ovariotomy operations, both those carried out and those only attempted, as was done in Mr. Clay's statistical account? With reference to the existence of adhesions, and their influence on the mortality of the operation, his own observations induced him to think that the point was comparatively unimportant. Any danger attending the use of sponges in the operation was, he believed, connected with want of attention to cleanliness, and consequent introduction of noxious matter into the system.

Dr. Tyler Smith observed that the remarks of the Author upon the semi-recumbent position of the patient during the operation evidently applied to himself. He could only state that he believed this position to be superior to the horizontal, inasmuch as it facilitated the removal of fluid from the abdominal cavity, was convenient to the operator, and it certainly did not produce syncope. In some patients the horizontal position was impossible, as they could not lie down without danger of suffocation. He was glad Mr. Brown had modified his plan of giving opiates as the rule after operations, as he thought it could be shown in some cases to lead to bad results. His own plan had been not to place ligatures upon adhesions when bleeding took place immediately after their division, but to wait till towards the end of the operation, by which time all bleeding from adhesion had generally ceased. He used warm flannels to prevent the protrusion of the intestines, but thought soft and perfectly clean sponges preferable to flannel in removing fluid and coagula. The sponges should be large, so as to render it impossible for them to be left in the abdomen. He thought neither good nor harm could result from the use of arnica and turpentine in the way recommended by the Author. It appeared to him that we were quite able to estimate beforehand the chances of recovery in particular cases; but in the interests of humanity, and when death was inevitable without operation, he thought we were bound in some cases to operate, even though the chances of recovery were slight. The general recognition of the value of the operation would diminish such cases, and also those which were now met with of a hopeless character, by leading to its timely performance. He could not but remark that the present discussion had been chiefly occupied with the minor but still important points relating to the details of this great operation. The subject had now been several times before the Fellows, and, as far as the Obstetrical Society of London was concerned, no voice had been raised against the principle of the operation. It must be held to have been accepted as a recognised operation of the highest value. His own cases had been ten in number, of which seven had been entirely successful.

Mr. Baker Brown, in reply to the observations of Mr. Spencer Wells, stated that he had used the silver wires as ligatures with the best results In one instance, in the presence of M. Nélaton, of Paris, and others, he had used four silver sutures to a wound in the uterus, and the patient made an excellent recovery. The theoretical opinions of Mr. Wells were completely upset by practical facts, as proved both by Mr. Brown and by Dr. Tyler Smith. Mr. Brown repeated, that his experience of the injurious effects of sponges on the peritoneum was founded upon actual facts, first suggested by observing that Mr. White Cooper avoided the use of sponges in operations of the eye, and by also hearing the practical experience of Mr. Webber on the same subject. Mr. Wells' observations about leaving any of the ovarian fluid within the peritoneal cavity were repeatedly controverted by the non-injurious results of spontaneous rupture of ovarian cysts. Mr. Brown had recommended the use of the inhalation of turpentine, after the operation, in cases of pain, upon the well-known principle of its vapour being an excellent anæsthetic; and he felt sure that if any gentleman would administer it to patients suffering pain he would be speedily convinced of the advantages arising from its use. Mr. Brown had no intention in this Paper of comparing the results of his operations with those of Mr. Spencer Wells; but as that gentleman had alluded to the number of his own cases, he had not the slightest objection to state that the results of his whole practice, in private and in St. Mary's Hospital, had been nineteen cases, with six recoveries; and in the London Surgical Home, nineteen cases, with thirteen recoveries: total, thirty-eight cases, and nineteen recoveries. Mr. Brown was surprised at the opinion expressed by Mr. Wells as to the facility of detecting other organic diseases during life in patients suffering from ovarian disease, because he knew that Mr. Wells had operated on a patient, with a fatal result, which he and others of great experience had condemned as totally unfit for operation. The Society had also heard from Dr. Tanner of another case of like nature; and Mr. Brown believed that in two other cases Mr. Wells had operated, in his Hospital, where the adhesions were so great as to forbid the completion of the operation. Mr. Brown believed that the greater beneficial results obtained in the London Surgical Home over his former practice were due to the skilled nursing and perfect organisation of that establishment affording such facilities in the after-treatment. He had mentioned the minute details of the preparatory and after-treatment because a large experience in operative Surgery had convinced him that success arose from a strict attention to these points, rather than from the brilliancy of the operation itself.

THE PATHOLOGICAL SOCIETY.

Tuesday, February 18.

Dr. Copland, President, in the Chair.

(Continued from page 281.)

Mr. Barwell showed parts removed in

EXCISION OF THE ANKLE-JOINT.

The patient was a young woman, aged 25. She had apparently good general health, and did not suffer much pain. In such cases, when the health is good, Mr. Barwell said, there is not often much caries or ulceration, but in this case there was very extensive disease. When the wound was put up after the operation there was no bleeding. This was on Saturday. She had ceased menstruating on Monday. During the night following the operation oozing came on. This was stopped by pressure, but recurred the next day. She had also commenced to menstruate. Mr. Barwell said that he believed that anæsthetics had a tendency to produce bleeding after operation. In two cases in which he had used ether, menstruation occurred soon after. He thinks that in these cases there is a hæmorrhagic tendency which the anæsthetic increases. In the case he had mentioned, the operation was not an easy one, and the patient was a long time under the influence of chloroform.

The President said that he had observed that anæsthetics affect the blood so as to induce a tendency to hæmorrhage. He considered also that the internal exhibition of the so-called chloric ether had the same effect. He thinks that we are doing wrong in using the preparation known as chloric ether (a mixture of chloroform and spirits of wine) instead of the genuine chloric ether which was in use half a century ago, prepared by distilling spirits of wine with hydrochloric acid. This, he said, was quite a different remedy to the one now called by the same name, and a much better one. With reference to the methods of counteracting the tendency to hæmorrhage, he said that his experience showed that the best remedies were frequent doses of the tincture of the sesquichloride of iron, with excess of hydrochloric acid, or half-drachm doses of spirits of turpentine every three or four hours. In hæmorrhage from a want of healthy crasis in the blood, as the older writers called it, these remedies were very useful.

Dr. Schulhof showed

A FŒTUS OF FOUR WEEKS.

It was passed from a woman, aged 46. She had had nine living children. The first of these was born when she was twenty-three years of age. She had had before three premature births, and now at the other extreme of the child-bearing period, she again miscarried.

Mr. Obré showed a specimen from a case in which he believed that death had occurred from

A CLOT IN THE RIGHT SIDE OF THE HEART.

The patient, a child aged 4 years, had been ill only two days with slight swelling of the feet, vomiting, and died suddenly. After death, except evidence of slight inflammation of the pericardium, there was nothing to account for death except a firm clot in the right auricle, the auriculo-ventricular valves being quite impeded. There was a slight clot in the pulmonary artery, but it was quite soft, and evidently very recent. It was strange, Mr. Obré said, that in this case there were no symptoms of embarrassed breathing. He only knew of one case similar, recorded by Dr. Fuller. The traces of inflammation of the pericardium were very trifling. There was no fluid.

Dr. Dickinson said that, on looking at the clot, it appeared very like one formed during the act of dying.

Dr. Bristowe agreed with Dr. Dickinson.

In reply to Dr. Bristowe Mr. Obré said, that he had examined the lungs, but not the trachea and the larynx.

Dr. Harley said, that clots formed after death almost invariably contain blood corpuscles in quantity, while those formed during life looked like switched fibrine. He thought that such a clot as that in Mr. Obré's specimen must have been formed several days before death. He believed, however, with Dr. Dickinson and Dr. Bristowe, that it was formed during the act of dying.

Mr. Obré then showed a specimen of

TUMOUR OF THE SCLEROTIC.

The tumour and the eye-ball had been removed from a patient who had been blind five or six years with cataract. The tumour had been examined by Dr. Harley, who at first thought that it was simply a fibro-plastic tumour, but after repeated examinations he found cells very like those of encephaloid cancer.

Dr. Harley was inclined to believe that the tumour was originally fibro-plastic, and that it had begun to degenerate to encephaloid cancer.

Mr. Nunn (at a previous meeting) showed casts to illustrate the question as to the

CONDITION OF THE PERMANENT TEETH IN INHERITED SYPHILIS.

One of the patients, a child 9 years old, was undoubtedly syphilitic. She had suffered from excoriation of the nates and other suspicious symptoms, and her mother was at present suffering from periostitis. The boy's younger brother had also had caries of the femur. There was, however, no date of infection in the mother, yet the history of the child and the mother's periostitis, Mr. Nunn said, was sufficient evidence that the child was syphilitic. The other patient, aged 19, was the youngest of ten children, most of whom were also living. Those dead died in infancy. In this patient no evidence was obtained to show that it was syphilitic.

Mr. Hutchinson showed a portrait illustrating

THE TEETH IN INHERITED SYPHILIS.

One of the central upper incisors was deeply notched, but the other had been so much destroyed by caries that its original form was lost. There was a clear history of syphilis. Respecting the casts shown by Mr. Nunn, Mr. Hutchinson stated that having seen them privately, he had at once, without being made acquainted with their history, pronounced one of them typical of syphilis, and the other somewhat suspicious, but by no means pathognomonic. In one the notches were deep, in the other much less so, whilst in one the teeth were much dwarfed, and in the other of nearly normal size. His diagnosis had been confirmed by Mr. Nunn's statement as to the history of the patients. In employing the teeth for purposes of diagnosis it was needful to attend to two points, first, the character of the malformation, and secondly, its degree. In both of Mr. Nunn's casts the character was the same, but the degree to which it had been developed was slight in the one and great in the other. The one, therefore, would warrant a confident opinion, whilst the other would only suggest a suspicion to be confirmed or otherwise by the patient's history.

Dr. O'Connor asked if children who had suffered from primary syphilis in infancy had teeth of the form described by Mr. Hutchinson?

Mr. Hutchinson replied that he was not in possession of any facts upon which to answer Dr. O'Connor's question. Unless, however, the syphilis occurred in very early infancy, he should not *à priori* expect that it would damage the teeth.

Mr. Barwell thought the method of diagnosing congenital syphilis by the teeth was on one hand too coarse, and on the other too refined. If we take children known to be the subjects of congenital syphilis, *e. g.*, with loss of palate, and nodes, we find sometimes that the teeth are perfect. He (Mr. Barwell) a little time ago brought before the Society a cast from the mouth of a child who, there could be no doubt, was syphilitic. When brought, the teeth, although considerably malformed, were said by Mr. Hutchinson not to be typical, not of the right shape. Mr. Barwell said that until confirmed by more evidence, he considered it uncharitable to conclude that a patient was syphilitic on account of any peculiarity in the form of his teeth.

HARVEIAN SOCIETY OF LONDON.

Thursday, March 6.

The following is an abstract of Dr. De Méric's Paper on

GONORRHŒAL OVARITIS.

The Author stated that not only gonorrhœal ovaritis, but also gonorrhœa in the female, were but imperfectly studied, and required further elucidation. He then passed in review the literature of the subject, and mentioned the works in which gonorrhœal ovaritis is alluded to. Dr. de Méric then related three cases of women contaminated by their husbands, which leave but little doubt as to the patients having suffered from the complaint under consideration. He granted, however, that such cases could not be thoroughly conclusive until a post-mortem examination had confirmed the notions he advocated. The Author found that the analogy between gonorrhœal orchitis and ovaritis was not complete in every respect, and called attention to the fact of orchitis generally occurring towards the decline of the discharge, whereas in the cases of ovaritis which he had treated the influence of the ovary occurred at a very early period of the gonorrhœal malady. Allusion was now made to treatment, and the Author concluded by expressing a wish, as the cases on record are so few, that those gentlemen who have observed any such should not neglect to give them to the world.

Mr. Sedgwick related a case of

HEREDITARY AMAUROSIS.

A gentleman whose brother became blind from amaurosis in both eyes, between the age of 55 and 60 years, had a family of ten children, consisting of seven sons and three daughters. The first son, who is still living, became amaurotic in both eyes when about 56 years old; the fifth son, who died from paralysis, became amaurotic in both eyes at the age of 48 years; the sixth son, still living, became amaurotic in the left eye at the age of 46 years; and the seventh son, now dead, became amaurotic in both eyes when about 42 years old. Of the other three sons, the second, who died from paralysis at the age of 56 years, the third aged 60 years, who is still living, and is partly paralysed, and the fourth aged 56 years, also living, have no occurrence of the disease. Whilst the three daughters, who are all living, the eldest of whom is now 63 years of age, and is the second child in the family, and the youngest, about 38 years of age, who is also the youngest child in the family, have been quite free from the disease. Mr. Sedgwick remarked that the above case would serve to illustrate two points of interest in connexion with the hereditary development of disease, viz., the sexual limitation of the disease to the males only in the family, all the females being exempt, and the retrogressively earlier development of it in each succeeding member of the family affected; so that whilst the eldest of the four brothers became amaurotic at about the same age as his paternal uncle, the three younger became so at an earlier age in each case than the preceding, the sequence being 56, 48, 46, and 42. (a)

Mr. J. Zachariah Laurence read a Paper

ON THE OPTICAL DEFECTS OF THE EYE, THEIR NATURE AND TREATMENT.

The Author in the first instance passed in review the leading optical phenomena of the formation of images by lenses, and then showed how these explained the laws of vision of the human eye. It was demonstrated by Cramer's Ophthalmometer that the adjustment—"accommodation"—of the eye to near objects was accomplished by the crystalline lens increasing in convexity. Eyes admit of subdivision into three classes according to their power of refraction—1. *Normal Eyes:* the image of a distant object is formed exactly *on* the retina. 2. *Short-sighted Eyes:* the image of a distant object occurs *before* the retina: it is transferred to the retina by means of a concave lens. 3. *Hypermetropic Eyes:* the image of a distant object would be formed *behind* the retina: it is brought back to the retina by a convex lens. Mr. Laurence here adverted to the fact that such eyes, as a rule, always endeavour to correct their defective refraction by accommodating, even for distance—that it was therefore necessary to paralyse the ciliary muscle by atropine in order to estimate the total amount of hypermetropia present. *Presbyopia* was then shown to depend on deficiency of accommodative power; it was further shown to be a usual occurrence to *all* classes of eyes, that affected equally normal, short-sighted, and hypermetropic eyes. Thus a person who cannot see critically distinctly further off than thirty inches, and not closer than fifteen inches, is short-sighted and long-sighted at the same time—his whole range of vision being comprised in a distance of fifteen inches. The above facts were then illustrated by three patients; one a case of myopia of $\frac{1}{3}$rd, the other two cases of hypermetropia, of respectively $\frac{1}{4}$th and $\frac{1}{14}$th.

(a) Mr. Sedgwick (12, Park-place, Upper Baker-street) stated that he should be thankful to receive from any members of the Profession, notes of cases of any disease or peculiarity in which a corresponding restriction to *one sex* prevailed.

Dr. Greenhow drew attention to a form of deficient adjusting power which he had often observed in cases of diphtheria, which Mr. Laurence ascribed to a paralysis of the ciliary muscle.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—March 19.

COLLEGE OF PHYSICIANS (IRELAND) BILL.

Sir R. Peel moved for leave to introduce a Bill to define the powers of the President and Fellows of the King and Queen's College of Physicians in Ireland with respect to the election of Fellows. He need only state at that late hour that it was desirable to place the Irish College upon the same footing as the English and Scotch Colleges, which could receive Fellows from any University, whether home or foreign, whereas at present the King and Queen's College of Ireland was restricted to persons who had graduated at Oxford, Cambridge, or Dublin.

Mr. Whiteside asked if the Bill was brought in after communicating with the heads of Colleges in Ireland.

Sir R. Peel was understood to reply in the affirmative.

Leave was then given to bring in the Bill, which was read a first time.

MEDICAL NEWS.

APPOINTMENTS.

Aickin.—William Aickin, M.D. Queen's Univ. Irel., M.R.C.S. Eng., L.A.H. Dub., L.M. Queen's Coll. Belfast, has been appointed Medical Officer to the Ballymacarrott Dispensary District, in the Belfast Union, *vice* James Murray, M.D. Univ. Glasg., C.M. Glasg., F.R.C.S. Irel., L.M., deceased.

Earle.—James Neale Earle, M.R.C.S. Eng., and L.M., L S.A. Lond., one of the District Surgeons of the Royal South London Dispensary, has been appointed full Surgeon.

Cartwright.—Mr. John E. Cartwright has been elected Surgeon to the Seamen's Infirmary,. Ramsgate.

Greaves.—Charles Henry Greaves, M.R.C.S. Eng., L.S.A Lond., has been elected House Surgeon and Secretary to the Staffordshire General Infirmary, Stafford, in the room of Thomas Parker Smith, M.B. Lond , M.R.C.S., Eng., L.S.A. Lond., resigned.

Harris.—Hasler Harris, M.R.C.S. Eng., has been appointed Dental Surgeon to the Royal Free Hospital, in the room of Mr. James Robinson, deceased.

Hills.—Rowland Hills, formerly of the Sunderland Infirmary, and now of Newcastle-upon-Tyne, has been appointed House Surgeon and Dispenser to the Chesterfield and North Derbyshire Hospital, Chesterfield.

Jackson.—Robert Edmund Scoresby Jackson, M.D. Edin., F.R.C.S. Edin., M.R.C.S. Eng. and L.M., L.S.A. Lond., has been appointed Lecturer on Materia Medica at Surgeons' Hall, Edinburgh, *vice* Dr. Andrew Douglas Maclagan, M.D. Edin., F.R.C.S. Edin., resigned.

Mivart.—St. George Mivart, F.L.S., F.Z.S , has been appointed Lecturer on Comparative Anatomy at St. Mary's Hospital Medical School, *vice* William Henry Broadbent, M.D. Lond., M.R.C P. Lond. (exam.), resigned.

Wells.—Mr. Soelberg Wells has been elected Ophthalmic Surgeon to the Middlesex Hospital.

DEATHS.

Becquerel.—M. Alfred Louis Becquerel. This distinguished Practitioner has just succumbed to a long and severe malady. He was an *agrégé* of the Faculty of Medicine, and Physician to *La Pitié*, and author of several works held in high esteem, among which are the "Semeiology of the Urine," "Treatise on Hygiene," "Treatise on Diseases of Women," and "Treatise on Medical Electricity."

Bell.—Dr. Luther V. Bell, the well-known Alienist Physician of the United States, has just died. He was for many years Resident-Physician of the McLean Asylum, Massachusetts, and at one time President of the Association of Physicians of Lunatic Asylums. He has also published several valuable essays upon the subject of Insanity. On the breaking out of the fratricidal war he joined a Massachusetts regiment as Surgeon.

Dobson.—March 3, Parke Dobson, of Edgworthstown, Co. Longford, M.R.C.S. Eng., L.A.H. Dub., L.M. Dublin Lying-in Hospital.

Foucart.—M. Alfred Foucart, one of the most laborious and intelligent of the *collaborateurs* of the *Gazette des Hôpitaux*, died last week. Once in the possession of a large practice, he had been obliged to retire from its duties while yet young, in consequence of the shattered state of his health. This was attributable in some measure to his immense labours as Surgeon to the *Bureau de Bienfaisance*, during the cholera years of 1849, 1853-4. Afterwards he was despatched by the Government upon a laborious mission into several provinces ravaged by epidemics of the Miliary Sweat; of this disease he has published a good monograph.

MacCabe—March 8, at Hastings, Peter Francis MacCabe, M.D., Justice of the Peace for the Borough, aged 79.

Norman.—March 16, suddenly, John Norman, of Darlington-street, Wolverhampton, M.D. Edin., aged 26.

O'Sullivan.—Recently, John S. O'Sullivan, of Dublin, Surgeon, for upwards of 18 years on the literary staff of the *Freeman's Journal*, Dublin.

Parker.—March 11, James Parker, of Tunbridge, M.R.C.S. Eng., L.S.A. Lond , aged 52.

Schofield.—March 12, James Schofield, of Middleton, Lancashire, (in practice prior to 1815), aged 79.

Williams.—March 14, Richard Lloyd Williams, of Henllan-place, Denbigh, M.D. St. And., F.R.C.S. Eng. (Hon.), aged 70.

Wyatt.—March 12, Arthur Wyatt, of Old Charlton, Kent, M.R.C.S. Eng. and L.M., L.S.A. Lond , aged 35.

A correspondent of the *Times*, who signs himself "F.R.S.," has published an attack on Mr. Whitfield, Resident Medical Officer of St. Thomas's Hospital, charging him with personal bias in his desire that the Hospital shall be removed. Mr. Whitfield replies that the proposition is by no means new:—"I can refer," he says, "to a letter forwarded to the Court of Governors in 1832 by my then worthy colleagues,—Physicians and Surgeons of unquestionably 'high metropolitan standing,' and in extensive practice,—who one and all advocated the removal of St. Thomas's to 'a more eligible situation,' in consequence of 'the low, close, and confined position of the Hospital as it at present stands;' also 'the greatly extended surface and population of the metropolis requiring a more equal distribution of such charitable establishments.'"

Junior Medical Society of London.—The Annual General Meeting of this Society was held at King's College, on Tuesday, March 11, Mr. W. F. Clarke, President, in the chair. The Report of the Council for the past year was read by Mr. Frank W. Cooper (Charing-cross), which displayed a very prosperous condition of the Society. It was moved by Mr. G. B. Brodie (St. George's), seconded by Mr. Axford (King's), and carried unanimously—"That the Report now read be received and adopted." Mr. John F. Deck (St. Thomas's), then read over certain additions to the Laws and Bye-Laws which were submitted by the Council for consideration, the majority being carried *nem. con.* Mr. Stevenson (Guy's) proposed, and Mr. Muir (Guy's) seconded, "That the expenses of the Society, *including* those of *all Ordinary* and *General Meetings*, be defrayed by a contingent, furnished *pro ratâ*, by each Hospital Medical Society in union, the rate to be levied according to the number of new members admitted during the preceding year, and that refreshments be discontinued." Carried unanimously. The Laws and Bye-Laws were ordered to be printed and circulated, and a vote of thanks to the President concluded the meeting.

Heat in Australia.—After a remarkably cool and even cold summer, which was wet in the early part, we had on the 14th and 15th of January two days of excessive heat, of which description can give no just conception, and the details of which always create doubt in the minds of Europeans. These extraordinary days only occur once in three or four years. The 14th was excessively hot, without wind. On the 15th the temperature was higher and it blew very hard. The heat of the wind was like that from a furnace, or that which has passed over a surface of heated iron. Various thermometers in the shade marked 105°, 106°, 108°, and 111°. In 1855 I had an opportunity of measuring carefully the heat of the hot blast apart from all other influence, and it was 117°. The thermometer was insulated, was suspended at a spot screened from the sun and upon which the sun had not shone that day, and was remote from all radiated heat, but it was in the direct line of the hot blast. In less than an hour it rose to 117°, and then commenced falling. I can, therefore, credit the above statements. This heat was followed by a great many deaths of very young children in many parts of the country, but to persons beyond tender years I do not think it unhealthy; and people often complain more of a lower temperature, say 90 to 97, where there is no wind. The dull windless heat is certainly very oppressive, and a breeze from the north, though as hot as a furnace, produces very little lassitude. These very hot winds seldom last more than 36 hours, when the sea-breeze effectually sets the constitution to rights. The All England Eleven played and won at the Ovens (Beechworth) with the thermometer 107° in the shade. Of course they played in the sun.—*Times' Correspondent.*

Royal Irish Academy.—The Annual Meeting of this learned body, held, pursuant to Charter, on Saturday the 15th instant (March 16, in the present year, falling upon Sunday), was rendered more than usually interesting by the presentation of four Cunningham gold medals. The distinguished labours of the four recipients, for which these medals were awarded, were described in an able and eloquent address delivered by the President, the Very Rev. Charles Graves, D.D., Dean of the Chapel Royal. Among the audience were His Excellency the Lord Lieutenant, Visitor of the Academy; the Lord Chancellor of Ireland; the Right Hon. Joseph Napier, ex-Lord Chancellor; the Bishop of Killaloe; Sir Thomas Larcom; and a large number of members of the Clerical, Legal, and Medical Professions. The recipients of the medals were the Rev. Humphrey Lloyd, D.D., D.C.L., F.R.S., for his researches in Physical Optics and Magnetism; Mr. Whitley Stokes, for his work upon Irish Glosses, edited for the Irish Archæological Society, a volume containing, as the President stated, "the largest store of trustworthy comparisons of Welsh, Irish, Gaelic, Cornish, and Breton words with one another, and of the different Celtic forms with Sanskrit, Zend, Greek, Latin, Gothic, Anglo-Saxon, English, and old high German, that has hitherto been published;" Mr. Robert Mallet, F.R.S., for his researches on the Theory of Earthquakes; and Mr. John T. Gilbert for his "History of the City of Dublin." In the absence of Mr. Stokes, who was unavoidably detained in London, the medal awarded to him was received by his father, Dr. Stokes, and our readers will, doubtless, concur in the sentiments expressed, in an eloquent and appropriate speech delivered by the Lord-Lieutenant on the termination of the President's address, that "most pleasing it is, indeed, to find the son of a father who has done so much to lighten suffering and prolong life, himself showing so much bright promise in the cultivation of those pursuits and humanities, which so powerfully contribute to dignify and adorn it. I am sure we shall hail with pleasure the promising career of such a son of such a father." His Excellency was followed by the Rev. Professor Haughton, F.R.S., who read an interesting Paper "On the Velocities of Bullets Discharged from Small Arms, compared with those of the Shot and Shells Discharged from Armstrong Guns," after which the Academy proceeded to the election of officers, and the transaction of the other business of the evening.

Marriages, Births, and Deaths in France during the Years 1854-7.—From the Government Returns just published we have the following results:—1. *Marriages.*—These increased from 1 in 133 inhabitants in 1854, to 1 in 122 in 1857, being most frequent in prosperous years. The average age of marriage for men was 30½ years, for women 26 years. The fecundity of these marriages was very slight, only 3·08, 3·23, 3·06 legitimate infants resulting in the years 1855, 1856, and 1857—the fecundity being about a third less in the Department of the Seine than in other parts of France. Contrary to the opinion usually held, the young men marry women older than themselves, but after the age of 30 they marry younger women. 2. *Births.*—The annual number of births has varied from 950,000 to a million; and compared with the total population, there was in 1853-4 1 birth to 39 inhabitants, 1 to 40 in 1855, and 1 to 38 in 1856-7. In 1817 the births were 1 to 32. The proportion of boys is almost always the same, viz., 105 to 100 girls, the predominance of male children being especially observed among the first-born, and when the fathers have been older than the mothers. The proportion of natural to legitimate infants was in the country about 1 to 24, while in towns of 10,000 inhabitants and upwards the proportion rapidly increased, until it reached in Paris the exceptionally high one of 1 in 3, some share of this being due to the migration of pregnant mothers from rural districts to the capital. The maximum of births took place in February, March, and April—thus fixing the most frequent periods of conception in May, June, and July. 3. *Deaths.*—The mean number of deaths in 1853 was 1 in 45 inhabitants, and in 1854, the cholera year, it rose to 1 in 36, but in 1856 and 1857 the proportion had sank again to 1 in 43 and 42. The deaths in 1855, 1856, and 1857 amounted to 937,942, 837,082 and 858,785 or 2·16, 2·32, 2·38 per cent. of the inhabitants. In the year 1855 the deaths exceeded the births by 3·95 per cent., while in the years 1856 and 1857 they were less in number than the births by 12·08 and 8·71 per cent. During these three years the male deaths were 105 59, 103·23, and 105·23 to 100 female deaths. In both sexes and at all ages (except in those married before the age of 20, when the mortality was greater than in a state of celibacy) there was a larger proportion of deaths among the unmarried and the widowed than among the married. The greater mortality of illegitimate infants was remarkable. During the year 1857, in 10,000 births 402 legitimate and 716 illegitimate infants were born dead; and during the first year of life, 1·90 illegitimate infants died for 1 legitimate. The period when the greatest mortality at all ages was observed was during the hottest months. 4. *Causes of Death.*—These can only be stated with any approach to accuracy with respect to the large centres of population, no efficient steps having been taken to secure the uniformity and verification of the returns for rural districts. From an examination of 513,665 deaths occurring during the years 1855-57, the percentage of the principal causes have been calculated. Diseases of the chest stand at the head of the list, constituting 26·17 per cent. If the calculations are correct, phthisis carries off about 90,000 persons annually, and pneumonia 55,000. While the diseases of the respiratory organs constitute more than a fourth of the entire mortality, those of the digestive organs count as less than one-fifth, viz., 19·10 per cent. Diseases of the brain and nervous system are set down at from 12 to 13 per cent. The small proportion of 4 per cent. is assigned to deaths from old age; but this may arise from town populations being here alone under examination. Much greater ages are attained in the provincial districts; but the chief reason of the small per-centage assigned to old age is the greater precision of diagnosis, many deaths formerly attributed to old age being now referred to their respective pathological conditions. Fevers figure in the returns at 8·14, eruptive fevers at 3·79, and diseases of the circulation at 4·27. Diseases of the genital organs are returned as 1·30 per cent., those of the bladder at 0·78, and violent deaths at 1·72. So imperfect, after all, is the table, that the various unspecified diseases are set down in it as high as 14·40 per cent.—*Gazette Hebdomadaire,* No. 8.

Ethnological Society.—At the last meeting of this Society, on the 18th inst., John Crawfurd, Esq., President, in the chair, the first paper was read by William Bollaert, Esq., F.R.G.S., "On the Ancient Indian Tombs of Chiriquí, in the Isthmus of Panama." These tombs afforded evidence of a nation of men sufficiently civilized to be able to fabricate pottery often of a beautiful nature, analogous to the Etruscan, Mexican, New Granadian, Peruvian, or Bolivian remains. The age at which these pots were manufactured might be estimated by the fact that they were derived from tumuli, which had, during the historical period, been thickly wooded; thus indicating the existence of a nation practising the ceramic art at a period antecedent to the growth of the primeval forest. These nations worked in gold, and their ornamental idols in that precious metal were exhibited to the Society. Mr. Charles Carter Blake read the next paper "On Stone Hatchets from Chiriquí," in which he described various "celts," some of a high degree of historical antiquity, which had been found in the tombs of Chiriquí. Some of these were ground over the whole of the surface, and probably belonged to the Doracho nation, who had made a portion of the pottery; but one of them, by its slight degree of workmanship, seemed to have been produced by a nation of the same grade of civilization as the pre-historical men who founded the Kjökkenmöddings of Denmark. There was reason to suppose that early man was coëval with many of the extinct animals, in both North and South America. Specimens of the Chiriqui flints were exhibited, as well as celts from the Somme Valley, Auvergne, Teddington Lock, and Blackfriars Bridge. An interesting discussion ensued, which was joined in by Professor Owen, who called attention to the fact that the animals sculptured upon the pottery were all of native American types, and expressed his regret that no evidences were afforded from America which threw any light upon the origin of man. Mr. Blake's conclusions respecting the celts were supported by Mr. S. Mackie, and ably controverted by Mr. John Evans, F.G.S., who however admitted that two types of Celts were found in Chiriquí, and by Mr. Christie. Observations were also offered by Dr. Seemann, Mr. Burke, Mr. Power, and Mr. Solly. Mr. Blake, in conclusion, drew the attention of the Society to the traditions which existed in the minds of the Aborigines, *e.g.*, of the extinct *Mastodon* and gigantic *Caypore*, and suggested that the latter animal might be identified with the *Protopithecus* of the postpliocene, which may have lived down to the human period. At Timaná, in New Granada, were sculptured feline animals not identical with any known existing species, and approaching to the extinct *Machairodus* of the Brazilian bone caves. After a few observations from the President, the meeting adjourned till April 1.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 15, 1862.

BIRTHS.

Births of Boys, 991; Girls, 949; Total, 1940.
Average of 10 corresponding weeks, 1852–61, 1830·3.

DEATHS.

——	Males.	Females.	Total.
Deaths during the week	715	708	1423
Average of the ten years 1851–60	660·2	620·1	1280·3
Average corrected to increased population ..	..	..	1408
Deaths of people above 90	..	..	11
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhoea.
West	463,388	..	3	5	4	6	11	2
North ..	618,210	3	..	15	5	16	24	3
Central ..	378,058	..	4	6	1	3	13	3
East	571,158	2	3	9	2	18	39	1
South ..	773,175	1	11	14	7	12	21	5
Total.. ..	2,803,989	6	22	49	19	54	108	14

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Quæsitor.—No other preliminary examination is required.

W. D. M.—It is our opinion that you can recover. But consult your solicitor.

Dr. Smyth's Case of Puerperal Convulsions, Mr. Massey Harding's Case of Puerperal Convulsions, and Reviews of "Jourdanet on Mexico," and Dr. Richardson's "Asclepiad," will shortly appear.

If Dr. Whitehead will be good enough to forward the particulars of the cases and operations which he mentions in his letter, we shall be most happy to publish them.

A letter has been received from Mr. James Bird intimating that it is the intention of some of the Members of the old "Institute of Medicine, Surgery, and Midwifery," to invite Mr. Martin, of Reigate, to a dinner in the month of April. It has been thought, however, that it would be wrong to confine the pleasure of doing honour to Mr. Martin to a very limited circle, and that many of his professional brethren would have great gratification in meeting one so widely honoured and respected. We are, therefore, authorized to say that the time and place of meeting will be duly notified, and that communications on the subject may be addressed to Mr. Bird, 6, Seymour-street West, Connaught-square; Mr. Propert, President of the Benevolent College; Mr. Ancell, 8, Norfolk-crescent; and Mr. Hood, 15, Lower Seymour-street.

Leeds Infirmary.—Mr. Jessop's Cases are in type, and shall appear next week.

[The South Essex Water Works Company has forwarded to us its prospectus, from which it appears that it was established for the purpose of utilizing a large supply of water, discovered in the process of excavating the chalk pits at Grays, in Essex. The springs opened in the course of excavating appear to be capable of producing daily many millions of gallons of water, free from organic matters, and containing only the ordinary constituents found in waters which flow from the chalk formations. The prospectus proposes "That this extensive yield of excellent water should eventually be made available to improve and increase the metropolitan supply. The present powers of the Company enable it to distribute water to Brentwood, Romford, Ilford, Barking, and other places between Grays and the district adjacent to the eastern suburbs of London." The proposers assert that the water is particularly suitable for shipping, and will keep during the longest voyage without change. —Ed.]

Erratum.—Page 274, *for* "Mr. James Orton, Divisional Surgeon of the Police," *read* "Mr. James Horton."

Death of Mr. Robinson.—Letter from Ambrose Paré.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Sir Lytton Bulwer having recently received from Dr. Fenwick (who is still in Australia) a small supply of the Vital Essence collected soon after the death of the wonderful chemist, Margrave, and a drop having fallen near my late tomb, I was at once restored to life and youth, and endowed with faculties I did not possess when first among men. Among other things I have been endowed with a knowledge of your language, and one of my first acts has been to read the last Number of your Journal. I need not say that the very fact of the existence of a Medical Journal at all has surprised me very much; but I was still more surprised at finding that the ligature of arteries is still unknown to English Surgeons, and that the old plan of tying a tight bandage round a wounded limb is still resorted to, even the cautery (an old, but efficient mode of stopping bleeding,) being also neglected. At least, so I gather from what I read of the death of one whom I hear spoken of as one of your busiest dentists,—Mr. Robinson. He wounded a muscular branch of one of his femoral arteries; he was attended by Messrs. Hancock and Jackson, Messrs. Wotton and Harris, Bridgewater and O'Brien; yet not one of these Surgeons (so far as I can learn) tied the wounded vessel, and the poor dentist bled to death. Allow me, then, to refer the Profession to my demonstration of the superiority of the ligature over other ruder methods of stopping the flow of blood from wounded arteries, and to subscribe myself, with profound astonishment, Yours, with sincere regret,

Knebworth, March 17. Ambrose Paré.

Alleged Use of a Secret Anæsthetic Agent.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the list of the New Council of the London Medical Society I see the name of a gentleman who has had considerable notoriety in this neighbourhood as having discovered a new anæsthetic agent, which he employs in midwifery cases, and has named "anodyne vapour,"—the composition of which he keeps secret. So much is it said to surpass ordinary chloroform, that, it is reported, patients flock to him from all parts of the kingdom, and even from abroad, and that he has never yet had an unsuccessful case. Cannot this gentleman be induced to read a paper on the subject, or publish something about it in one of the Medical Journals, that others may try it? He is a L.R.C.P. Edin., I do not know the rules of that College, but the London one has a very proper law:—(ix.) "That no Licentiate shall use, for the sake of gain, any remedy which he keeps secret." I am, &c.

Kennington. "Pro Bono Publico."

Newspaper Puffery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to forward to you the enclosed specimen of puffery, taken from a local paper. Perhaps the author would have the kindness to inform the Profession and the public as to who "the indefatigable Mr. A. Landford" is, and what are his qualifications, as his name does not appear in the *Medical Directory* for 1862. I am, &c.

March 13. U. M. O.

"Whitwick.—We regret to state that a considerable amount of sickness has been very prevalent in this locality, and great praise is due to our indefatigable Surgeon, Mr. A. Landford, for his unremitting attention to all parties entrusted to his care; his labour to a certain extent, may be imagined when we state that a few days ago, Mr. Landford attended and dispensed medicine for 102 patients in one day."

Cod-Liver Oil as an Emmenagogue.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A few days ago a patient applied to me for something "to strengthen her." She was 21 years old, spare, and anæmic. She stated that two years ago she suffered from some ailment for which she was ordered to take cod-liver oil. The only noticeable effect was the bringing on of menstruation more frequently than natural, viz., every fortnight. That this was the result of taking the oil was proved by the fact that by taking or discontinuing it she could at will prolong or shorten the menstrual period. Indeed, she asserts her belief that if she had not occasionally ceased taking the medicine, the period would have run on to the time for the next. She professes that during the last two years she has tried numerous experiments with the oil, but always with the above-mentioned results.

I detect no signs of phthisis or tuberculosis. The leading symptom complained of is debility, and for this the menorrhagia sufficiently accounts.

Have any of your readers noticed similar effects, or must we assign the results in this case to idiosyncrasy? I am, &c.

Adelaide, South Australia, January 5. H. W.

Prescribing Chemists.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I lately read an account in the *Daily Telegraph* of a dinner of the "United Society of Chemists and Druggists" at the Freemasons' Tavern. The health of Mr. Ablitt was proposed, and in returning thanks he said: "No class of tradesmen were more generally useful, especially to the poor, who consulted them more than they did Medical men." I have hitherto erroneously considered that the object of the Apothecaries' Act was to prevent unqualified persons from practising. I was also given to understand when I paid two pounds for registration, that I was to be protected against unqualified persons. Allow me to ask, is such the case? The necessary study for the Medical Profession is expensive, besides the cost of Diplomas. It is notorious that Chemists not only prescribe medicines, but frequently dabble in Surgery, to the injury of the qualified Practitioner. I cannot see the distinction between a man who prescribes behind his counter, and one who does so in a private house. If it was the intention of the Registration Act to prevent this, it seems to have failed signally, and I would ask, such being the case, where does the large amount go to, after paying the necessary expenses of the office, clerks, etc. If there were an Act to prevent Chemists from prescribing, and to oblige qualified Practitioners not to keep medicines, but send their prescriptions to the Chemists, much jealousy would be avoided, and it would be to their mutual interest. I am, &c.

London, March 12. MEDICO.

EXAMINATIONS AFTER SUSPECTED DELIVERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If you think the following would act as a caution to my brother Practitioners, who may be placed in similar circumstances, I shall feel obliged by your inserting it in your next.

Mr. Hay, Relieving Officer of the Walton District of the Preston Union—of which I am Medical Officer—called at my Surgery between ten and eleven o'clock p.m. on the 24th of December last, requesting me to go and see his servant, an Irish woman, about thirty years old, who, he suspected, was the mother of a child that had been found murdered near his house, and on which an inquest had been held, and a verdict of Wilful Murder returned. I objected to go, giving as my reasons that I had a midwifery case on hand, and that my horses were tired and not fit to go, he living about five miles from my house, and recommended him to take Dr. Ashton, of Walton, who lives considerably nearer, and who had made a post-mortem examination of the child the same day, and considered it to have been born about ten days. However, he insisted on my going, and would hire a cab for me, so at length I reluctantly consented. On my arrival at his house, I accompanied Mrs. Hay to the servant's bed-room, she being in bed at the time. I examined her as an ordinary patient, and found her suffering from symptoms of cold. I then, along with Mrs. Hay, went into an adjoining room, and told her that from the examination I had made, I could see nothing to warrant any suspicion, and that I thought the best plan would be to tell her of the rumours that were current, and see if she would allow me to examine her in the usual way. We went back to her room; I told her in as delicate a manner as I could that she was suspected of being the mother of the child that had been found, and that if she thought proper I would examine her. She appeared a good deal shocked, and said, "The likes of me having a child!" that she never knew a man in her life, and that I might examine her, or all the Doctors of Preston either, as she was anxious to clear herself. Her breasts were small and flabby, and the areolæ not large. On raising up her chemise, I found it very much besmeared with blood: there was a dark line extending from the pubis to the umbilicus. The vagina was rather tight, and the neck or the uterus hanging down into it. There was coagulated blood in the vagina. I did not give a positive opinion, but requested Mr. Hay to see me the following morning. I met him in the morning between Walton and Moore's Mill, and told him I felt sure that the child was not his servant's, but should like another Medical man to see her along with me. As we were talking, Police Officer Coates, of Walton, joined us. I told him what I had done the night before. He said that the Superintendent of Police had instructed Dr. Ashton, of Walton, to see her, and he thought the Doctor was then on his way to the house. Immediately afterwards Dr. Ashton drove up, and, after a little hesitation on his part, we went together. After examining her, he was of the same opinion as myself, that the child could not be hers. She was quite willing for Dr. Ashton to examine her; and in her presence I told the Doctor that she was just as willing the night before for me to do so.

I heard nothing more of the case until about three weeks afterwards, when, to my surprise, I was served with a writ by an attorney in this town, with the name of Mr. and Mrs. Hay on it as well. I consulted my solicitor, and left the matter in his hands. A week or ten days ago he informed me that the case had to go to Liverpool, and, even if I got a verdict in my favour, the expenses would be from £80 to £100, and that the parties were willing to stay proceedings on payment to the woman of £45 and expenses, which would be about £15. Unwilling as I was to compromise such a trumpery affair, evidently got up to extort money, still, at the same time, I could not afford to lose such a large sum of money as stated by my attorney, and, therefore, allowed the matter to be compromised in Mr. Hay's name, by the above payment; and Mr. Hay being in low circumstances, no doubt the principal bulk of it will require to come out of my pocket. I am, &c.

27, Church-street, Preston, March 11. WM. SMITH.

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I must apologise for trespassing so frequently on your columns, but as I have recently made an Appeal to all the Poor-Law Medical Officers, it is but right you, as the steady supporter of our rights, and the Medical men themselves, should know the result of that appeal.

On the seventh of this month I sent out a circular letter, and in the course of the following week I received upwards of 100 subscriptions, and I have little doubt many more will yet come in. It may possibly be said that 100 is but a small proportion of 3000, but as yet there has been but little time for Union meetings, etc. However, the annexed list of names will show that I have at this moment a powerful body of voluntary supporters, and I have little doubt others will readily join them in the endeavour to rescue our poorer brethren from the miserable position many of them are now in, which is exemplified by the following extracts from letters received within the last few days: "I send you five shillings' worth of stamps,—three days' earnings; I can afford no more, and for that sum I have paid over 100 visits, travelled 62 miles, and supplied medicines." Another writes: "During the last quarter I have had an unusual amount of fever cases (no fewer than 90) for which I have received £4 10s., my regular quarter's salary." Other cases not mentioned. Surely I need say no more of the urgency of the Reform we seek, or of the necessity for all the Poor-Law Medical Officers lending a helping hand.

Permit me here, in the name of the Association, to thank those gentlemen unconnected with the Poor-Law who have so generously sent subscriptions; against their names a * has been affixed.

I am, &c.

12, Royal-terrace, Weymouth, March 15. RICHARD GRIFFIN.

Subscriptions received since the last published account and up to March 16:—Sanders, W., Gravesend, £1; Merriman, C., Altrincham, £1 1s.; Mackie, J., Darlington, 10s.; *Smith, Dr., Durham, 10s.; *Mackintosh, Dr., Darlington, 10s.; Clarke, Dr., Sedgefield, 10s.; *Clark, Dr., Kerry-hill, 10s.; Gerraus, J. G., St. Marylebone, 10s.; Newman, W., Newark, £1 1s.; Phillips, G. M., Hitchin, 10s. 6d.; Sankey, W., Hollingbourne, £1 1s.; Dreken, P., Ashby-de-la-Zouch, 10s.; Bury, G., Barnet, 10s.; Brown, G. D., Henley, 10s.6 d.; Clarke, J., Barnstaple, 5s. Green, J. L., Tisbury, 5s.; Nicholson, T., Chesterfield, £1; Foster, W. F. Isle of Wight, 5s.; Loveless, W. R. S., Stockbridge, 10s.; Pound, G., Ash, 5s.; Hooper, T. M., Camberwell, St. Giles, £1; Dowling, J. H., Cerne, 5s.; Bennie, A., St. Thomas, 2s. 6d; Rake, B., Fordingbridge, 5s.; Davis, W. G., Warminster, 2s. 6d.; Collyns, C. P., Dulverton, 10s.; Collyns, J. B., Dulverton, 10s.; Bratt, W., Shipston-upon-Stour, 10s.; McNabb, D. R., Epping, 5s.; Blythman, R. O., Rotherham, 5s.; Loney, W., Macclesfield, 2s. 6d.; Brown, J. L., Watford, 2s. 6d.; Fendick, R., Bristol, 5s.; Fenn, T. H., Sudbury, 2s. 6d.; Robertson, Wm., Rothbury, 2s. 6d.; *Smith, Dr. Wm., Weymouth, £1 1s.; Mercer, Edwd., Wareham, 5s.; Willcox, C., Wareham, 5s.; Clark, W., Epsom, £1 1s.; Rogers, J., Strand, 5s.; Oliver, W. H., Amersham, 5s.; Richardson, E., Whitechapel, 10s. 6d.; Champneys, A. M., Whitechapel, 10s. 6d.; Molyneux, T. S., Wigan, 10s.; Roe, R., Barton-on-Irwell, £1; Dorning, D., Barton-on-Irwell, £1; Taylor, C., Melksham, 7s. 6d.; Workman, J. W., Reading, 10s; Davies, F. Pershore, £1 1s.; Pearce, R., Cardiff, 5s.; Bryant, J., Clerkenwell, 5s.; Brice, W. A., Eton, £1 1s.; Few, W., St. Ives, 5s.; Underhill, W. S., Dudley, 10s.; Muriel, T. J., Corford, 2s. 6d.; Peat, T., Tendrings, 5s; Bloxham, C. W., Stourbridge, 5s.; French, W. J., Wilton, 10s.; Harston, A. D., Islington, St. Mary, 10s.; Wooldridge, L., Whitchurch, 5s.; Pode, S. H., Plympton St. Mary, 4s.; Chapman, J., Brentford, 10s.; Mackinder, D., Gainsborough, 5s.; Piper, S. E., Darlington, £2; Bryden, R., Tiverton, 5s.; Jones, T., Ross, 2s. 6d.; Dowry, J., Hendon, 10s.; J. J., £1 1s.; Izod, C. W., Kingston, 10s.; Calder, G., Hailsham, 2s. 6d.; Graham, T. H., Ticehurst, 5s.; Garlick, F. S., Halifax, £1 1s.; Ellis, W., Dewsbury, £1 1s.; Hodges, W., Hertford, 5s.; Thorne, J. L., Wellington, 5s.; Lomax, J., Ulverstone, 5s.; Roberts, N., Festiniog, 10s.; Hall, C., Burton-on-Trent, 2s. 6d.; Huber, W. A., Hemel Hempstead, 10s.; Shillitoe, R. N., Hitchin, 10s.; Muriel, C. E., Norwich, 5s.; Smith, H. H., Ticehurst, 5s.; Yeoman, J., Whitby, 5s.; White, F. G., Devizes, 3s.; Martin, J. H., Abingdon, £1 1s.; Brine, J. E., Shaftesbury, £1 1s; Bennett, W. H. N., Shaftesbury, £1 1s.; Miles, E. J., Shaftesbury, £1 1s.; Ellerton, J., Abbesford, £1 (previously gave £5): Thomson, S., Burton-on-Trent, 5s.; Kemp, E. M., Wakefield, 5s.; Weight, E., Wokingham, 5s.; Pilkington, H. W., Blackburn, £1; Smith, C. J. O. Bingham, 3s.; Spurgin, C., Sandford, 2s. 6d.; H. M. W., 5s.; C. J. C., 2s. 6d.; Edmonds, S., Tamworth, 10s. 6d.; Love, J., Freebridge, Lynn, 2s. 6d.; Usher, H., Bridge, 5s.; Taylor, G., St. Faith's, 10s.; Bulmer, G., Leeds, 10s.; Clarkson, W. H., Romford, 2s. 6d.; Fletcher, J. O., Manchester, 10s.; Hanham, F., Bath, 10s.; King, G., Horncastle, 5s. 3d.; Snaith, J., Horncastle, 5s. 3d.; Norman, G. B., Basfield, 10s.; *Robertson, Dr., Nottingham, 10s.; Jesten, J. W., Henley, 10s.; *Jesten, R., Henley, 10s.

COMMUNICATIONS have been received from—

Mr. R. GRIFFIN; Dr. MOORE; Mr. J. HUTCHINSON; Dr. TANNER; Dr. BALL; Mr. HUTCHINSON; Dr. WATERS; Dr. MOORE; H. W.; Mr. F. W. COOPER; Dr. JAMES BIRD; Professor LAYCOCK; W. D. M.; Dr. GRAY; Mr. L. R. COOKE; Dr. ANSTIE; Dr. OSBORNE; Mr. FREDERICK MARSH.

APPOINTMENTS FOR THE WEEK.

March 22. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

CHRISTIAN MEDICAL ASSOCIATION, 8 p.m. Meeting, Freemasons' Hall, Great Queen-street.

ROYAL INSTITUTION, 3 p.m. Henry F. Chorley, Esq., "On National Music."

24. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

MEDICAL SOCIETY OF LONDON. 8½ p.m. Dr. Anstie, "On the Treatment of Epilepsy."

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

25. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. Edward Smith, "On the Prevalence of Conditions Affecting the Constitution of Phthisical Persons." Dr. Reed, "Further Remarks on Affections of the Cæcum."

26. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. Meeting.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 p.m. Croonian Lectures—Dr. Lee, "On the Nervous Structures of the Thoracic, Abdominal, and Pelvic Viscera."

SOCIETY OF ARTS, 8 p.m. Meeting.

27. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

28. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 4 p.m. Lumleian Lectures—Dr. Williams, "The Successes and Failures of Medicine."

ROYAL INSTITUTION, 8 p.m. Admiral Fitzroy, F.R.S., "An Explanation of the Meteorological Electric Telegraphy, and its Basis, now under trial at the Board of Trade."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day):—

By Mr. Fergusson—Closure of Recto-Vaginal Fistula; Plastic Operation on Perineum for Prolapsus.

CHLORODYNE *Ver.*, *viz.* DR. J. COLLIS BROWNE'S.

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ORIGINAL LECTURES.

◆

NOTES OF A

CLINICAL LECTURE

DELIVERED AT

St. George's Hospital,

ON A

CASE OF FIBROUS TUMOUR OF THE SCALP.

By PRESCOTT HEWETT, F.R.C.S.

In Fitzwilliam Ward, bed No. 2, there is a man, aged 30, who was admitted into the Hospital on January 29, 1862, with a tumour situated at the back of the head, between the left ear and the occipital protuberance. Of the size of an orange, this tumour was somewhat pyriform in shape, with a broad, thick pedicle of the diameter of a half-crown, and about an inch in length; the skin covering it was without hair, smooth, shining, remarkably thin and translucent, firmly adherent throughout its whole extent, and at the lower part there was a superficial ulcer of the size of a sixpence. The tumour itself was lobulated on its surface, and to the touch it was firm and elastic; as to the pedicle, that was surrounded by a ring of hair, and the skin here presented a natural appearance, but the pedicle was just as hard as the other part of the tumour, and it could be felt dipping deep underneath the skin to be attached to the aponeurotic fibres of the subjacent muscles or to the periosteum.

The history was that the tumour had first made its appearance three years back; it was then very small, slightly projecting, and surrounded by a hard swelling, and the man (thinking it was a boil) had poulticed it; but finding that it did not come forward, and feeling no pain in it, he soon left off the poultices. From this time the tumour had gradually increased in size, projected more and more, and after a while began to hang down; from time to time small portions of it became soft, and the skin gave way; this was followed by what appeared to be a discharge of matter, and then the skin healed again. In addition to this there are several enlarged glands on the left side of the neck, some not far from the tumour, and others close to the clavicle. Ten years ago he had also had another tumour, which was situated on the chin, and when of the size of a filbert, it was so painful that he had had it cut out. His occupation was that of a farm labourer, and he had always lived in the country; he was a strong-built, powerful-looking man, and his general appearance that of the most robust health.

What was the nature of this tumour? By some it was thought to be one of those peculiar fatty tumours sometimes met with, and which are described under the name of steatoma—fatty tumours, in which the fatty material, remarkably firm and condensed, is contained in a thick, tough fibrous capsule, the partitions of which are also remarkable for their density and extreme development. As for myself, the tumour, I thought, presented more of the character of a fibro-cellular growth, and what more especially led me to this opinion was the peculiar shiny and translucent appearance of the greater part of its surface.

The tumour was removed on February 6. After encircling it by two semi-lunar incisions, the pedicle was followed down, and found closely attached to the aponeurotic fibres of the trapezius and sterno-mastoid; there was, however, no difficulty in removing the whole of it; free hæmorrhage followed, owing to several large arteries around the base of the tumour, and two or three passing into its pedicle; these were all tied, and the lips of the wound brought together by a couple of sutures. Since the operation everything has gone on well; the greater part of the wound has healed by first intention, and, save some slight pain in the neighbourhood, one would hardly know that anything had been done to this man. He was allowed, as he did not take chloroform, his full diet, and his porter on the day of the operation, and with this he has gone on ever since. Subsequently the wound healed rapidly, and the man was soon discharged from the Hospital.

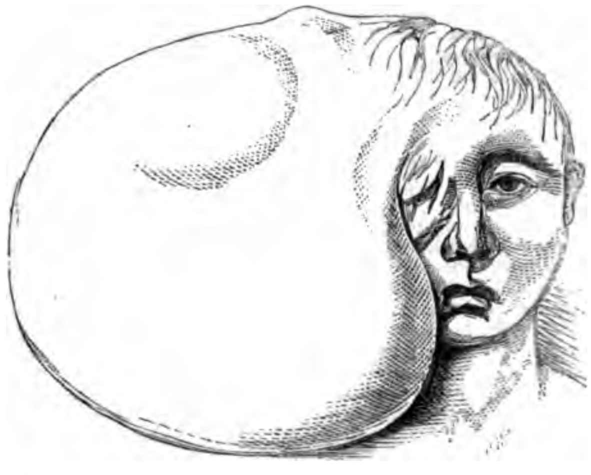
As to the tumour itself, when cut into it presented to the naked eye many of the characters of a fibro-cellular growth; it was softer and more succulent than a fibrous tumour, and when pressed, a viscid, opaline fluid flowed abundantly from its tissue, which, moreover, was itself semi-transparent. However, examined microscopically by Dr. Dickinson, the growth turned out to be not fibro-cellular, but purely fibrous, as purely so as the tendo Achillis itself. In fact, it was a subcutaneous fibrous tumour, of a softish nature, and succulent from its being pendulous. The greater part of the skin covering it, devoid of fat, was remarkably thin, as thin as silver paper, and intimately adherent to the whole of its surface, and at its most depending portion there was an ulcer of the size of a sixpence laying bare the tissue of the tumour. Its base, stalk-like and imbedded in the subcutaneous tissue, was surrounded by healthy skin and fat.

And now, in commenting upon this case, let me first draw your attention to the diagnosis as to the nature of this tumour. There was no difficulty in deciding that the growth was not malignant, and this, notwithstanding the enlarged glands which were situated in its neighbourhood. These glands, it was found, varied much in size, sometimes being large and painful, at other times all but disappearing. This showed that they were due to irritation, and the clue to their existence was found in the ulceration of the skin then existing, and which had existed at different periods, and had given vent to the broken-down portions of the tumour. The non-malignant nature of the growth was, I say, under existing circumstances, easily settled; but supposing that one of those bleeding, fungous growths, to which subcutaneous fibrous tumours are sometimes liable, had been protruding through the ulcerated skin, this with the consequent altered looks of the man, and the enlarged glands might have given rise to the suspicion that the disease was carcinomatous.

Of the innocent tumours, the nearest to which this tumour approached by its outward characters, were the hard fatty (steatoma), the fibro-cellular, and the fibrous, three varieties of tumour all of which are rarely met with about the scalp. Opinions, I have told you, were divided as to its being fatty or fibro-cellular, but it proved to be a soft, subcutaneous fibrous tumour.

I have said that fatty, fibro-cellular, and fibrous tumours are rarely met with about the scalp. Of the fatty, that is the true fatty, I have met with but one example in my own practice. It was of the size of a walnut, and looked like a sebaceous tumour; but in removing it, I found that it was deeply-seated, and covered over by the fibres of the frontal portion of the occipito-frontalis muscle. It was incased in a thin capsule, and lobulated like the fatty tumours so commonly found about the shoulders. Some years back, Mr. Cock removed, at Guy's Hospital, a fatty tumour from the back of the head of a child five years old. It was of the size of an egg, had no very distinct boundaries, and was composed of small lobules of fat deposited in moderately dense fibro-cellular tissue. And last year, Mr. Erichsen also removed from a man aged between 50 and 60, a fatty tumour which was lying over the occipital protuberance. It was firmly adherent to the pericranium, and differed from the common form of fatty tumour in that it was of a less yellow colour, of a more uniform appearance, and not lobulated.

Of the variety of fatty tumour called steatoma, several cases are on record. But here arises the question as to whether these tumours, in some of the cases, at any rate, were really of a fatty nature, that is as we understand steatoma in the present day. Take for instance this huge mass, of the size,



shape, and connexions of which the annexed figure, from a bust in the Hospital Museum, will serve to give an idea. It had been growing some two-and-twenty years, and was removed in this Hospital by Sir E. Home, and one hardly knows which to admire most, the patient who underwent, or the Surgeon who performed, this truly formidable operation. The cutting away of the soft parts took so long that the removal of the bony basis had to be deferred until the next day. However, the operation proved most successful; it took place in 1816, and the patient subsequently lived in good health for a number of years, during the latter part of which I saw her from time to time. Indeed it is but a very few years back that she died. I did all I could to obtain a post-mortem examination, but, unfortunately, I could not prevail upon the husband to allow any kind of examination to be made. In his report of the case, Sir E. Home describes the mass as consisting of fat mixed with steatomatous substance; but one cannot understand a fatty, steatomatous tumour springing, as this is said to have done, from underneath the external table of the bone. To me it appears much more probable that the tumour was a fibrocellular one. Such tumours are sometimes not only of a peculiar yellow colour, but infiltrated with a viscid fluid which, to the naked eye, gives them very much the appearance of fat. Hence the looser and more succulent parts of this overgrown mass may have looked like fat, and the firmer parts like steatoma. Unfortunately, none of the softer parts of the tumour were preserved; but the bony basis is in the College Museum.

There is another case of these so-called steatomatous tumours which presents in a practical point of view some especial features of interest.

The tumour was congenital, and lying in the occipital region. Of the size of a pea at the time of birth, it had gone on increasing, notwithstanding the various plans which were resorted to; and when the child was seen at the age of two years and a-half, by Professor Seerig, there was a tumour of the size of the child's head filling up the whole of the occipital region, stretching from ear to ear and down upon the neck, which was bent backwards by its great weight. In some parts fluctuation appeared to be present, and around the base of the tumour were several large arteries and veins. Seerig determined upon trying to remove the tumour, and this was done without much difficulty, except on the right side, where it was firmly attached to the pericranium. The child did well.

In this case, the tumour was only of the size of a pea at the time of birth, and the history made it clear that the case was not one of encephalocele. But in dealing with congenital tumours at the back of the head especially must we be careful always to bear in mind that such tumours are, for the most part, connected with protrusion of some of the contents of the skull. With young children there is not much fear of our overlooking the fact of a tumour being congenital; but, should the case come before us for the first time in after years, such an oversight, unless on our guard, might readily occur, and we might find ourselves in the same predicament as Lallement, who, whilst attempting to remove a tumour, which he thought to be sebaceous, from the back of the head of a young girl, aged seventeen, saw a quantity of fluid suddenly escaping; this led to a closer examination, and then it became evident that the tumour was nothing less than a protrusion of the dura mater containing brain-matter—in fact, it was a congenital encephalocele. The wound was at once closed, but it was too late; the mischief was done; meningitis followed, and the girl soon died. And this is not the only case in which an error of this kind has been committed in reference to congenital encephalocele. I could refer you to several such.

Lastly, as an example of large fibro-cellular tumours of the scalp, which I have told you are rare in this country, I will refer you to the case operated upon, in 1860, by Mr. Flower at the Middlesex Hospital. The tumour, a very large one, looked like a second head; it covered the greater part of the right side of the head; it was freely movable, and several large arterial branches were observed around its base. The skin covering it was for the most part healthy, but in some spots it was ulcerated. Copious hæmorrhage occurred during the operation, but this was easily controlled, and the case ultimately did well. The microscopic examination of the tumour proved its structure to be purely fibro-cellular; it was, however, very vascular, and some of the vessels were of large size, especially the veins, which were as big as a goose-quill.

ORIGINAL COMMUNICATIONS.

◆

CASE OF SYPHILITIC DISEASE

APPEARING IN TWO PREVIOUSLY HEALTHY CHILDREN AFTER VACCINATION FROM A SYPHILITIC CHILD.

By N. J. HAYDON, M.D., L.R.C.P. Ed., etc.

In the summer of 1843 I was called, as the Medical Officer having charge of the sick poor of the parish and borough of Bodmin, Cornwall, to attend two young children of different families, and living about a quarter of a mile distant from each other. The children were each of them from 9 to 10 months old. The history of their illness being precisely similar, one description will apply to both. On the first introduction of the compulsory vaccination system, the Guardians of the Bodmin Union entered into a contract with one Medical man to perform the vaccinations for the whole Union. This gentleman, in the discharge of his duty of Public Vaccinator, attended at the appointed room in Bodmin, and on that particular day vaccinated those two children, taking lymph from the arm of a child he had vaccinated the preceding week; he appeared (from the most careful personal investigation which I made of this matter at the time) to have vaccinated no other than those two children on the day in question, and to have taken lymph from no other child, but the particular one alluded to. Between the second and third week after the vaccination had been performed, I first saw the children. They were literally covered with large phlysacious pustules, the irritation was most intense, and, between rubbing and scratching, the head and nates were raw and ulcerated. No treatment had any avail, and both these poor children died a few days after I first saw them. Being at once impressed that the disease of these children was syphilitic, I made the most careful investigation I could into the whole matter. In both families there were other older children perfectly healthy. The parents, in both cases, were labourers, of most healthy appearance, and of good character; were then, most certainly, and I have no cause to doubt ever had been, free from syphilitic taint. The respective mothers of both children carried their infants themselves to be vaccinated; they saw the operation performed, and they saw the child from whom the lymph was taken; they told me the name of the child, and where it lived. As Medical Officer of the borough of Bodmin, this child and its mother were both known to me. The mother had been, and, in fact, then was, on the town, and I had attended her for syphilis. At that very time she was diseased. I examined her child; it had, as far as I could see, no primary syphilitic sores, but it had numerous syphilitic eruptions about its body, pustules about its nates and trunk, and copper-coloured leprous spots. The child was between two and three years old, and under treatment it recovered. The Public Vaccinator lived at a distance from Bodmin, and could not have known the character of the parties from whom he took the lymph.

Since the above case occurred just nineteen years have passed, and in that period I have vaccinated at the least 4000 persons; but I have never witnessed an analogous case. It has occurred to me three times at the least to have to vaccinate children whose parents I knew suffered from syphilis, but no peculiar difficulty followed, and the children, *quoad* the vaccination, perfectly recovered. I would never, however, either myself attempt, or recommend any other person to attempt, the converse, and vaccinate a healthy from a diseased child. Whether disease is capable of transmission by the lymph alone, or whether a portion of blood from the diseased subject must be also introduced so as to produce disease, I cannot say; but it is most undeniably true, that in all quarters both amongst the rich and amongst the poor, there is a strong belief that any disease which may exist in a given child can be communicated to another given child by vaccinating the one from lymph taken from the other.

Very soon after the occurrence of the cases above detailed, and if I recollect rightly, in consequence of them, the vaccination system in the Bodmin Union was altered, and each Medical Officer of a district was appointed the Public Vaccinator for his own Medical district,—so as to insure as far as possible a correct knowledge on the part of the vaccinator of each subject before him.

Bovey Tracey.

CASE OF PUERPERAL CONVULSIONS—INSTRUMENTAL DELIVERY—MANIA—RECOVERY.

By JOHN EDWARD SMYTH, L.R.C.P. Ed., etc.

E. M., aged 30 years, healthy and of temperate habits, a primipara, was seized with labour pains on Sunday morning, October 30, about three o'clock a.m. Convulsions supervening during the course of the labour, my friend, Mr. I'on, deeming assistance necessary, called me in to see the case with him about half-past eight o'clock. Soon after I entered the room she had a well-marked fit, which was followed some time after by another equally if not more violent. Her pulse during the intermission was full, with great excitement of the heart and arteries; face turgid; tongue protruded between the lips; heat of scalp not remarkable; fœtal head in the cavity of the pelvis. After the subsidence of the second fit, I opened a vein in the arm and abstracted from twenty-five to thirty ounces of blood, *pleno flumine*, keeping my finger on the radial artery till a decided impression was made on the circulation. After the venesection, both of us concurring as to the expediency of artificial interference, Mr. I'on applied the forceps, and completed the delivery of the head in about half-an-hour, cautiously using the tractive force of the instrument so as not to lacerate the perineum, which I guarded, and which thus escaped uninjured. The funis being coiled round the neck, I liberated it and carefully extracted the shoulders. The fœtus, a male and full grown, was still-born, and could not be resuscitated, notwithstanding the use of the warm bath, Marshall Hall's ready method, etc. The placenta was expelled in about half-an-hour. She had a comparatively slight fit before and soon after we left. During two days this patient remained insensible, and unable to swallow anything except with great difficulty; the fits occasionally recurring, but in a very subdued form. Sinapisms to the calves of the legs, blistering the nape of the neck, calomel by the mouth, and enemata were the remedies employed. Under this treatment she so far recovered on the Tuesday evening, when I again saw her, as to be quite conscious, able to swallow some beef-tea, and articulate well; pulse 120. She complained, however, of "feeling very queer." On Wednesday morning, about 4 o'clock, a.m., I was called up, during Mr. I'on's absence from home, to see her, when I found her quite maniacal. She was full of strange hallucinations, fancied herself in labour, and was altogether in a highly nervous and excited state, pulse accelerated about 150. I ordered her the following mixture: ℞ Tinct. opii ʒj., spirit. etheris sulph. co. ʒjss., aquæ ad ℥vj. Sumat partem quartam horis secundis. When I visited her again at noon she was more tranquil, but still wandered a great deal; pulse 130; bowels not opened since Monday; no sleep. I ordered the following: ℞ Mur. morph. gr. j. fiant pilulæ duæ quarum, sumat unam horis quartis; Decoct. aloes comp. ℥jss.; sulph. magnes. ʒvj., infus. sennæ comp. ad ℥iv. sumat partem tertiam horis 3tiis. The bowels not having been opened, an enema was ordered to be administered next morning, Thursday, which produced a very copious dejection. Meantime, the mania and wakefulness continuing, 20 minim doses of liq. opii sedat. (Batley's) were ordered every four hours till sleep was fully induced on Thursday afternoon. From this time forwards the head symptoms were relieved, and she became gradually quite collected and coherent, but was next day attacked with a profuse and obstinate diarrhœa, which reduced her to a very low and prostrate condition. By the use of the necessary remedies, including opium, quinine, and iron, with wine and a generous diet, a gradual but perfect recovery ensued.

As regards the practical bearing of this case, I consider the free use of the lancet acted beneficially in a two-fold manner, both as a prophylactic against any cerebral lesion as well as having had a perceptible effect in relaxing not only the parts immediately concerned in the process of parturition, but also in reducing the rigidity and spasm of the muscular system generally, thereby rendering instrumental delivery much safer and easier. The access of maniacal symptoms I believe to be in such cases an unusual complication, and here a question arises, Might not this complication have been owing to exhaustion produced by the copious venesection employed? I think not; none such having been recorded, as far as I am aware, after larger abstractions of blood under similar circumstances. I should say it arose more probably in this instance from nervous excitement, a sort of reaction as it were, following a state of mental depression, owing to domestic troubles from which it would seem this patient suffered previous to labour setting in—a predisposing cause, very likely, of the primary affection. Moreover, if attributable to physical exhaustion, I should suppose that those symptoms *à fortiori* would have returned in a more aggravated form when she was in a much more exhausted condition a very short time subsequently. In considering this question in its more general application, that peculiar condition of the female generative system during the puerperal state which is supposed to be capable of inducing an increased amount of nervous susceptibility (a) ought to be also borne in mind. The whole subject, however, philosophically and pathologically viewed, is, doubtless, one of interest to the Psychologist and scientific Practitioner, but the successful issue of the case just detailed practically exemplifies the value of opium as a therapeutic agent in puerperal mania in its acute form, whatever views may be entertained as to the causes and pathology of this disease.

2, China-terrace, Lambeth.

SYMPTOMS OF ANGINA PECTORIS—DEATH.

AUTOPSY—RUPTURE OF THE CORONARY ARTERY, AND EFFUSION OF BLOOD INTO THE PERICARDIUM.

By HENRY OSBORNE, M.D.

Mrs. B., aged 60, had suffered from pain, distress, and anxiety about the præcordia for some time past, brought on, as she believed, in a great measure, by family troubles occurring during the last year and a-half, and had complained of dyspepsia, and occasional, though not excessive, dyspnœa for a rather longer period.

January 25.—She was seized with unusually severe pain about the sternum and under left breast, and attended at the Dispensary. A few days later, the pain still continuing, she was unable to leave her room, and on the 29th I visited her. The pain and feeling of anxiety at the præcordia were intolerable; she kept her hand pressed to her chest. She had some difficulty of breathing. There was noisy and rather tumultuous action of the heart; the first sound was shortened, and some impulse was conveyed to the ear by the stethoscope. The pulse was small, weak, and frequent, but regular. There was no lividity about the lips or cheeks. The hands and feet were "stone" cold.

She stated that she had long suffered pain down the left arm, and that three weeks ago she distinctly "felt something give way" at her chest as she was coming up stairs.

Regarding the case as one of angina pectoris, I ordered a mixture of sulphuric ether and tincture of opium, and a sinapism to the painful region.

30th.—The pain was almost entirely relieved; she complained of headache. Her tongue was brownish and dry since yesterday (perhaps from the opium); she had felt lower and weaker, and suffered from extreme and continued faintings. The pulse was very small—just perceptible. The feet and hands were icy cold, and could not be kept warm by any means. I ordered a mixture of chloric ether. I visited her again at night; she was out of bed; bowels were acting; hands slightly warmer, and even the pulse was a little improved, and she declared herself better.

31st.—I found that she had died at 5 a.m.

February 1.—*Autopsy*.—(Had only time to examine the chest.) There was more than a pint of clear serum in the right pleural cavity, and rather less than a pint in the left; slight adhesions on right side, none on left. The pericardium appeared much distended, as by fluid, and, on opening the sac, this fluid was found to be dark, venous-looking blood, both liquid and coagulated. A good handful of clot was adherent around the heart, which was somewhat hypertrophied and fatty; in its substance also, since examined, fat globules appear under the microscope. On the upper part of the wall of the left ventricle, close to the inter-ventricular furrow, was a jagged, roughly triangular, fissured spot, stained dark from ecchymosis, and evidently in some way the source of the hæmorrhage. Rupture of heart was first inferred, but neither air, water, nor a probe would pass through the part. I then dissected the coronary artery along the furrow up to its origin (snipping and passing a probe from without, through the opening, into the aorta, which was so clogged up and hidden by atheromatous deposit as to be otherwise undiscoverable). From the immediate neighbourhood of the aorta passed another branch of the artery straight down to the dark fissured part; this was traced with a scalpel, and at length, at a bifurcation of smaller branches, immediately upon the spot itself, and along with little nodules of atheroma, appeared small blackish specks, from which, probably, as well as from other little ruptured vessels in the ragged sides of the seat of lesion, the hæmorrhage had proceeded. The left ventricle contained dark fluid blood, and a small white fibrinous clot. The aorta was much dilated and thickened, and broad yellow patches of atheroma appeared upon its inner surface. The quantity of blood in the pericardium was three-quarters of a pint by measure.

(a) Dr. Blundell.

REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Assistant-Physician to the Metropolitan Free Hospital.

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THE LEEDS GENERAL INFIRMARY.

TWO CASES OF OVARIAN DROPSY IN WHICH OVARIOTOMY WAS PERFORMED.

(Under the care of Mr. P. TEALE.)

[Reported by Mr. T. R. JESSOP, House-Surgeon.]

Case 1.—*Unilocular Ovarian Dropsy of Two Years' Duration —Ovariotomy—No Adhesions—Pedicle Retained Externally— Treatment by Nutrient Enemata and Opium — Recovery without an Ill Symptom.*

SARAH B., unmarried, aged 40, was admitted into the Leeds Infirmary in November, 1861. In the early part of the year 1859 her body was observed to enlarge, but not to any great extent, and, to the best of her knowledge, in no particular spot. About August, 1861, the increase in size began to be more perceptible, and since October had been attended by severe stabbing pains in the belly, back, and thighs, almost entirely depriving her of rest. Menstruation had throughout gone on quite regularly, and the other functions had not been materially interfered with. No treatment having for its object the removal of the disease had been adopted. Though naturally a spare woman, she had lost flesh considerably since the commencement of her illness, and at the time of her admission her countenance was expressive of much anxiety, yet, so far as could be ascertained, no disease existed other than that for which she sought treatment. On examination, the abdomen was found to be considerably distended; fluctuation was very distinct, and equally so in all parts; deep pressure produced pain; there was no uterine disease, and no disease in the pelvis could be detected on vaginal examination. Ovariotomy having been decided upon, the night before the operation a dose of castor-oil was given, and on the following morning an enema.

November 16.—Chloroform having been administered, in a room the temperature of which had been raised to 75° Fahr., and the bladder having been emptied by a catheter, Mr. Teale made an incision through the integuments and fat, about four inches in length, commencing a little below the umbilicus. A small puncture was then carefully made through the peritoneum, and a Key's director introduced, upon which the membrane was divided. The cyst now came into view. The hand of the operator having been introduced into the abdomen, and the tumour found free from adhesions, a large trochar was thrust into the cyst, and its contents conveyed into a suitable vessel by means of an elastic tube adapted to the canula immediately on the withdrawal of the trochar. The collapsed bag was gradually drawn through the wound, and was found to be attached to the right ovary by a long and narrow pedicle, which was then transfixed by a large needle carrying a double ligature of whip-cord, and tied in two parts. The plan of cutting through the tumour so as to leave a mass about the size of half an orange, to act as a clamp, was adopted, and the wound closed by three hare-lip pins passed through the abdominal wall, including the peritoneum, and three intermediate wire sutures. The pedicle was brought out at the inferior extremity of the wound, and the ligatures fastened to the nearest pin. It is worth noting, that not a single drop of fluid of any kind was allowed to enter the abdomen, and the intestines were never seen. Straps of plaster, a compress of lint, and a flannel roller were applied. An enema, containing thirty drops of laudanum, an ounce of brandy, and four ounces of beef-tea, was immediately given. She was allowed to remain two hours in the operating-room, and was then removed to her bed in a ward appropriated to her.

Not a single untoward symptom was manifested throughout the case. The bowels acted on the day after the operation, and once daily during her entire stay in the Hospital. Up to November 25 the urine was drawn off by the catheter; for the first two days every second hour, and subsequently every four hours. Nothing, save an occasional sip of water, was allowed to enter the stomach until November 21, nutrition being in the meantime maintained by an enema, given every two hours, containing twenty drops of laudanum, one ounce of brandy, and four ounces of beef-tea. From the 21st to the 25th of November, the injection was repeated every four hours, and during this time a gradually increasing amount of nourishment was allowed by the mouth. On the 25th, both catheter and injections were left off.

At the first dressing, on November 20, four days after the operation, the hare-lip pins were removed, and one of the ligatures with the deadened portion of tumour dropped off. The entire wound had united except at its lowest part. On November 22 the sutures were removed, and the remaining ligature came away. The wound rapidly closed, and the patient was discharged from the Hospital on January 3, 1862.

The cyst was unilocular, its walls of moderate thickness, and its internal surface covered with a deep layer of shreddy fibrine, the result of recent inflammation. The fluid, which measured sixteen pints, was gelatinous and turbid.

Case 2. — *Ovarian Dropsy, Chiefly Unilocular, and of a Year's Duration—Ovariotomy—Anterior Adhesions—Pedicle Retained Externally — Treatment by Nutrient Enemata and Opium—Death from Peritonitis on the Fifth Day—Autopsy.*

Ann G., aged 37, was admitted into the Leeds General Infirmary in January, 1862, on account of a rapidly-increasing abdominal swelling, which had for some weeks prevented her from following her occupation as a cook in a private family. Twelve months before she applied for relief, an enlargement had been discovered in the right iliac fossa. For six months the tumour remained stationary; but subsequently, up to the time of her admission, it had rapidly increased, so as greatly to distend the abdomen, and had been attended by considerable pain. She was unmarried, and had not borne children. Menstruation had been regular, and she had for the most part enjoyed good health. In November, 1861, a slight febrile attack had been accompanied by an increase of the abdominal pain. On percussion the abdomen was everywhere dull, except at the sides, where was tympanic resonance, and this was found over a much greater extent on the right than on the left side, leading to the inference, independent of the woman's testimony to the contrary, that the disease had commenced in the left ovary.

The operation (performed on January 13) differed from that in the above case only in such particulars as the varying circumstances required. After the incision was made, considerable difficulty was experienced in ascertaining when the peritoneal cavity was laid open, in consequence of the intimate adhesion of the parietal to the cystic layer of the peritoneum. This adhesion, of recent character, involved the whole of the anterior surface of the cyst. Narrow bands of old adhesion also united the tumour on its right to a coil of intestine, and to the great omentum. The recent adhesions were readily separated by the hand, and without giving rise to hæmorrhage, after which the fluid contents of the cyst were removed by the trochar. The sac was then drawn through the wound, and the old adhesions divided by scissors. The pedicle (attached to the left ovary) was transfixed and secured by a double ligature, and the wound closed by two hare-lip pins and one intermediate wire suture. Free vomiting took place towards the close of the operation, and recurred several times afterwards during the afternoon and evening. Precisely the same after-treatment was adopted as in the previously-reported case.

On the evening of January 14 the body had become a little distended, tympanitic, and tender. She complained of pain in the back and loins. The pulse, which soon after the operation had been at 110, had risen to 136, and was very feeble. On January 15 the body became much more distended. The tenderness was not so marked, and she had no pain. On January 16 the pins and suture were removed. The wound had healed except at its inferior extremity. Both ligatures came away. The abdomen was still increasing in size. The features had become pinched, the skin moist and clammy. On January 17 the extremities were cold and livid. Hiccup, vomiting, and diarrhœa came on. The pulse gradually became imperceptible, and she died in the evening, having survived the operation 105 hours.

On examination after death, the wound was found to have united in almost its entire length. A coil of intestine adhered to the line internally. The peritoneum was intensely inflamed, being everywhere coated with purulent lymph, and contained in its cavity about a pint of dirty pus-like fluid. The organs generally had undergone some fatty degeneration, but no recent disease, except in the peritoneum, was discovered. The tumour was found to have sprung from the *left* ovary. The contents of the sac, amounting to seventeen pints, were composed of a thick, turbid fluid, having a specific gravity of 1·020, and containing an abundance of albumen. The tumour consisted chiefly of one large sac, at its base there was a solid mass as large as an orange, which, on being cut into, was found to be made up of a number of sacculi filled with a gelatinous material, that form of growth which has been described under the term "spurious colloid."

RADCLIFFE INFIRMARY, OXFORD.

CEREBRAL MENINGITIS — DEATH — AUTOPSY — SCROFULOUS TUMOUR OCCUPYING THE PLACE OF THE RIGHT OPTIC THALAMUS.

(Under the care of Dr. GRAY.)

George W., aged 8½ years, was admitted into the Infirmary on January 1, 1862, with headache; undue heat of scalp and forehead; slight occasional strabismus internus of the left eye, the sight of which was not so good as that of the right; pupils equal, but a little dilated and sluggish. The skin elsewhere except the head was cool; tongue moist, very slightly furred; pulse 120, small, soft, and regular. Bowels open the same morning, said to be often confined. Urine deposited abundance of lithates after standing—in other respects normal. Appetite indifferent; no thirst. Nothing striking in shape of head. No drowsiness nor disturbance of the cerebral functions. Heart and lungs sound.

History.—Subject to frequent headaches since birth; otherwise has enjoyed good health. The present headache came on three days ago, and has been more severe than usual. Yesterday morning he was first noticed to squint occasionally; the same afternoon he became feverish and thirsty, and complained that he saw things double with the left eye, (the one that squinted.) Was very restless last night, often starting up out of his sleep in great alarm. Has had no rigor nor vomiting. Passed worms by the bowels some four years ago, but none noticed since. Family all living, viz., a father, mother, sister, and two brothers. The father said to be subject to "bad eyes," the sister (aged 6 years) to headaches like her brother George; the others healthy.

Treatment and Progress.—Ordered low diet, and on the possibility of the symptoms being due to irritation from worms, calomel gr. v., pulv. scammon. co. gr. x., to be followed in three hours by ol. ricini, ℥ss., ol. terebinth, ʒij. By noon the following day there had been no action of the bowels. Symptoms remained the same. Ordered, Calomel gr. v., ol. croton ♏j. immediately, and haust. sennæ every third hour till the desired effect was produced. In the course of the evening the bowels were freely moved once. The evacuations were partly soft, partly scybalous, but contained no worms. For the next two or three days moderate purgation was kept up by saline aperients, and with some little improvement of his symptoms; but the improvement was only temporary, and the history of the case from that time to its termination is almost the history of a typical case of acute hydrocephalus, except that there were no screams or convulsions. There was the usual train of symptoms, squinting, at first occasional, then persistent, intolerance of light, tremor of the hands, irregular action and diminished frequency of pulse, vomiting, obstinate torpor of bowels, loathing of food, rapid emaciation, headache, delirium, drowsiness gradually passing into coma more and more profound, till January 27, when he died. The treatment consisted in blistering the occiput, keeping the bowels open, and giving such nourishment as he could be got to take. For several days he took a mixture, containing iodide of potassium with liquor potassæ, but without the slightest benefit.

The *Autopsy*, eighteen hours after death, showed loosening (without actual separation) of the sutures between the frontal, parietal, and occipital bones. Convolutions of brain much flattened from pressure, the arachnoid covering them being naturally dry and somewhat opaque. Abundant puriform lymph poured out over base of brain, the corresponding portion of pia mater being thickly studded with minute grey granulations. Lateral ventricles greatly distended with clear serum, without inflammation of the lining membrane. Of the right optic thalamus there was no trace. It had been supplanted by a firm, round mass, which lay immediately under the lining membrane without projecting at all into the ventricular cavity. The tumour, though having no distinct capsule, shelled out pretty clean from the surrounding brain-substance, which bore no trace of inflammatory or other change. It weighed five drachms; was about the size of a big walnut; nodulated on surface like a mulberry calculus; consisting throughout of a firm yellow structure, which to the naked eye and under microscope presented the usual appearance of tubercle. The different organs of the chest and abdomen were severally examined, but showed no trace of tubercle, old or recent, nor of other disease. The only points noticeable were congestion of lower lobe of left lung, and the presence of a dead lumbricus, seven or eight inches long, in the ileum, about a foot above the ileo-cæcal valve. The intestine, where the worm lay, was contracted, and its mucous membrane of a bright scarlet colour.

Remarks. — Dr. Gray remarks:—(1.) Perhaps the chief peculiarity in this case was the existence, in a child, of tubercular disease in the brain, unassociated with any tubercular affection of other organs,—at least none such could be discovered by careful dissection. (2.) The case during life was diagnosed to be one of cerebral meningitis (probably tubercular) with effusion. The existence of a distinct tumour in the brain was not suspected. On a review of the symptoms, the only one at all calculated to arouse such a suspicion was the fact that for a day or two the headache was referred exclusively to the right side. There was never any paralysis on either side or disturbance of motor power, the result usually said to follow suspension of function of either optic thalamus. (3.) The treatment of this case, at its commencement, shows pretty clearly that, because an ordinarily efficient dose of vermifuge medicine fails to bring away a worm, we cannot argue for certain that there is no worm present.

ST. BARTHOLOMEW'S HOSPITAL.

CLINICAL REMARKS ON THE TREATMENT OF STRICTURE BY RAPID DILATATION.

(Under the care of Mr. PAGET.)

The following is reported from a Clinical Lecture delivered by Mr. Paget:—

In the Lecture last reported Mr. Paget spoke of the treatment of retention of urine consequent upon stricture. In the first part of this Lecture he gave the particulars of a case of stricture which he had treated by the method of rapid dilatation. The patient, a man aged 30, three and a-half years ago, ruptured his urethra by falling on the gunwale of a boat. By treatment the urethra was restored, with a moderate amount of stricture. He then neglected his case for nine months, but was at length obliged, by return of difficulty in micturition, to apply for assistance. During the last six months he had been under treatment, but no instrument had been passed into the bladder. He was then sent to St. Bartholomew's Hospital.

He was kept quiet in bed for a few days, no attempt being made to pass an instrument. On the necessity of rest previous to the use of instruments, etc., in treating cases of stricture, Mr. Paget spoke in the last Lecture; it was necessary, he said, in all cases of bad stricture. In a few days a trial was made, and a small instrument was passed into the bladder, and again a few days after. On the second attempt, however, a severe rigor followed. Mr. Paget considered that this was a fair case for treatment by rapid dilatation. The instrument he used for this purpose was that invented by Mr. Barnard Holt. So far the result was satisfactory, as No. 8 could afterwards be easily passed, and the man had had no bad symptoms. Here, then, by this rapid method of dilatation, various stages of treatment, generally tedious, had been stepped over.

Of course this treatment is only to be thought of in organic stricture, in which there is a good deal of fibrous thickening. Just as in scars, as often seen after burns, contraction gradually goes on; so in the urethra, the fibrous material deposited in the walls of the urethra goes on contracting. It is in this condition, and not in stricture from spasm or increased vascularity, that such treatment is admissible.

In all such cases, except a few rare exceptional ones, if an instrument of any size can be passed into the bladder the stricture may be cured by gradual dilatation. In Kenton Ward a patient is now able to pass No. 8 easily, in whom it was difficult on his admission to pass the smallest sized bougie. In this method of treatment it is necessary to increase the size of the instruments very gradually, and thus a long time is taken up in treatment. The loss of many weeks is to a labouring man, or indeed to anyone who has to work, of so great consequence, that it has long been a desideratum to find a rapid and safe means of curing stricture. By gradual dilatation in a bad case of stricture it will be perhaps twelve months before the patient can do without passing an instrument every week or two. This method too is not only long and tedious, but is also liable to vexatious and annoying troubles, and considerable risk to health. Hæmorrhage, inflamed prostate, orchitis, etc. And, after all, when the patient is fully relieved, he is not finally cured. After twelve months' treatment he must still every few weeks or months pass an instrument in order that he may not lose ground. To recapitulate, gradual dilatation is tedious, liable to risk, and is not finally curative.

Surgeons have long endeavoured to find some method which would cure rapidly and safely. Mr. Paget said that when he was a student it was not an uncommon practice to pierce a stricture. A catheter was passed down to the stricture, and then a stillette was pressed through its end, and if possible, through the stricture. This method is now almost disused, and is not to be recommended except in some cases in which the stricture is in the most anterior part of the urethra.

Another method introduced by Mr. Syme—the so-called perineal section—is to divide the stricture in the perinæum. First, to pass a small grooved staff through the stricture, and then, inserting the knife in the groove, behind the stricture, to cut forwards. This done, a large instrument can easily be passed into the bladder. There can, Mr. Paget said, be no doubt of the great advantages of this method of treatment. To step at once, without tediousness and with little danger, from No. 1 to No. 9 is a point of the greatest consequence. And when the whole stricture is thoroughly divided, the cure might be considered permanent. He had watched cases for several years after the operation, and no contraction had occurred; in fact, the great value of Mr. Syme's method is, that it may be a lasting cure. It is not, however, altogether free from risk to life; and, although this risk may not be greater than three or four per cent., yet for strictures that may be cured by other means, this mortality, although comparatively small, ought to be taken seriously into consideration. This is the only objection. Although, as an operation on persons of good health it is safe, yet, as many suffer from diseased kidneys, it will now and then be followed by death.

There are cases in which this method is far the best,—cases in which there are large and numerous fistulæ, and also cases in which there is large perineal induration, which induration is certain to go on contracting, and when the stricture is temporarily cured, nearly certain to recontract.

Mr. Paget next spoke of the methods of treating stricture by internal incision.

He then showed and explained the action of Mr. Wakley's instruments for rapid dilatation of stricture, and also those used in this case,—those of Mr. Holt. The principle was the same in both Mr. Wakley's and Mr. Holt's instruments, and it might be difficult to say which was the better plan.

In the case the subject of these remarks, Mr. Paget said that all the advantage of speed had been obtained, and also of safety,—no more risk than in passing an ordinary catheter. The only question is, Is this method finally curative? On this point more experience is required. Mr. Holt's experience has been very extensive, and it is difficult to believe, from his cases, that the cure is not often permanent.

If, Mr. Paget said, rapid cure is determined on, it should be the rule to keep perineal section for the very worst cases. In rapid dilatation, as well as in perineal section, an instrument of some kind must first be passed. But, is it always possible to pass an instrument? The cases in which it is not possible are certainly very few in number; but in strictures consequent on injury, producing complete rupture and separation of the urethra, and on extensive sloughing, and in some cases of narrow crooked strictures, it may be quite impossible. It is better, Mr. Paget said, that we should act as if the stricture is permeable, until we found that every effort to get through it is unavailing. If, after the patient has been kept in bed, and if, after careful trials, the patient being under the influence of chloroform, we still find it impossible, then neither of the above methods could be tried. Such cases are, however, he repeated, extremely rare.

THE CHELSEA DISPENSARY.

DIPHTHERIC CROUP—TRACHEOTOMY—RECOVERY.

[Communicated by Dr. ANSTIE, Physician to the Dispensary, and Assistant-Physician to the Westminster Hospital.]

ON the 10th of February, a girl, named C. D., aged 7, was brought to me at the Chelsea Dispensary by her mother, who said she had had a bad cough for ten days. The child was singularly pale, and with a most weary look about the eyes; the skin was cold, dry, and rough; the glands of the neck were greatly swelled, so that the neck seemed as large as the head. There was a loud cough, not exactly croupal in its sound, the inspiration was wheezy, and the voice not very much above a whisper. The fauces and back of the pharynx were carefully explored; they were somewhat congested, but free from any membranous deposit. The tongue was moist and flabby; the pulse 100, and weak. I learnt that the child had lost all appetite, and that her muscular strength was so diminished that she could hardly walk; and this prostration had come on very rapidly.

The case appeared to me at first sight like one of threatening croup, and although the symptoms of that disease were by no means plain and unmistakeable, I determined so far to act on this diagnosis as to administer an emetic, followed by a few doses of diaphoretic medicine in order to set the skin at work. I prescribed a scruple of ipecacuanha, to be taken immediately, and after vomiting had taken place, a few diaphoretic doses of liq. ammon. acet. combined with a small quantity of tartar emetic and a large dose of chloric ether, to be taken at intervals of two or three hours till the skin should act; the child, of course, to be kept in bed and covered up warmly. As the child's home was at some distance from my own house, and as I did not feel by any means sure how the case would turn out, I desired the House-Surgeon of the Dispensary to attend it for the present, to see that my directions were carried out and to summon me at once if real croupal symptoms should declare themselves. I saw no more of the case till the morning of the 13th, when I was sent for in haste, and received the following account of what had happened in the interval. Immediately on taking the emetic the child vomited copiously, and brought up something which was sufficiently minutely described by the mother to satisfy me that it had been a portion of false membrane. The symptoms were at once greatly relieved, and after a few doses of the diaphoretic mixture, the skin began to act. Unfortunately, the medicine was not then stopped, as I had intended, but continued for two whole days, which, considering that it contained a small quantity of antimony, was likely to be prejudicial to the after-progress of the case.

On the evening of the 12th the quasi croupal symptoms returned in a much more severe form than previously. There was now the difficult inspiration, attended with a peculiar sound, the brassy cough, and the gradually-increasing struggle for breath. It was not, however, till the next morning at ten o'clock that I was summoned to see the child. On my arrival, I found her gasping for breath, with the peculiar hoarse inspiration from membranous exudation in the larynx. The nostrils were dilating widely, the eyes staring, with a look of terror; the pulse was very weak, and about 140 a minute, and there was great prostration of strength; as yet, however, the lips were not blue. I now learned, for the first time, that diphtheria was very prevalent in the immediate neighbourhood of the house.

I now ordered a draught containing two grains of quinine and ten minims of chloric ether every hour, and desired that a teaspoonful of sherry with a little water should be given every few minutes. My sole object in this was to raise the strength sufficiently to enable the child to bear the operation of tracheotomy, which it was quite evident to me was the only thing likely to save it. At twelve o'clock, in the unavoidable absence of my Surgical colleagues of the Dispensary, I determined to wait no longer, but requested the assistance of my friend and colleague, Mr. Christopher Heath, of the Westminster Hospital. That gentleman at once agreed with me that tracheotomy *must* ultimately be done if life was to be saved, and that it had best be done at once, while there was yet no great amount of asphyxia. Mr. Heath kindly consented to operate, in the absence of my colleagues, and the child was accordingly placed on its back, and the operation very carefully and deliberately performed. The isthmus of the thyroid and the larger veins were carefully avoided, and by this means an opening into the trachea was effected with very little loss of blood. A curved canula, with an inside tube, was inserted. The aperture into the trachea was about one inch above the top of the sternum. The tube was secured with tapes, and its aperture lightly covered with a warm, moist flannel, the attendants were instructed how to clean it with a feather, and the House-Surgeon of the Dispensary was desired to occasionally remove and clear the inner tube. The quinine was to be continued every two hours, and it was ordered that a teaspoonful of wine should be given every fifteen minutes, and some strong beef-tea every half-hour.

The relief produced by the operation was enormous; the child very soon settling down into a perfectly tranquil state, and even falling asleep. I directed the room to be carefully kept warm and free from draught. Things went on very well, the child taking its wine, food, and medicine with strict regularity, and seeming free from any serious embarrassment of breathing (although the cough was troublesome) until the evening of the 15th, when the breathing became more rapid and difficult, and the pulse very quick. On examining the chest, I found that in all parts of it, and especially in the right side, there were *râles*, indicating the presence of a large quantity of mucus or serosity. I immediately ordered turpentine stupes to be applied to the chest, and at the suggestion of a friend whom I had brought to see the case, ordered the child to take one grain of carbonate of ammonia every hour and a-half, in addition to the other remedies. The wine was also changed for brandy. On the following morning I found the child much relieved, a great deal of mucus had been voided through the tube, and the breathing was now much calmer. During that day and the next the cough continued to become more frequent, though less distressing; and on the 18th, during a fit of coughing, the child voided, by the mouth, several considerable pieces of false membrane.

On the 22nd (tenth day from the operation) as the wound was still of considerable size, and the edges were rather puffy, the latter were slightly touched with nitrate of silver. During all this time the strength was maintained by hourly administrations of beef-tea, milk, etc., and by two teaspoonfuls of brandy given every half-hour.

This child, of seven years old, never showed the slightest sign of intoxication, notwithstanding the very large quantities of alcohol she took. The patient all along preferred wine or brandy to any other nourishment, or I should have given her less alcohol, and more beef-tea, etc. However, we now began rapidly to diminish the allowance of alcohol, as the wound seemed healing, and the general symptoms fast subsiding. By the 29th all traces of swelling of the cervical glands had disappeared, the wound was nearly healed, and only a slight cough remained. That cough has hardly left her yet (March 18), and as she is a delicate child, and comes of a strumous family, I am now administering cod-liver oil. The voice is completely recovered, and the patient is so well as to be able to go out of doors in fine weather.

Remarks.—I have taken a liberty, perhaps, with Medical phraseology, in calling this case "diphtheric" croup; but inasmuch as it widely differed in its symptoms from the cases of sporadic croup, which one sees from time to time,—as the only symptoms lacking to complete its resemblance to ordinary diphtheria were the presence of membrane on the fauces, and the occurrence of paralytic symptoms; and as, finally, diphtheria was extremely prevalent in the neighbourhood at the time, I can myself entertain little doubt that this was an instance of diphtheric infection. The whole course of the malady corresponded with what I have seen, again and again in diphtheria, including even the lull of symptoms after the first favourable action of the emetic in expelling a portion of false membrane from the larynx.

With regard to the proper time for performing the operation of tracheotomy, whether in diphtheria or in croup, my own opinion is very decided. To perform the operation, in either of these diseases, only as a *dernier ressort*, is almost to insure its failure. When once it has been plainly perceived that the malady will proceed to a fatal termination unless mechanical interference be made use of, the sooner that interference takes place the better. The operation itself is not a very depressing one to the powers of a patient who is not yet *in extremis*; but to the nearly asphyxiated patient, especially if he be a young child, it is often the last straw which breaks the camel's back at once; and if this does not take place, yet it is almost certain that evil consequences of another kind will destroy life in a day or two.

I cannot close this brief notice of an important case, without pointing out its testimony to the value of alcohol and a free supply of food in such cases. That the alcohol was really needed in this case, is proved, to my thinking, by the fact that so young a child showed an evident craving for it; that so marked an improvement followed the change from wine to the stronger brandy; and by the fact, that twelve ounces per diem of brandy, taken consecutively for nine days, caused no symptoms of intoxication, nor any uneasiness whatever. The convalescence, so far as regards the recovery of flesh and of muscular strength, was astonishingly rapid; for so early as the sixteenth day from the operation, the little patient was as lively and active as she had ever been in her life, though necessarily confined in-doors.

YORK COUNTY HOSPITAL.

EXCISION OF THE RIGHT SUPERIOR MAXILLA, ON ACCOUNT OF FIBROID TUMOUR IN THE ANTRUM.

(Under the care of Mr. KEYWORTH.)

[Reported by Mr. ROBERTS, House-Surgeon.]

THE patient, W. B., was a farm labourer, aged 27, in robust health. About nine years ago the canine tooth (being somewhat decayed) loosened, and "dropped out," in consequence of a tumour growing from above. For the next three years the tumour slowly increased in size, projecting into the mouth and producing considerable prominence of the cheek and right half of the upper lip. It was removed by the late Mr. Hey in the York County Hospital. The operation consisted in the removal of the tumour, with a portion of the alveolar process and the anterior wall of the antrum, by means of a single straight incision down the middle of the cheek. A tooth was found on the upper surface of the tumour immediately under the orbital plate. He recovered in two months.

About two years ago a tumour again presented itself at the same place as the former one, and gradually increased in size up to the time of his admission into the Hospital in October last. At that time, the tumour, which was very hard and resisting, projected about an inch from the usual line of the alveolus. There was considerable prominence of the cheek, but the orbit was not encroached upon in the slightest degree. The operation was performed by Mr. Keyworth in the usual manner. An incision was made from below the inner canthus of the eye, down the side of the nose, and through the lip in the middle line. A second incision extended from the angle of the mouth to within an inch of the external angular process of the frontal bone. This latter incision was preferred to the one passing along the under margin of the orbit, because the disease appeared to be situated in the alveolus and palate, and because the man having large whiskers, the scar would be covered. The attachments of the bone with the neighbouring bones were separated by means of bone-pliers, but the orbital plate, not being implicated by the disease, was left in its place. The tumour, which was of firm fibrous tissue, completely filled the cavity of the antrum, but was only attached to the alveolus and palate processes. The patient had quite recovered in three months, with very slight disfigurement.

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Medical Times and Gazette.

SATURDAY, MARCH 29.

◆

MEDICAL NOMENCLATURE.

Medicine, being a progressive science, must possess a Nomenclature which shall enable Medical men adequately to express in words the exact state of their knowledge on Medical subjects. As our views of various diseases from time to time undergo considerable change, the terms used to designate them must change accordingly. We are sanguine enough to believe that the majority of such changes are essential, and not merely verbal,—steps forward, and not in a circle,—as some cynical, sour-complexioned individuals occasionally venture to insinuate. The sagacity of our Profession is ever making some additions to its stock of knowledge; not so much discovering new diseases, as discriminating between those previously confounded, and establishing relations between those previously supposed to have little or nothing in common. These considerations lead us to notice and comment upon some of the principal changes which are creeping into the Medical Nomenclature of the present day.

We would call attention, first, to the gradual enriching of our nomenclature by discriminating between words which were before used promiscuously. When diseases, hitherto regarded as identical, are shown to have important essential differences existing between them, the names hitherto used to designate these diseases, and so accounted as equivalents, require to be clearly discriminated. In illustration of our meaning, we cannot do better than instance the distinction, now generally recognized, between "Typhus" and "Typhoid," as applied to fever, and between "Tubercle" and "Scrofula." The two former names are now used to designate each a separate and different type of continued fever; but before these differences of type were recognized, they used to be employed without any clear limitation of their respective meanings,—sometimes almost as convertible terms.(a) So, again, with "Tubercle" and "Scrofula," which till lately used to be regarded as identical, or nearly so, but are now becoming employed to designate each a different diathesis.

This, then, is one, and perhaps the most satisfactory, of the changes which from time to time are being made in Medical nomenclature. Satisfactory, we term it, for two reasons: First, there is no coining of new, nor borrowing of foreign, words; but simply an appropriation of superfluous words to diseases, or rather shades of disease hitherto overlooked. Secondly, the nomenclature is positively enriched by the change. To discriminate between words which before were used promiscuously, and to assign to each its own peculiar domain, "may seem, at first sight, but as the better regulation of old territory; for all practical purposes, it is the acquisition of new."(b)

There exists, on the other hand, among some Medical writers of the present day a tendency not to *enrich*, but to *corrupt* our nomenclature with words of hybrid formation. This tendency, as far as we have observed, evinces itself more strongly among our American brethren than ourselves. Take, for instance, the following words, all of which are commonly to be met with in the periodical literature of the day:—Cerebritis, cellulitis, conjunctivitis, retinitis, tonsillitis Now, no one wants for a moment to banish genuine words of foreign origin. When they embody some idea or some fact which our own language cannot adequately express; when they avoid cumbrous periphrasis, or answer any other good end, we accept such words and are thankful for them. But the words just quoted do not possess these claims for adoption. They violate all etymological precedent. They are *not* foreign words; they belong to no language at all; they are each partly Latin, partly Greek. If we *must* borrow from other languages, let us at least employ words of genuine breed, and not mongrels such as these, with Latin bodies and Greek tails. Words of this kind are coins which ought never to become current, and for two good reasons: not only are they base metal, but there is no necessity for their coinage. It is true that some of these words—retinitis, tonsillitis, for instance—are becoming sanctioned by usage; but this simply shows that the usage is a bad one; it does not make the words themselves one jot the less objectionable.

These observations apply with equal force to a number of newly-coined adjectives ending in *oid*, which are now all the fashion; such, for instance, as rubeoloid, varioloid, albuminoid, fungoid, etc. These, again, violate all etymological precedent, being Latin words with Greek endings; *oid*, of course, being merely a curtailing of the Greek adjectival ending *οἰδὴς* or *εἰδὴς*. The words "thyroid" and "typhoid" are legitimate enough, being genuine Greek words, merely clipped a little to suit the genius of our uninflected English tongue; but "albuminoid," "rubeoloid," and such like, are mongrels, being neither English, Latin, nor Greek. Not but what these words answer a certain purpose: they supply a want often sorely felt by Medical writers,—viz., a specious cloak for their ignorance. When we read of albuminoid matters and rubeoloid eruptions, we never lose sight of the humiliating truth which such sonorous epithets imply,—viz., that the writer knows nothing more definite concerning the nature of the said "matters" and "eruptions," than that they bear a certain resemblance, the one to albumen, the other to the eruption of measles.

Another most objectionable habit among (but by no means peculiar to) Medical writers is the needless use of foreign words where plain English ones will do just as well. The longer such words are, the more favour they seem to find. Thus, a patient getting under chloroform is said, not to shout or to be noisy, but to "vociferate." When he is quite under its influence, "anæsthesia" is said to be "induced," or, as we have lately seen the phrase, he is "anæsthetized." Over-sensitiveness is called sometimes "hyperæsthesia," sometimes "hypersensitiveness," with what gain we cannot see. The science of health now-a-days is "hygiene;" influences tending to disturb health are not unhealthy, but "antihygienic;" eating and drinking with a view to health is not diet, but "alimentary hygiene." Blood-making is "sanguification," or "hæmatogenesis." Some Surgical writers treat, not of the tying, nor the ligature, but of the "deligation" of arteries. A disease much dreaded by Hospital Surgeons we lately saw termed, not "Hospital," but "nosocomial gangrene." Emptying the Bowels is "Evacuating the Intestinal Canal." Serum is often elongated into "serosity." Analysis is sometimes hybridized into "analysation." We read the other day, in a well-known book of Travels, of a woman who had four breasts. The writer, speaking of the fact, calls it, not a monstrosity, or freak of Nature, but a "Teratological Phenomenon." The same writer, if he had a friend who was fond of biting his nails, would probably describe him as "an individual who exhibited an onychophagistic propensity." But, talking of long and strange words, we have lately heard of a truly original contribution to Medical nomenclature. The word is "Kataplasmatitis." *Parturiunt montes*—our readers will exclaim—what new and terrible disease can it be which rejoices in a name so sonorous in its ring and so sesquipedalian in its proportions? The word, we believe, was *intended* to mean nothing more terrible than "irritation or inflammation of a part caused by over-poulticing it:" according to all analogy and rule, it *should* mean "inflammation of the poultice itself."

(a) The word "Typhoid," by the way, is still used somewhat vaguely. Though no longer confounded with "Typhus," it is very commonly employed to designate, not merely a specific fever with a specific cause, but also a well-known febrile state of the system, characterised by great prostration, which may ensue under a variety of conditions. Thus, we speak of patients "becoming Typhoid" after severe mechanical injuries, and in the course or towards the termination of acute diseases. At present we have no two different names to designate these two different morbid conditions. Coiners of new words would do well to exert their inventive powers in supplying this deficiency in our nomenclature.

(b) Trench, "On the Study of Words," page 153.

Medical writers, who habitually use such words as these, should remember that they are not a bit better than plain English words; that they need much more breath to utter, and pens, ink, and paper to write; that they do not enrich, but encumber and corrupt our vocabulary; and that they are studiously avoided by those who are at once the best scholars and best writers in our Profession. We would recommend them to copy the styles of Watson, Latham, Brodie and the like, gentlemen, who notwithstanding an intimate acquaintance with classical languages, find in their mother tongue the means of adequately expressing all they want to say.

We will take this opportunity of mentioning one or two words, the ordinary pronunciation of which is apt to betray either ignorance or forgetfulness of their derivation. The plural of cicatrix is cicatrīces not cicatrĭces. The adjective of œdema (*οἴδημα*) is œdēmatous not œdĕmatous. It should be urēter (*οὐρητήρ*) not urĕter, rētina not rĕtina. The false quantity of the last word is perhaps so sanctioned by usage that it would smack of pedantry to attempt its alteration. Mere nicety of pronunciation, carried too far, becomes offensive. Those who affect it on all occasions had better be content to practise it themselves, without exacting it of others. If they will exact it, they must expect to be pulled up rather sharply should they be caught tripping themselves. A Physician and a Surgeon were once assisting each other in compiling certain statistics of disease. The former was a classical scholar of no mean pretensions, precise in word and deed, prone to detect inconsistency in others, but sometimes making a slip himself. In its turn Hydrocephalus occupied their attention. The Physician, whenever he used the word, pronounced the c hard = k; the Surgeon, whenever he used it, pronounced the c soft = s, jarring the sensitive ear of his classical friend till the latter could stand it no longer. "Hydro*k*ephalus," says he with impatience, "not hydro*c*ephalus. You are probably not aware that the Greek for 'head' is *κεφαλή*." Now the Surgeon knew more Greek than his friend gave him credit for, but like a prudent man pocketed the reproof, reserving his retort for a fitting opportunity. It was not long before they came to Bronchocele. The Physician, never suspecting a pit-fall, pronounced the word in the usual way with c soft = s. The Surgeon did not lose his chance. "Broncho*k*ele, Sir," says he, with well-feigned impatience, "you are probably not aware that the Greek for 'tumour' is *κήλη*."

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Robert Lee, in commencing a course of three Lectures "On the Nervous Structures of the Thoracic, Abdominal, and Pelvic Viscera," reminded his hearers of the fact that the physiology of the nervous system was quite unknown to Hippocrates; but that Galen demonstrated almost all the nerves which are now known (except the olfactory), and their connexion with the brain and spinal cord. He also mentioned the views taken of the brain and its appendages by Aristotle, Erosistratus, and Herophilus, and quoted many modern authors to show that the general belief at present is, that the heart, lungs, uterus, alimentary canal, and bladder, are very scantily supplied with nerves. This belief is controverted by Dr. Lee, who has on former occasions produced laboriously dissected specimens with the object of showing that the heart and uterus are very largely supplied with nerves, and that their substance contains vast numbers of ganglia, which have been hitherto entirely overlooked. Moreover, that these nerves and ganglia increase proportionately in size when the uterus is impregnated, or the heart hypertrophied. Dr. Lee has now extended his researches to the œsophagus, stomach, and duodenum, in each and all of which he finds the same state of things. The œsophagus, he says, is completely surrounded by a dense network of nerves and ganglia. A large ganglion exists at the lower end of the par vagum, from which numerous branches are distributed to the cardiac end of the stomach with the coronary artery, piercing the muscular coat in company with the arterial branches, and spreading in every direction to the muscular coat, and more especially to the lining membrane. On all these nerves are seated numerous ganglia, which send off branches larger than those which enter them, so that a supply is provided for the whole stomach by means of this multiplication. As with the cardiac part of the stomach, so with the remainder; nerves arrive with the arteries and complete the ganglionic network. The supply of the duodenum is precisely similar. The nerves traverse half the circumference of the bowel, and then pass with the arteries through the muscular layer to the lining membrane. Dr. Lee described the method which he adopts in making these dissections. He places the organs in strong alcohol until they have assumed a nearly uniform whiteness and hardness, and dissects out the nerves with needles and small forceps, with the aid of a lens, and by the light of the early morning. His preparations certainly exhibit marks of great labour and uncommon perseverance. It may be remembered,—in fact, Dr. Lee recalled it to his hearers' recollection,—that his former dissections of the nerves of the uterus and heart were not received with entire belief: in fact, the gentlemen who were deputed by the Royal Society to examine the specimens declared that what Dr. Lee represented to be nerves and ganglia were not nerves and ganglia. Dr. Lee, however, still holds to his opinions: he utterly repudiates the test of the microscope, and says that he has never seen a ganglion-cell; moreover, that the microscope has thrown, not light, but darkness on the physiology of the nervous system, and that ganglion-cells of microscopic minuteness are only a cover for ignorance. Nor has he any greater faith in experiments performed for the solution of questions relating to the nervous system on living animals. He had witnessed, he said, the experiments of Mayo and Magendie, and did not consider that they at all justified the conclusions drawn from them. With regard to the nervous supply of the lungs, Dr. Lee asserted in his second Lecture that it is very large in quantity, and that it is derived in the first place from the great ganglion at the lower end of the par vagum, and is increased by ganglionic multiplication like that of the other viscera which he has dissected. He considers that the par vagum and recurrent nerve both take their origin from this ganglion, and that the course of the former is towards, instead of from, the brain. From what we have said, it will be seen that Dr. Lee's opinions differ on the most fundamental points from those of nearly all modern physiologists; and we cannot assert that even Dr. Lee's indefatigable researches, carried out as they have been for many years with unflagging perseverance, and his own enthusiastic faith in his discoveries, will carry inevitable conviction with them. But we have no desire to interfere between the teacher and those whom he wishes to instruct; we therefore merely give his own statements, and leave our readers to form their own opinions from them.

THE NEW LUNACY BILL.

The House of Lords has decided, by a majority of twelve, on retaining the third clause of the Lord Chancellor's Lunacy Bill. This clause provides that the investigation should be limited to matters which have occurred within two years of the inquiry, and that Medical testimony should only be received in reference to facts seen, heard, and observed by the witness. In other words, the expression of Medical *opinion*, should this Bill become law, is no longer to be permitted to the Professional witness. In the former part of the clause an amendment was admitted, reserving to the Lord Chancellor the power of extending the period of inquiry beyond two years. The other clauses of the measure were with slight alterations agreed to, and the Bill may be considered as having virtually passed the Upper House. Our opinion has been already expressed in disapproval of the limitation of Medical testimony, and there have been no new arguments advanced on the other side, which appear to us to require an answer. The Lord Chancellor's speech was mainly a stringing together of instances in which Medical men had advanced opinions on mistaken or insufficient grounds. But because bad coin is to be found in the world, men do not determine to carry on their transactions without a currency. Lord Cranworth very pertinently observed, "Medical evidence was conflicting, and might mislead; but it was a short way of cutting the knot to say it should not be admitted." When Lord Westbury, towards the close of his speech, related the case of the Scotch judge who had administered justice for many years with great skill and knowledge of the law, and dying suddenly was found to have been the subject of softening of the brain which it was concluded had been going on for several years, he introduced matter entirely irrelevant to his subject. No doubt it was an alleged curious pathological circumstance, (one, however, we may observe, which a little acquaintance with Medical literature would have convinced his lordship does not rest on the most certain data,) but it had nothing to do with Medical evidence in cases of lunacy, for no one had ever entertained the suspicion that the said learned Scotch judge was mad. It is, nevertheless, a humiliating reflection that certain experts in psychological Medicine have themselves forged the weapons which have been instrumental in turning the tide of victory against them. Had it not been for the late lamentable exhibitions in the Windham Case, and on some other similar occasions, an appeal to science would not have been thus ignominiously excluded by one branch of the Legislature from a most important department of judicial enquiry, and Medical evidence would have been spared the ridicule and contempt which have been lately so plentifully heaped upon it in an assembly for the most part incapable of appreciating the validity of the observed facts on which it is based. We should be glad indeed if the present discussion were eventually to lead to a measure which has been ably recommended by a leading morning paper in its article on the debate in question, a measure, we may add, identical in principle with that we have lately advocated in our remarks on the Windham inquiry as well as on former occasions. We refer to the appointment of one or more Physicians of tried and acknowledged ability as assessors or advisers of the Court, whose office it should be to sit with the judge and to aid the jury with their scientific knowledge. Medical science would then have its proper place at the bar of justice,—no longer subject to be disfigured and disgraced by unproven theories advanced under colour of its authority, nor to be wilfully misconstrued by forensic ingenuity, it would assert and maintain its competency alike to investigate and direct.

TYRANNY OF TRADES UNIONS—FEARS OF A SURGEON.

A man has been tried at York for a "Trade Outrage," that is, for attempting to blow up a house at the instigation of the Trades Union at Sheffield. Mr. Justice Mellor said, in summing up, "That a tyranny of the most fierce and grinding description existed at Sheffield. To such an extent did that tyranny exist, that the Surgeon in the case was prepared to undergo commitment rather than give his evidence. He was sorry to see persons of education acting in that way. If that gentleman had not come forward and purged his contempt by giving evidence, he should have been prepared to commit him. But what an exhibition it was of the state of feeling which existed in Sheffield, when a person in his position was deterred from giving evidence!"

THE PEABODY GIFT TO THE LONDON POOR.

On behalf of that part of the English community, which is engaged in the Practice of Medicine, we offer our thanks to Mr. Peabody for his munificent gift to the poor of London. Mr. George Peabody is known to many of our readers as a Northern American merchant, who has long resided in London, and has amassed a fortune fit for a prince, which he uses with even more than princely generosity. He has already founded libraries at Danvers, Massachusetts, the place of his birth, and at Baltimore; and now, after twenty-five years' residence in London, he gives the sum of £150,000 for the benefit of the London poor. And the manner in which the gift is to be bestowed is as judicious as the gift is liberal. He proposes to apply the fund or a portion of it, in the construction of such improved dwellings for the poor as may combine in the utmost possible degree the essentials of "healthfulness, comfort, social enjoyment, and economy." Thus Mr. Peabody refuses to squander his wealth in the miserable shifts and expedients of doles and almsgiving, in Consumption Hospitals, Refuges for the Incurable, and other well-meaning and meddlesome attempts at palliating *consequences*. On the contrary, he aims at prevention rather than cure, and desires to surround the poor with the conditions necessary for their training in frugality, cleanliness and virtue. It seems humiliating; but we hope Englishmen are not ashamed to confess the truth, even though at the expense of their pride. Mr. Peabody gives schools and libraries to his own countrymen. To our poor, he offers what is one of the necessities of civilised existence, —the decent home,—without which schools are useless.

The following changes are notified in Tuesday's *Gazette*: —Deputy Inspector-General of Hospitals Charles Scott, M.D., C.B., upon half-pay, to have the honorary rank of Inspector-General of Hospitals; March 25. Staff Surgeon Major George Carr, who retires upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals; March 25. Assistant-Surgeon Charles Hervé Giraud, from the 31st Foot, to be Staff Assistant-Surgeon, *vice* Royle appointed to 44th Foot; March 25.

REVIEWS.

A System of Surgery; by Various Authors. Edited by T. Holmes. Vols. I. and II.

Cooper's Dictionary of Practical Surgery. New Edition. By Samuel A. Lane. Vol. I.

(Continued from Vol. II., 1861, p. 612.)

(We continue from a former Number our comparison of some of the articles in these two works.)

The article Abscess in "Cooper's Dictionary" is, with one small exception, entirely re-written. Occupying fifteen columns, it is about one-fifth shorter than Mr. Holmes Coote's article in Holmes' "System;" but for a clear and exhaustive handling of the subject it is not to be surpassed. The division of abscesses into acute, chronic, and diffuse, enables the writer to include all the forms of this common malady. On the other hand, Mr. Coote's article, though containing much scattered information of sufficient value, is entirely wanting in that concise methodical arrangement, which for the most part characterizes, and indeed constitutes the main excellence of the work of which it forms a part. The greater part of his article consists of illustrations of the peculiarities of abscesses in different parts and organs of the body; points, it is true, of great practical importance, but which belong in their details to other parts of the work. Such clinical and desultory teaching altogether fails to convey a complete and connected idea of the varieties and pathology of abscess. Moreover, Mr. Coote's exclusion of diffused suppuration from abscesses is both inconvenient, and, in our opinion, incorrect. The subject of hectic fever, which belongs to the history of abscess, and which, in "Cooper's Dictionary," is ably treated in a separate article, is slurred over in the most cursory manner by Mr. Coote, although there is no account of it in any other article of the work.

Of the two articles on Erysipelas, that in Holmes' by Mr. De Morgan, that in Cooper's by Dr. Druitt, it is impossible to speak too highly. They are manifestly the work of men who have made this disease the subject of special observation. They are nearly of equal length. Their differences—mainly differences of detail—are such as we should expect from the professed character of the two works. Both authors reject erythema from the category of erysipelatous affections, with which, indeed, it has no true alliance. Both also repudiate the idea, that there is a specific difference between erysipelas of the face and of other parts. The nature and causes of the disease naturally receive much attention from both authors. Both support strongly, and, we think, sufficiently prove, both from old reports and new observations, its infectious *and* contagious nature, and its dependence on a specific poison, generated, in many cases, by putrid miasmata. But the nature of the poison and the true import of its manifestations in the body is discussed at far greater length by Dr. Druitt, who takes infinite pains to illustrate the close relation between erysipelas and certain other affections which he enumerates as "belonging to the erysipelatous alliance, and which are all included in the general term pyæmia, viz., purulent depôts, puerperal fever, deaths by shock or adynamia after operations, phlebitis, and inflammation of the lymphatics, some forms of sore throat, and of diarrhœa and dysentery." His arguments are conclusive; indeed the whole of this portion of his article is of the greatest interest, and will well repay attentive study. Mr. De Morgan, though referring in more than one place to some of these alliances of erysipelas, does not, we think, convey the idea in so conclusive or comprehensive a manner, nor does he illustrate it so fully. On one point, however, he goes farther, perhaps, than Dr. Druitt. He says on the authority of Mr Busk, that "in *all* the fatal cases which he (Mr. Busk) examined, the lungs were highly congested, and on close inspection the smaller pulmonary vessels were *always found to contain pus.*" What stronger proof could be adduced of the intimacy between the poisons of pyæmia and erysipelas? Dr. Druitt mentions only the *frequency* of such pus depôts, and of internal inflammations, which is as much perhaps as he could fairly say. We cannot enter into any examination of the treatment recommended, further than to say that both gentlemen have much confidence in the sesquichloride of iron, and that Mr. De Morgan appears to think more highly of the efficacy of local measures, as sulphate of iron, collodion, pressure, etc. than Dr. Druitt. Dr. Druitt's article, contains also a history of the opinions of writers from the earliest times of erysipelas, showing that they all pointed to *bile*, "that is, an impure state of the blood caused by disorder of the digestive organs," and a distinct section on the erysipelas of infants (which in Holmes' will be included among the diseases of childhood), and another, of some value, on the statistics of the disease.

The articles on Cancer are characteristic of their respective authors. Dr. Handfield Jones, the writer of that in Cooper's, is thoroughly versed in the literature and pathology of his subject. He accordingly commences with an elaborate account of the varieties of cancer, and of their appearance, both general and microscopical. He discusses the nature of the disease, combating the ordinarily-accepted theory of a specific *materies morbi.* He takes what we conceive to be, in the present state of physiological knowledge, the only tenable view, that cancer is one of the manifestations of an aberration of developmental force. On other points in the history of cancer Dr. Jones is far less diffuse. Mr. Moore, on the other hand, gives us simply an account, somewhat clinical in character, of the disease as he has seen it in the Cancer Wards of Middlesex Hospital. He describes only its broad varieties in their different stages. He dwells but briefly on its varied microscopic characters; so briefly, indeed, that his references to them can be of no possible service to any one, and are, we presume, inserted merely to save appearances in this microscopic age. But his history of the *general* characters of cancer; of the laws which appear to regulate its course and dissemination, with the exceptions to those laws; of its affinities and relation to other diseases, or to the physiological conditions of the organs which it attacks; and of the modes in which it destroys life, is admirable. But, after all, a comparison of these articles only brings before us the more forcibly the painful reflection of Mr. Moore that on this subject there is the strangest disproportion between the amount and the practical value of our knowledge. It is not only that we know nothing of the nature of the disease; not only that we have no means of curing it, or even arresting its progress; but we find the strangest disagreements among writers as to what tumours or parts of tumours are cancerous. Dr. Jones, in opposition to Mr. Paget, believes in a purely fibrous form of scirrhus. He also expresses himself as well satisfied of the malignant nature of colloid, which Mr. Moore regards as seldom, if ever, cancerous. It is, perhaps, reserved for organic chemistry, when our knowledge of it is advanced far beyond its present limits, to throw some light on all these points. Meanwhile, anyone wishing to learn all that is known on this painful subject, will do well to consult both these articles, which may be regarded as supplementary to each other, each one containing much that is wanting in the other.

The two articles on the General Pathology of Fractures are as nearly as possible of the same length, and present but few points of material difference. Mr. James Lane adheres entirely to Cooper's former arrangement of the subject. His account of the varieties of fracture is less systematic and less exhaustive that that of Mr. Hornidge, in Holmes' "System." Thus he makes no mention of the separation of a splinter, or of perforations of bone, both of which are forms of partial fracture; nor among the causes does he refer to intra-uterine fractures, which have recently attracted some little notice in the obstetric world. But the main points of difference in the two articles are to be found in the description of the process of union, and the treatment of ununited fractures. There are, perhaps, few departments of pathology in which a greater revolution has been effected by the investigations of late years than the doctrine of the healing process in bone. We think Mr. J. Lane scarcely does justice to our present knowledge of the subject when he allows himself to be so far hampered by his desire to retain as much as possible of Mr. Cooper's text and arrangement as to give the chief prominence to the old description of union by provisional callus, afterwards adding, in much less detail, the doctrines now generally accepted. Mr. Hornidge, being, perhaps, more at liberty to treat the subject in his own way, reverses this arrangement. Mr. Lane refers to Mr. Paget's opinion of the possibility of immediate union in certain fractures, which Mr. Hornidge seems to regard as more than probable, in consequence of the opinion expressed by Hamilton, whose work has been published since Mr. Lane's article was written, that this mode of union is frequent in children. Mr. Lane, moreover, makes no reference to the union of compound and inflamed simple fractures by granulation, and but little to the circumstances which modify the healing process, such as the presence of splinters, effused blood, etc. The history of the opinion of old authors is properly retained, as being in perfect accordance with the plan of the work. Cooper's account of the treatment of ununited fracture is, so far as it goes, as good as it can be. Mr. Lane's additions, however, are scarcely so full as they might be. His notice of Dieffenbach's operation, perhaps the best that has yet been devised for this unfortunate condition, is meagre; and he makes no mention at all of Brainard's modification of Miller's operation, of acupuncture, or of galvanism; or of Jordan's not unimportant modification of resection by leaving the periosteum. We should also have been glad to see some notice of deformed union and its treatment, though, possibly, the subject is reserved for an article on "Refracture."

But Mr. Lane's additions under the several heads of special fractures are abundantly copious and excellent, and in many points original. We may select, as a fair sample of the whole, the section on fractures of the upper extremity for comparison with Mr. Flower's treatment of the same subject. There is, of course, but small scope for difference in the description of the varieties of fracture, so fully have they been examined by former writers. But while Mr. Lane refers largely to the opinions of those authorities who have investigated these, in some instances obscure, fractures, pointing out where our knowledge is deficient or doubtful, and referring in detail to those methods of treatment which have been found most successful, Mr. Flower contents himself with a general statement of the symptoms, and a reference merely to the principles of treatment, and the methods in ordinary use. Thus, for example, speaking of fractured clavicle, Mr. Flower describes simply the ordinary mode of treatment in this country, referring to special treatises for information on other forms of apparatus. Mr. Lane, on the other hand, in addition to this, describes Boyer's apparatus, Heister's, and a modification of Heister's recently introduced by Mr. Henry Lee. Mr. Lane's articles on the special fractures are for the most part about half as long again as those in Holmes' "System."

Quite distinct from ordinary fractures in their effects are fractures of the spine. On this subject Mr. Shaw has found something original to say. He points out that the most vulnerable parts of the column are those at which a flexible region joins on to one that is relatively inflexible; such as the cervico-dorsal and dorsi-lumbar portions. He shows the differences resulting from indirect and direct force; the spine being bent backwards in the former case, forwards in the latter. He treats of the different effects of fracture in different regions, he has a section on the causes and results of bed sores—he discusses at some length the cause of the changes which occur in the urine—and finishes with some striking instances of recovery, and an abstract of the treatment. On the whole we regard this as the best monograph on the subject in the English language.

Mr. James Lane's article is very different. It is only two-fifths the length of Mr. Shaw's. It is, in fact, Cooper's old article, with only one short addition on attempts at reduction. It consists, in great part, of observations from Sir A. Cooper and Brodie. It treats the symptoms *en masse*, so to speak, with little attempt to distinguish between the fractures of different regions. We find in it no account of the causes of the changes in the urine. In fact, we think Mr. Lane might with advantage have described these parts of his subject more fully. The treatment, however, is well and amply discussed. We are glad to see that here, as well as in Mr. Shaw's article, the abominable idea of trephining the spine for fracture is strongly condemned.

The two articles on Injuries of the Head present many points of comparison. Mr. Hewett, who writes for Holmes, has, since his Lectures at the College of Surgeons, justly been regarded as one of the first living authorities on the subject. His present essay is a compact, well-written epitome of those Lectures. Perhaps the portions of his subject which he treats in greatest detail are those to which his own investigations have been specially directed. Such are the value of hæmorrhage and serous discharges as signs of fracture, the precise nature of the serous discharges in different cases, the changes which may take place in blood extravasated into the cavity of the arachnoid, the peculiarities and symptoms of contusion of the brain, and the nature of hernia cerebri. Although his article occupies 100 pages, we would gladly have seen a little more space devoted to the consideration of scalp wounds, and of contusion of the bones with its train of subsequent phenomena. Mr. Adams' article is longer by two-thirds than Mr. Hewett's, a difference depending partly on the much greater length at which he dilates on two or three special points, such as scalp wounds, contused bone, and the treatment of compound depressed fracture; but chiefly, of course, on his different mode of treating the whole subject by bringing forward and contrasting the opinions and treatment of various Surgeons, often by means of extracts from their writings. Among others, Mr. Adams avails himself largely of Mr. Hewett's own lectures, agreeing for the most part with his conclusions. Indeed, so much discussion has been bestowed of late years on Injuries of the Head, that on most essential points there is a degree of unanimity of opinion unknown in former times. The nature and scope of this improvement is clearly shown by a comparison of Mr. Adams' article with that in the last edition of Cooper, which is just one-third the length of the present. There are other differences of detail, besides those mentioned above, between Messrs. Hewett and Adams. Mr. Adams brings together the various causes of compression (scattered by Mr. Hewett over different parts of his article), and illustrates them by cases. He also contrasts, at some length, the symptoms of compression and concussion, a contrast which is but slightly touched upon by Mr. Hewett, on the ground that their distinctive characters cannot be relied on. Mr. Adams, indeed, admits that we must rely rather on a combination of symptoms than on any individual sign. But although this is undoubtedly true, we cannot but think that, till our knowledge is more precise, a general view of the contrast is still of considerable value. Mr. Adams treats separately of contusion and laceration of the brain, although he is fain to admit that their respective symptoms are, to say the least, uncertain. On the other hand, Mr. Hewett has a distinct section on injuries of the cerebral nerves, a subject which is only cursorily noticed by Mr. Adams. On the whole, although there is a great general agreement between the two articles, we may say without injustice that the greater attention is bestowed upon the pathology of the subject by Mr. Hewett, and upon the general history and treatment by Mr. Adams.

We cannot leave this subject without a brief notice of two or three points suggested to us by these articles. In the first place, the old idea of fracture by *contrecoup* is, we presume, by this time, universally repudiated as an absurdity. We find Mr. Adams speaking of laceration of the brain by *contrecoup*, and in this sense only ought the word to find a place in Medical literature, *i. e.*, as applicable to injuries of the soft tissues. In the next place, both authors reject the doctrine of the possibility of concussion being fatal without any evident lesion of the brain. The contrary belief appears to have been founded on insufficient post-mortem examination. Mr. Hewett thinks that Mr. Gama's experiments with isinglass throw some light on the mechanism of concussion. Mr. Adams regards them as utterly valueless. Respecting the treatment of compound depressed fracture without symptoms there appears to be a great difference of opinion between these two Surgeons. Mr. Hewett adopts unhesitatingly the rule laid down by Sir A. Cooper of immediate trephining, pointing out only a few palpable exceptions. Mr. Adams dissents from the rule, arguing and illustrating the point at great length. It is certainly a question on which every Surgeon should hold a decided opinion, and full materials for the formation of such opinion are here presented. But Mr. Adams has to admit so many cases in which the operation would be necessary, that perhaps by the bedside there would not be found many in which he would differ from Mr. Hewett.

The Diseases of the Eye, which are included in Holmes' second volume, are necessarily only partly comprised in Cooper, in consequence of its alphabetical arrangement. Passing over the articles on Conjunctivitis, Corneitis, Choroiditis, and a few minor ones which present no material points of contrast, we select for comparison those on Amaurosis, Glaucoma, and Cataract. That on Amaurosis, by Dr. Bader, is in great part a rescript of the article in Cooper's last edition, somewhat differently arranged. Notwithstanding the great light which the ophthalmoscope has thrown upon the more obscure affections of the eye, Dr. Bader appears to think that the time has not yet arrived when a better account of (the so-called) amaurosis and its causes can be given than is comprised in the extracts and illustrations from old writers. They do, in fact, give a very full account of the various opinions that have been held on the subject. Mr. Dixon, however, treats it very differently. In an article only one-third the length of Dr. Bader's he contents himself with giving what must be regarded as a sketch, albeit singularly clear and instructive, of the main points to be observed, and of those on which further information is required. He dwells fully on the recognised morbid appearances within the eye, and gives an outline of the symptoms dependent on each condition, and their treatment. He thinks the term "amaurosis" should be confined to those forms of impaired sight which depend on some disease within the cavity of the skull. This, like the remainder of Mr. Dixon's articles, is an abstract of his observations formerly published in his special work.

Under the head Glaucoma, Dr. Bader gives, in addition to the old article, a valuable contribution of eleven columns, embodying the most recent investigations on the subject, and his own experience. After an account of the two forms of the disease, acute and chronic, he describes fully its pathology, as derived from the dissection of eleven eyes, as well as its ophthalmoscopic appearances. But that there is yet much to be learnt as to the interpretation of these appearances is manifest from a comparison of Dr. Bader's articles with Mr. Dixon's. For while the latter says that, in general, but little can be made out by the ophthalmoscope in glaucoma, in consequence of the haziness of the cornea, Dr. Bader says the examination is possible in almost all cases, the truth appearing to be that Dr. Bader includes some cases (such as those in which there is a cupped condition of the optic nerve), which Mr. Dixon describes as cases of amaurosis. Both writers give the results of their own experience of Gräfe's operation of iridectomy. Mr. Dixon has found it of infinite service in acute cases in relieving the pain, and, in some instances, restoring vision—of little or no benefit in chronic cases—and of none whatever in cases of amaurosis with cupped nerve. Dr. Bader speaks equally favourably of it for acute cases, and more so for chronic. He gives the statistics of the operation on seventy-eight patients, with its various results and occasional accidents, such as hæmorrhage, etc. He refers also to Mr. Hancock's proposal to divide the ciliary muscle; and Mr. Dixon mentions some cases in which he has obtained success by the simple evacuation of the aqueous humour.

Mr. Dixon's article on Cataract, fifty-four pages long, is one of the best in Holmes's work. His concise account of the varieties of the disease, his clear and admirable description of the anatomical and pathological peculiarities on which those varieties depend, his account of the various operations, and especially his remarks on the after-treatment of extraction, and on the progress of the eye towards recovery, are fully worthy of this writer's great reputation. Mr. White Cooper's article, though slightly longer than Mr. Dixon's, scarcely does him justice. The alterations which he has made in Cooper's old article (which was twice its present length and painfully tedious) are chiefly by way of excision. He retains the somewhat lengthy description of the varieties of cataract, some of which are little better than pathological curiosities, as detailed by Beer and others. He refers to Dixon's clear and concise arrangement, as he justly terms it, of these varieties, but gives no account of it. He allows the descriptions of the various operations for cataract to remain as they were, only somewhat condensed, with the exception of that of extraction. Such great improvements have been introduced into this operation that it was absolutely necessary to re-write this portion of the article. We wish that Mr. W. Cooper had followed the same course in other parts also. Especially we looked for some expression of his own opinion with reference to the operation of couching. The only addition to this subject is an extract from a report by Mr. W. Martin, lately of the Indian Service, in which that gentleman expresses an opinion that among the natives of that country depression is almost alone admissible. Are we to infer that Mr. W. Cooper approves of couching in certain cases? Mr. Dixon condemns the operation most unreservedly. Of Mr. Cooper's opinion we are left in doubt.

We might, did our space permit, extend this comparison to many other articles, as dislocations, burns, etc. We have only further to point out that the plan of Cooper's Dictionary admits of the introduction of much which has no place in Holmes's. Such are the various articles on the pathological conditions of the blood, which indeed form quite a new feature in a Surgical work. Each work has special articles on subjects which are not treated separately in the other. Lane, for instance, has an elaborate article, by Dr. Druitt, on Hospital Gangrene, which Holmes includes, less effectively, under the General Pathology of Gangrene. Holmes, on the other hand, has special articles on Collapse and Delirium Tremens.

The two works are, in fact, scarcely to be regarded as rivals. They may rather be considered as supplementary to each other. We do not undertake to recommend either. Each, in its own special way, is highly creditable to English Surgery. We have simply endeavoured to indicate the general characteristics of each, as some guide to those who, wishing for a standard work of the day, yet hesitate to invest in both.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DISCUSSION ON SCARLATINA.

A discussion upon this subject has taken place in the Obstetrical Section of the New York Academy, and it may be interesting to our readers to be made aware of the opinions of some of our Transatlantic brethren. Dr. Lewis Smith, in introducing the subject, observed that an epidemic had prevailed in New York for eighteen months, exhibiting a malignant type in many cases. He had found vomiting as one of the first symptoms in eighty-one out of ninety-four cases, and it usually occurred on the first day. In some cases it did not occur until the second day, and it was often slight. He regarded it as a symptom of some diagnostic value. In some of the severer cases of scarlatina, the cerebral symptoms may be due to cerebral congestion, but in a large proportion the cerebro-spinal system is poisoned by the scarlatina virus, in the same way as the brain is affected in the adult during Bright's disease. If the child survives this dangerous period, the throat affection appears; and in severe cases, during the latter part of the first week, or in the second, a pseudo-membranous deposit forms in the fauces, having ulceration beneath. Examined under the microscope, this deposit shows distinct fibrillation. Sometimes a confervoid growth is present. Dr. Worster believes that every degree of scarlatina exhibits signs of exhaustion rather than of congestion, indicating the necessity of the early use of stimuli. His experience had taught him that much treatment is injurious in the disease, and that our reliance should be chiefly placed upon that of a supporting nature. Dr. Blumenthal regards the cerebral and renal symptoms as rather incidental than essential to the disease. He considers it as an asthenic disease, the treatment of which should be passive as long as possible, interference taking place only when absolutely necessary. Stimuli are the best remedies, external frictions being also of importance. Dr. Sewall observed that we can never tell at the outset how severe even a mild case may become. He thinks that retrocession of the eruption is to be guarded against, if possible, as the usual complications are apt to be more or less grave accordingly as this is or is not abundant. He considers inunctions of great importance, and employs tr. ferri mur., chlorate of potass, beef-tea, and milk punch in his treatment. When suffocation is imminent, he applies nitrate of silver to the throat, and to relieve the glandular swelling he employs salt pork externally. He regards warm baths in all stages of the disease as a preventive against anasarca. Dr. Bachelder related a case in proof that the stage of incubation may not exceed twenty-four hours' duration. Among remedies he thinks highly of chlorate of potass, especially when the throat is affected, and he believes that exposure to cold is almost the only cause of the anasarca. He has some confidence in the prophylactic action of belladonna, which he has used extensively, giving of a solution of three grains to the ounce as many drops as the patient numbers years, and increasing it drop by drop until the pupils become affected. The specific eruption of the remedy is not always seen. He has never known recovery to take place when convulsions have happened after the development of the eruption of scarlatina. Dr. Kennedy observed that the former heroic treatment of scarlatina was death to the patient, and that even at the present day our treatment is very unsatisfactory. We should follow as nearly as possible the indications of Nature, give the patient plenty of fresh air and water, sponge the surface with diluents, etc. He has tried all measures for the throat affection without deriving benefit from any of them. For the glandular swelling of the neck he applies fat, salt pork externally. He treats adults with tonics and stimuli, the best of the latter being brown stout. He also uses yeast. Dr. White mentioned that while attending a case he was attacked with profuse salivation and sore throat. Dr. Hubbard had never seen recovery after convulsions occurring subsequently to the eruption. He treats the anasarca with belladonna and colchicum. Dr. Taylor had seen many instances in which belladonna seemed to have acted as a prophylactic, but still he had no very great confidence in it. Dr. Jacobi does not regard the vomiting as diagnostic of the disease. He believes scarlatina to be eminently a disease of a paralytic nature, and thinks that treatment by tonics and stimuli is the best. Among the various causes assigned by authors for the occurrence of the dropsy, he believes that the most important is the scarlatina process taking place in the kidneys as elsewhere. There are few cases in which this organ is not affected, and the cases of sudden death taking place on the first day are probably due to sudden and acute uræmia. The remedies which exert most direct effect upon the kidneys are the best, the most reliable being tannic acid, ferri sulph., and tr. ferri mur., the first of these being, however, only applicable to the more chronic cases. Salines and digitalis stimulate and irritate the kidneys too much. By combining colocynth with the tannin its astringency is counteracted. To a child three or four years old from eight to ten grains of tannin may be given per diem. The remedy is well tolerated, and sometimes may be continued for five or six weeks. The secretion of urine is soon increased. Dr. Gardner, and several other of the speakers, had generally found that the sequelæ occurred after the milder cases. Dr. Sewall thinks highly of the daily use of the warm bath, and of acetate of potash during desquamation, as preventing anasarca. Dr. Budd observed that the reports of the Deaf and Dumb Asylums assert that the majority of cases of non-congenital deafness are due to scarlatina. Dr. Batchelder stated that with respect to the otorrhœa, the course of the inflammation was through the Eustachian tube and internal ear, rupturing the membrana tympani, and extending even to the mastoid cells. Dr. Church has within the past year seen several cases of rheumatism following scarlatina, in which there had been no anasarca; and it had been a question with him whether the treatment he had used for the former (iodide of potassium and colchicum) had prevented the latter. Dr. Bulkeley has rarely met with anasarca when warm baths have been used as a preventive. Among the remedies which he has found useful for it are mustard and fomentations to the back, applied several days in succession, and vapour-baths. Slaking lime in a wet cloth is a convenient mode of procuring a vapour-bath. Dr. Porter confirmed the statements as to the frequency of the occurrence of deafness after scarlatina, and quoted some statements in proof from the Report of the New York Institution for the Deaf and Dumb. According to this, one-fifth of the cases of deafness were referrible to scarlatina, and a larger proportion still of the more recent cases. Comparing the American with the European tables of causes, scarlatina does not figure so frequently as a cause in the latter. In these it figures as one in thirteen of the cases, while in the American table it does so in one in five. Since the year 1829 scarlatina has prevailed much more extensively, and assumed a more malignant form, in the United States. The type of the disease, during that period, has, too, in the opinion of some, favoured the production of deafness, owing to the great tendency to inflammation and ulceration of the throat which has been manifested; others believe that injudicious treatment may have something to do with the increased prevalence of deafness after scarlatina; but it is observed in the Report, "that only about one child in 12,000 becomes deaf from scarlatina, while one in forty dies of that disease: in other words, the chances to every child of loss of life by scarlatina are 300 times as great as the chances of the loss of hearing. It is evident, from this statement, that a Physician may attend several thousand cases of this disease, and witness several hundred deaths from it, without being able to decide positively, from his own experience, that one mode of treatment is more effectual than another in preventing this distressing, but comparatively rare, consequence of deafness."—*American Medical Times*, Vol. iii., Nos. 20, 23, 28.

EXCERPTA MINORA.

Hæmorrhage into the Anterior Chamber of the Eye, supplementary to the Menstrual Flux.—M. Guépin relates the curious case of a young lady, aged 18, of good constitution, with a delicate skin, and somewhat lax tissues who commenced menstruating three years since. The menses returned every thirty or thirty-two days with tolerable regularity, lasting sometimes but one day, and at others five or six, and generally three days, the quantity of fluid lost thus varying greatly. She has always found that on the cessation of the menstrual flux there has been a supplemental epistaxis, this being more or less abundant in inverse proportion to the quantity of menstrual fluid lost. On one occasion, however, the epistaxis did not appear, and then a sudden effusion of blood into the anterior chamber took place, which brought her under the Author's notice, the menstrual discharge on this occasion only having lasted two hours. The lower part of the anterior chamber was filled with blood, which rode over the free edge of the iris. The Author believes the case to be unique, the one nearest approaching to it being an example of hæmorrhage into the vitreous humour in a subject of amenorrhœa reported in the thirty-fifth volume of the *Annales.*—*Annales d'Oculistique*, Vol. xlvi., p. 228.

Injury to the Fœtus in Utero.—Dr. Flecken relates a case in which a powerful woman was delivered of a strong, living, and full-timed child. After the expulsion of a very large placenta, another compact, fleshy placenta, in partial connexion with the former, followed, the accompanying membranes contained a sixth-month fœtus, the body of which had been compressed so flat that the broadest part of the cranial and thoracic regions did not exceed five lines. The bones of the cranium lay separated from each other, the nasal bones projected as sharp points, and the broken malar bone penetrated the skin. While in the sixth month of her pregnancy, the woman had fallen down stairs.—*Berlin Med. Zeit.*, No. 2.

Confluent Small-pox after Three Successful Vaccinations.—Dr. Wallace relates the case of a soldier, aged 35, who was vaccinated December 24, 1861, with complete success. His right arm exhibited a large cicatrix from vaccination performed when he was a child, and on his left arm was a similar scar produced also by vaccination three years ago. On January 8, two weeks after the last vaccination, he was seized with high fever and dorsal pain, which were soon followed by an abundant eruption of variola. It proved to be an extremely severe confluent case. The lymph with which he had been vaccinated exerted no ill-effect upon his comrades.—*American Medical Times*, No. 9.

Modification of Emplastrum Resinæ.—Having found the ordinary plaster employed for strapping ulcers of the legs and uniting wounds give rise to erysipelas and other ill effects, M. Desmalines has since 1854 substituted one made after the following formula with the best effect at the Antwerp Military Hospital:—White wax 100 parts, resin plaster 500, and calamine powder, 60 parts. The wax and plaster having been melted together, the calamine is stirred in.—*Gazette Méd.* No. 11.

BUDGET OF THE PUBLIC CHARITIES OF PARIS FOR 1862.—The General Administration of the Public Charities of Paris estimates its budget for 1862 at 25,029,609 francs. It is calculated that accommodation will have to be provided for 2195 insane (854 men and 1541 women) in the two Hospices devoted to their reception. In seven Hospices and three *Maisons de Rétrait*, there will be 7784 admissions, as also 542 admissions into the Foundling Hospital (there being also 22,052 children placed out in the country). The eight general Hospitals will admit 3932, the special Hospitals 3379, and the municipal *Maison de Santé* 300 patients, making altogether 29 establishments and 17,832 individuals. These establishments have to be worked by 2915 *employés* of various grades, whose salaries amount to 1,741,203 francs. The Medical service consists of 93 Physicians, 41 Surgeons, 18 *Pharmaciens*, and 230 *élèves*—altogether 382—receiving in payment 354,800 francs. The mean of the indemnity is 1833 francs for the Physicians, 1346 francs for the Surgeons, 2378 francs for the *Pharmaciens*, and 496 francs for the *élèves*. Among the sums to be expended are,—for the nourishment and treatment of the sick and indigent, 8,342,000 francs; fuel, light, washing, and material, 2,649,290 francs; location of infants in the country, 2,557,518 francs; and *secours a domicile*, 3,270,727 francs.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, March 13.

M. BRIQUET ON ENGLISH AND AMERICAN HOSPITALS.

THE discussion on Hospital Statistics in the Academy of Medicine is becoming more extraordinary, and—I may as well at once out with the truth—more ridiculous every succeeding Tuesday. It seems that the great guns, who can afford to be impartial, and to give to Cæsar what is due to Cæsar, have had their say; and that the small fry, who like nothing better than to throw poisoned arrows at everything that is not French, are allowed to trespass upon public attention. M. Davenne's speech was remarkable for the absence of any brilliant qualities; but M. Briquet made up for the want of spirit shown by the latter gentleman, who had only feebly vindicated French interests, by hitting hard blows at "les Anglais." He commenced by stating that he was a great friend of statistics; but that there were different kinds of them. He had much faith in such statistics as were made by men known to himself, as, for instance, M. Louis; but he could not attach any value to statistics made in a country he did not know (!!), manufactured out of facts which were contestable, and by men with whom he was not acquainted. What was the origin of the English statistics, which had been so much quoted in this discussion? They were dressed up with "absurd data and contradictory elements, collected by pupils, or even subaltern officers! Was that the working of sincere, peremptory, and scientific statistics? Dupuytren had had a peculiar way of justifying himself if he had been unsuccessful in his operations. He never attached any blame to Surgery or to the Surgeon, but invariably found out that that there was something inherently wrong in the constitution of the patients, or that an intercurrent disease had carried them off. Out of such data a thing was manufactured which he would call 'sweetened statistics.' In England the Surgeon was dependent upon the subscribers to the Hospital, and upon his pupils, who by their number made the success of the Institution and the reputation of the Surgeon himself. Such Surgeons had therefore a double interest in sweetening their statistics. Moreover, commercial interests were, in England, at the bottom of everything, even of surgical practice; and a Surgeon who wished to get on in the world, immediately set about sweetening his statistics."

Having thus settled the English, M. Briquet (whose name in English means "Firesteel") proceeded to do for the Americans. American statistics, he said, were altogether absurd. M. Malgaigne had quoted the results of Surgical practice obtained in the Massachusetts Hospital; but he (M. Briquet) had taken the greatest possible pains to ascertain whether such a place as Massachusetts actually existed, and he had found out that it did not. After having pronounced this tremendous discovery, which was listened to by the Academy with a mixture of amazement and indignation at having been thus taken in by the cunning of the Yankees, M. Briquet went on to say that there was, indeed, a State of the name of Massachusetts, with Boston for its capital. (The members of the Academy breathed more freely.) In that country there were several so-called Massachusetts Hospitals; but there was not one Special Hospital exclusively distinguished by that name. M. Malgaigne had, therefore, been altogether wrong in his assertions. It is surely very hard for the Physicians and Surgeons of the "Massachusetts General Hospital" to see the very existence of their institution thus flatly denied; but M. Briquet has, unfortunately for them, never been in America, and he is, therefore, according to his own premises, quite justified in doubting anything said to exist in a country which has by Nature been denied the happiness to belong to the French Empire.

After having dealt the Americans this deadly blow, M. Briquet once more returned to England, and slaughtered Guy's Hospital and the Westminster Hospital. He said that he had found in a work of M. Malgaigne, that in Guy's Hospital, of 12,000 parturient women only 36 had died within seven years. Such statements being perfectly monstrous, they were surrounded with the most minute details concerning the mother and the infant, in order to render them acceptable. Such details were, no doubt, guarantees, but, unfortunately, women were not received in Guy's Hospital to be delivered there, but only after parturition; besides which there was only room for 550 patients in that institution, and it could certainly not take in more than the Maternité at Paris (we are not told why); in the Maternité there were only 60 taken in annually, and that would never make 12,000 in seven years. M. Malgaigne thereupon got up and remarked that he had never in any of his writings said a word concerning the obstetrical statistics of Guy's Hospital. So much the worse for him! It would, of course, be altogether preposterous to expect M. Briquet to know that there are such things as out-patients in London! The authorities of Guy's Hospital may be glad that their bare existence was admitted by the ingenious Frenchman.

Of English Hospitals (M. Briquet continued) no end of marvels were related. He had seen the Westminster Hospital, and a miserable place it was. There was neither a court nor a garden, nor an open space to walk about. He had been to see an Infirmary, and had fancied himself in the ward of a miserable barrack; there were in a low and narrow room twelve or fifteen bad litters, and patients were sitting round a fire-place where cooking was done. The odour of the place was awful. The furniture consisted, besides beds, of a cupboard enclosing eatables and medicines, and boxes attached to the walls with parcels of plants and herbs. Certain speakers had thought it advisable to do away with curtains in the sick-rooms. He had seen such in England. There was nothing so horrible and painful as a Hospital ward without curtains. It was the most disgusting sight one could imagine, without taking into account the inconvenience to the patients who were thus continually obliged to witness the sufferings or infirmities of their neighbours. However, there certainly was a great difference between the English and American working people, on the one hand, accustomed as they were to good living, boxing, gin and dram-drinking, and the French artisans, on the other hand, who were very temperate, and of a generally sweet disposition. M. Briquet is going to finish his speech next Tuesday, when he will no doubt consummate the annihilation of poor, unfortunate England.

DENMARK.

COPENHAGEN, March 10.

HOMŒOPATHY IN DENMARK.

HOMŒOPATHY, this apparently immortal folly of Hahnemann's, has not found a fertile soil in this country. The common sense of the population, and the great and well-deserved confidence enjoyed by the Medical Profession at large, has stunted the growth of this form of quackery amongst us. But as weeds will grow in the best-cultivated garden, there are also amongst us a few followers of Hahnemann. These persons are allowed to dispense by themselves, and are not subjected to any control, as they do not write prescriptions; their trade is, however, confined to the lowest classes, sugar being much cheaper than medicine, which is certainly a consideration. No respectable Medical man in the kingdom has embraced homœopathy; nor would any one condescend to meet a Homœopath in consultation, or to seriously discuss Hahnemann's principles; and we often wonder that, instead of punishing the followers of his by silence, so many distinguished Medical men in England should have taken up the cudgels against them. As far as I know, there are only four Homœopaths in the whole of Denmark, viz., three in Copenhagen, and one in the country. One of the former was lately brought before the Criminal Court, when it was proved by a number of witnesses, on oath, that he had never made any examination of the condition of the patients who had come to consult him, but merely given them a piece of sugar and sent them away as fast as he could, in order to be able to "do" as many as possible of a morning. Many persons suffering from gonorrhœa and syphilis were thus sweetly treated, and the results of the neglect may be imagined. A nursemaid, amongst others, who suffered from a severe form of syphilis, had been treated by the man for several weeks without his knowing anything of her complaint, and of course, without any warning having been given to her employers. He declared an apprentice, who suffered from common itch, to be affected with the king's evil, and refused to look at the skin of the patient. The same distinguished Practitioner had already, previously to his last trial, been punished several times; once for giving a testimony of death without his having seen the body; another time for not having cut down a man who had hanged himself; and again, for having treated a syphilitic patient without looking at the ulcer. The only Homœopath practising in the country, is a clergyman in Jutland, who has already five times been convicted for quackery, and was the last time sent to prison for two months. The same man has also been convicted for abuse of his clerical powers. From all this I believe I am justified in stating, that Homœopathy had better shut up altogether in this country.

SUICIDES.

Suicides are unfortunately much more frequent in Denmark than anywhere else. According to the reports of the statistical bureau, there occurred here 4430 suicides, from 1845 to 1856, that is 369·2 annually. Since 1835 there has been an increase of 31·4 per cent. in the numbers, and which far exceeds the increase of the population. From 1835 to 1844 there was, in a population of 1,283,000, only one suicide in 4568 persons; while from 1845 to 1856, in a population of 1,444,000, one suicide occurred in 3911 persons. Fifty years ago, Callisen mentioned the frequency of suicides in this country as a lamentable circumstance; but matters have become much worse since then. In 100,000 persons, there commit suicide annually:—In Denmark, 25·6; in Geneva, 24·8; in Saxony, 20·2; in Norway, 10· 8; in Prussia, 10·8; in England, 10·1; in France, 10; in Sweden, 6·7; and in Belgium, 5·6. It is very doubtful whether these considerable differences are to be ascribed to the difference in the government and administration of the several countries, as some persons are inclined to think. Perhaps the numbers are too small as regards England, where suicide is considered felony, and many cases, therefore, escape this verdict; but they are certainly correct for Germany, France and Belgium.

One-fourth of the whole number who commit suicide in Denmark are women; the same proportion exists in Norway and France, while in Prussia and Sweden only one-fifth are women. In Copenhagen 39·1 commit suicide in 100,000 persons; in the other Danish towns 30·3, and in the provinces 23·2. In the island of Zealand the number is 29·3, in Laaland and Falster 24·1, in Jutland 22·1, in Fyen 19·7. The season has a considerable influence upon suicidal mania; most suicides occur in summer (36·7), the maximum being in June; then follows autumn (23·5), spring (22), and finally winter 17·8, the minimum being in December. The same proportion exists in almost every other country; and the assertion of M. Falret, that most suicides happened in autumn, because Nature wore a sad aspect at that time, and thereby gave rise to melancholia, is quite erroneous, and contradicted by recent statistical investigations. It seems, however, that there is less difference in this respect in towns than in the country.

It was formerly generally believed that the love of life increased with age, but this view, which was shared even by Esquirol and Falret, has also been refuted by modern statistics; it being shown that the rate of suicides is six to seven times greater in old persons than in young ones. Concerning the mode of suicide adopted, there has been always a great uniformity in the numbers. In Denmark, of a hundred persons, 68·9 kill themselves by hanging, 20·8 by drowning, 4·9 by fire-arms, 3·3 by cutting instruments, 0·6 by throwing themselves down from considerable heights, 1·5 by poisoning. Women, and old persons generally, prefer drowning to hanging, while young people are more fond of shooting themselves.

As to the condition in life of the persons concerned, it appears servants are very prone to suicide. The number of servants in Denmark is 14 per cent. of the whole population; but in the list of persons having committed suicide, 22 per cent. are servants. Private soldiers and drunkards come next.

Man being an imitative animal, it generally happens that, as soon as a few suicides have been mentioned as interesting news in the papers, and more especially if they are given with full details, other suicides follow in rapid succession. Editors should, for this reason, be cautious of admitting such news into their columns. Moreover, it is difficult to perceive why the unhappy end of such wretched persons should be honoured with Herostratic monuments.

The Discussion on Hospitals at the Paris Academy.—This discussion, like so many of those which have preceded it, is becoming prolix to a degree. To avoid repetitions, and economise our over-crowded pages, we shall defer our abstract of the salient points which may have been brought out, until the debate has terminated.

GENERAL CORRESPONDENCE.

THE RATIONAL TREATMENT OF DISEASE OPPOSED TO QUACKERY.

Letter from Dr. Samuel Wilks.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your "Hospital Reports" of to-day you relate some cases of chorea which were under my care, and which recovered in the ordinary time by a mere change of external conditions without the administration of any medicines. As this might tend to strengthen a misapprehension affecting our practice at Guy's Hospital, which I know prevails in some quarters, that we have little faith in medicine, and that the practical teaching of therapeutics is very indifferent, I beg leave to remark that I believe the causes which have given rise to such unfounded surmises have been due to the very opposite endeavours to test the true value of medicines by a careful study of disease. It may better please the idle student to carry away with him certain remedies for particular diseases; but, at a Hospital, a faithful teacher has something more to do than enable him to accomplish this. I fear there are not too many in the Profession who have imbibed the spirit of Sir John Forbes, to investigate the natural course of disease so as to fit them to determine the true value of the medicines which they are daily administering. This learned Physician gained for himself probably more opprobrium than praise by his earnest endeavours in the discovery of truth; and at the present time no one is more liable to bring odium upon himself than he who expresses a doubt as to the efficacy of certain remedies, or the inability of the Profession to *cure* particular complaints. Such a man is styled a sceptic, and is thought to bring injury to his calling, and is said sometimes to ally himself to the Homœopath. Those, however, who are acquainted with the system which the latter professes, know that the very opposite of this is more likely to be the fact: that its fallacies alone can be detected by those who have faithfully studied disease and the varied course which it pursues. They can much more fully appreciate the value of remedies than the Practitioners who are content to treat symptoms alone on a given plan, and thus have either a wide-spread belief in all medicines, or what is sometimes found, a total disbelief in every drug. The Physician, I say, who has studied disease is certain, without any misgiving, that arsenic will cure some cutaneous diseases, since he witnesses affections of years' duration disappear in as many weeks; or he sees a slowly-advancing periostitis at once arrested and cured by iodide of potassium; at the same time he knows by a study of the exanthemata that these diseases also run a definite course. A little further investigation will show him that he cannot expect to cure a pneumonia under a certain number of days, that a chorea will take a few weeks, and delirium tremens and a cynanche as many days.

These facts should show with what hesitation we should receive the accounts of the efficacy of new remedies in such complaints; for if I turn to your pages or to those of your contemporaries, I find that scarcely a week elapses without the advocacy by some writer of a new remedy, but what is very remarkable, with only one result.

When I see digitalis or capsicum with fifty other medicines recommended, each one as the best for delirium tremens, I naturally, on reading the illustrative cases, expect to find that the disease is arrested at once by the remedy, but I discover instead that a second, and another, and another dose is required, until on the third or fourth day the patient gets better, a success no greater than on the old-fashioned and approved plan. So again, when I read of belladonna, aniline, and other remedies for chorea, I expect to discover, on perusal of the histories of the cases, that the patients are markedly better after one or two doses of the medicine, but no,—not until the expiration of three or four weeks does the patient improve, and about the same time as the time-honoured iron and zinc used to cure. I hear also of guaiacum and other medicines curing cynanche tonsillaris in a day or two, but this is no improvement on the old-fashioned remedies of Dover's powder and calomel with a little antimony. I do not intend by this to denounce all new remedies, for many of them have their own peculiar value; but I do intend to say that, before any Practitioner declares his faith in the superiority of any new medicine, he should be fully acquainted with the results of the old treatment, and he should more particularly know what course the case would pursue when under Medical supervision without the administration of any medicine whatever. He would then be in a better position to maintain his belief that all that is old is the most trustworthy, or that the last remedy is always the best; although, most probably, when he placed fifty remedies before him, as for chorea or whooping-cough, and perused the cases cured by them, he would be somewhat puzzled to declare which was of the most value.

I will just instance the case of delirium tremens, in order to prove the value of pathological inquiry. My conclusions, from the post-mortem appearances of those who have died with this disease, are, that it is never fatal in itself, except accompanied by a very severe injury to the body, and that those who die without any such accident succumb in reality to those visceral diseases and changes in the tissues induced by the intemperate habits. I never remember to have opened the body of a man who has died with delirium tremens (apart from the accompaniment of an injury), and found the organs in a healthy condition. If this be true, the inference to be drawn from it is clear, that delirium tremens in itself is not a fatal disorder; that the patient recovers from his attacks a certain number of times, until by his debauchery the structures of his body are so degenerated that they can sustain life no longer. I would ask, therefore, those who speak of curing this disease, whether the truth of such a proposition be worth investigating or not, and what they make of the statement to be found in a well-known text-book, that opium is the sheet-anchor in this malady; and the counter-statement by an Edinburgh Professor, that the treatment by opium is bad. Who are the best Physicians—those who patiently study disease and its phases, and give their medicines advisedly, and according to a rational principle; or those who, caring little for these things, have their strong convictions in the value of particular remedies, and inculcate their opinions to their pupils? The question, one would think, could scarcely receive but one answer, and yet we know that it is often practically decided in an opposite manner.

Those who deny the importance of the study of the course of disease and of pathology, and are content with treating symptoms on a given method, and seeing their patients either recover or sink, resolved all the while, at whatever risk to their reputation, to believe in the efficacy of their medicines, are in reality much more likely to link themselves with the Homœopathists than the so-called sceptics, since the Homœopathic doctrine is made shrewdly enough to ignore all pathological enquiry, and to found itself entirely on the operation of certain medicines in disease,—that is, it is a doctrine teaching its professors to enquire what are the effects of drugs on a disease with ever-changing symptoms, and telling them to remain entirely ignorant of what the nature and course of that disease may be. The only way to refute the Homœopathic arguments, is by a study of the various morbid conditions to which man is liable, for, as Sir B. Brodie well said in his celebrated letter, many diseases decline as soon as they appear, or have a definite duration, and thus cannot in strictness be said to be *cured* by the Medical man. If, however, the latter should insist that he cures such and such diseases which have a regular duration, he certainly approaches very near to the Homœopath, who takes refuge under an open declaration that he ignores all pathology and a knowledge of disease, and cares for nothing but a recognition of symptoms and their departure after a dose of his medicine. By this means, as I have seen, he takes credit for curing a typhus fever when called in at its height on the fourteenth day, and wisely shuts his ears to any hint that the fever was on the turn; of this he professedly remains ignorant. It is surprising to me, therefore, how Dr. Sharpe, in his so-called Answer to Sir B. Brodie, offers no explanation on this point, but admits his antagonist's proposition. The one says, We cure a disease, for, having given a certain remedy, we find the symptoms disappear: the other very wisely adds, You should first investigate the nature of the disease, and what course it would pursue, and then you will be in a position to know with what result you administer your drugs. The answer again, by Hahnemann and most of his followers, is one which is quite sufficient in itself to condemn the system, one would think, in the eyes of any rational observer, and it is that we know nothing of pathology, and wish to know nothing of it. It may be remembered that the discoverer of the water-cure professed the same opinion, and boasted of his ignorance of anatomy and physiology. It is the glory of Orthodox Medicine that all other systems shun the light of day; but hear Dr. Sharpe himself in his supposed Answer to Sir B. Brodie, although he himself somewhat apologises for the fact. He therein states:—"It is not surprising, though much to be regretted, that Hahnemann rejected pathology, and even as much as he could the classifying and naming of disease, or nosology; also that he should insist that diagnosis should be nothing more than an inventory of the symptoms,—a collection of everything 'which can be perceived externally by means of the senses,' and nothing more, 'only the deviations from the former healthy state which are felt by the patient himself, remarked by those around him, and observed by the Physician.' According to Hahnemann, each case stands alone isolated from all others; the totality of the symptoms constitutes the disease, and the removal of the symptoms is the cure of the patient." It seems to me not at all surprising that persons who maintain the efficacy of an infinitesimal dose of a medicine should at the same time wish to remain entirely ignorant of any similar case of disease to that under treatment lest they should discover that symptoms disappear without their interference; but it does seem to be remarkable how Hahnemann could ever be styled a man of intelligence, when he could found a dogma on wilful ignorance,—no approach to the absurdity of which could ever enter any of the orthodox schools where anatomy and physiology are taught. I have no wish to enter into the Homœopathic controversy, suffice it for me to be quite satisfied myself that most of their doctrines bear clearly the mark of pure invention in order to save the system. The first doctrine, "*similia similibus curantur*," could not for a moment be supported but by the method of inert globules, nor could this again be upheld but by the introduction of a third absurd theory of the increased potency of drugs by trituration, and by the assertion that the contrary of a well known physical law is the right one, that matter is powerful in the inverse proportion to its quantity; and then, finally, when an opinion is expressed in the presence of a non-professional person, that all such doctrines are of little value compared with the great fact that the Homœopathist cures disease, and an answer is given that perhaps the disease got well of itself, the fourth and equally extraordinary doctrine is broached, that nothing is wanted to be known on that matter; Hahnemann declared it to be unnecessary. My object, I say, in mentioning Homœopathy is to show that those who are studying disease and endeavouring to discover the true limit of therapeutic agents are pursuing a plan the most opposite and antagonistic to this system and all other charlatanism, which is universally founded on the administration of particular remedies and their supposed results. I maintain strongly that it is he who is sometimes called a sceptic and is supposed to be coquetting with Homœopathy who is really battling with Quackery, and that it is rather that man who is indiscriminately dosing his patient with drugs, who is allying himself more truly with this and other unorthodox systems.

I am, &c. SAMUEL WILKS.

11, St. Thomas'-street, S. March 22.

ACTION OF BELLADONNA ON THE GRAVID UTERUS.

LETTER FROM DR. C. TAYLOR.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been directed to an article in the *Medical Times and Gazette* of February 15, entitled "Alleged Production of Abortion by Belladonna," in which some observations relative to the conviction on a charge of criminal abortion, of Dr. F. Beer, a Swiss Physician, practising in Sydney, are made. It appears that Dr. Beer was charged with having criminally procured abortion by means of five-grain belladonna suppositories, and the whole tenor of that article, together with the following quotation from Sir B. Brodie's letter (appended to a Report on the trial by that gentleman),—"I cannot have the smallest hesitation in saying that both the charge and verdict are utterly absurd. I can understand that Dr. Beer might have prescribed belladonna with a view to prevent premature labour, but I cannot suppose that either he, or any one else, should dream of prescribing it for the purpose of procuring abortion,"—lead me to suppose that the action of belladonna upon the gravid uterus is not well understood, a conviction still further established by the remarks on the Medical evidence given at the trial and by the evidence itself. That it is nevertheless an agent capable of inducing labour, and that by a specific action on the uterus has been conclusively demonstrated by the experiments of Dr. Brown-Séquard, indeed that its action was similar to that of ergot of rye, if not identical with it, was known or guessed at years before that gentleman's researches by Drs. Trousseau, Bretonneau, Barbier, and other Physicians who empirically administered both remedies in expectation of an identical result in many cases of disease of the spinal cord, Dr. Brown-Séquard says: "Experiments on animals have shown to me in the most positive manner that these two remedies (belladonna and ergot) are powerful excitants of unstriped muscular fibres, in blood-vessels, in the uterus, in the bowels, in the iris, etc. Both of them dilate the pupil, both are employed with success to produce contraction of the uterus," etc. Thus it is evident that belladonna is a medicine extremely likely to procure abortion, and although I do not doubt that Dr. Beer was ignorant of that fact, and consequently unjustly convicted, I cannot conceive that we shall in future be acquitted of blame if we ignore so important a property.

I am, &c.

Nottingham, March 11. CHARLES TAYLOR, M.D.

REMOVAL OF ST. THOMAS'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I observe in your last Number a notice of the Report presented to the Governors of St. Thomas's Hospital relative to the residences of the patients admitted into that Institution, in which you remark that the Report confirms an observation drawn from the patients dying in St. George's Hospital, that "not half come from the immediate neighbourhood of the Hospital." This remark you would, I think, scarcely have made, had you investigated somewhat more closely the Report in question, and were you familiar with the localities. Indeed, the misapprehension into which you have fallen, conclusively shows the objectionable form given to the statistics—a form which, it may safely be asserted, would never have been adopted by any one anxious only to show the residences of the patients, and who was free from bias as to the locality in which it is desirable to erect the new Hospital. This will, I think, be apparent when it is stated—

1st. That the Report makes no allusion to the very large number of patients who reside on the north side of the Thames.

2nd. In the South-Western districts it includes the patients admitted from the metropolitan localities of Blackfriars, Lambeth, Kennington, and Walworth—all within two miles of the present Hospital,—with those from Wandsworth, Clapham, and Tooting, at distances of four to six miles, and from more distant parts of Surrey and Sussex.

3rdly. In the South-Eastern district it includes the patients from parts of Bermondsey, Kent-road, and Rotherhithe, also within two miles of London-bridge, with those from Deptford, Greenwich, and Woolwich, at distances of at least four to eight miles, and other places in Kent and Sussex, still more distant.

It is, I think, evident that a report, classing together places thus widely apart,—separating some from the metropolitan districts with which they are closely connected, and uniting them to others many miles distant,—can be of no possible use in assisting the Governors in ascertaining the most convenient situation for the erection of the new Hospital. To accomplish that purpose, the districts must be more numerous, and they must, as much as possible, be so arranged as to separate the town from the suburban localities.

The following statement, taken partly from Mr. Whitfield's Report, and partly from independent information, presents, I think, results far more entitled to confidence than those in the Report:—

1st. The City district—this includes the patients admitted from the City, Eastern and North-Eastern districts of the Metropolis, and especially from East Smithfield, Whitechapel, Bethnal-green, and Shoreditch; but exclusive of 151 patients from Hackney, Kingsland, Tottenham, etc.—824.

2nd. The Borough district, as given in the Report—452.

3rd. The South-Western district of the Metropolis, including Blackfriars, Lambeth, Walworth, Kennington, etc., as in the Report, with 124 patients from Pimlico and Westminster—706.

4th. The South-Eastern Metropolitan district, including Bermondsey and Kent-road, as in the Report, and 95 patients from Rotherhithe—449.

5th. The South-Western Suburban, or distant district, including Wandsworth, Tooting, etc., with Sussex and part of Surrey, as in the Report—160.

6th. The South-Eastern Suburban, or distant district—including Deptford, Greenwich, Woolwich, and Lewisham, with parts of Surrey and Kent—as in the Report, exclusive of Bermondsey and Rotherhithe—830.

Thus, of a total of 3421 patients, 2431, or 71·06 per cent. resided within a radius of two miles of the present Hospital; and only 990, or 28 9 per cent., in districts on the south side of the river beyond that line.

A similar analysis of the figures given in the Report as to the number of patients admitted with accidents, and of the out-patients, shows that even a larger proportion reside within a short distance of the Hospital. Indeed, every one who has had anything to do with attendance upon the out-patients of Hospitals knows that generally but few patients apply for relief who do not reside in the immediate neighbourhood. St. George's Hospital, from its situation and from the mode in which it is supported, occupies a position altogether different from the endowed Hospitals. It is a curious practical comment upon the proposal to remove St. Thomas's Hospital into the country, on the assigned grounds of the superior healthiness of a suburban locality, that at the present time the French Medical periodicals are full of discussions as to the higher rate of mortality which obtains in the Paris than in the London Hospitals,—a rule to which the new and as generally described model Hospital of La Riboissière forms no exception, notwithstanding its suburban situation. The truth is, indeed, that the healthiness or unhealthiness of a Hospital depends far more upon the construction of the building, as regards the facilities which it possesses for ventilation and the amount of space allowed to each patient, than upon any circumstances connected with the locality in which the Institution is situated. I am, &c.

March 24. M. D.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 11.

DR. BABINGTON, President, in the Chair.

A Paper, by Dr. BALLARD, was read, entitled

OBSERVATIONS ON THE TACTILE SENSIBILITY OF THE HAND.

The Author, not being acquainted with any very extended researches into the tactile sensibility of the surface of the body, submits to the Society this paper, as the first of a series upon the subject. The method he has employed for ascertaining the sensibility of the parts examined was that known as Weber's; but inasmuch as the results of this method vary according as the points of the compasses are laid in the direction of the long axis of a part or transversely to it, he employs the sum of the numbers obtained by an observation in each direction as representing the true sensibility of any part. The numbers are given in English inches and decimals. He considers that the hand, being *par excellence* the organ of touch, and possessing on the whole the highest amount of sensibility, and giving thus readily a standard for comparison of subjective impressions made elsewhere, it is important that it should be the organ first examined. The paper is based upon the results of observations made upon 142 points upon the surfaces and borders of the Author's own hand and fingers—in all, therefore, of 284 separate observations. It consists mainly of elaborate tables, from which the Author deduces in due order the general sensibility of the hand and its surfaces and borders; and, separately of the metacarpal portion, fingers and thumb. He not only compares these several parts between themselves, but points out the relative sensibility of the lateral halves of the hand, these being related to the freer motion imparted to the radial half; and of the centre to the sides, as showing at what parts of the hand the sensibility is highest at any given distance from the wrist. The following are some of the more important deductions :—The most sensitive spot of all he finds to be the tip of the index finger, in which he differs from Weber, but agrees with Valentin. The sensibility of this spot is represented by the number ·35 in. The spot where he found the lowest sensibility (5·0 in.) was on the dorsum of the hand, opposite the base of the fifth metacarpal bone. The palmar surface of the hand was in all parts more sensitive than the dorsum; but this was not the most sensitive part, for next to the tips of the fingers stood in order the two borders, the radial border being more sensitive than the ulnar. As pointed out by Weber, he also found that the sensibility of the hand increases from the base towards the extremity; but the Author exhibits this fact by accurate numbers, and demonstrates not only the increase but also the rate of increase on each surface and border of the hand and of each finger separately. He finds the most rapid increase in sensibility to take place at the spot where the fingers actually commence, not where they apparently commence, and thus not at the clefts, but opposite the metacarpo-phalangeal articulations, and again at the middle of the last phalanges on approaching the tips of the fingers. Perhaps the most interesting and important demonstration of all is that which relates to the fingers and their several surfaces. On the whole, the most sensitive finger is the index, and the sensitiveness shades off towards the ulnar side of the hand; and the most sensitive portion the index, next to the tip, he finds to be its radial side. Of the little finger, the most sensitive part is the ulnar side, and he connects these two facts with those parts entering into the constitution of the borders of the hand at large. Of the palmar surfaces of the fingers, that of the index is the most sensitive; of the dorsal surfaces that of the ring finger is the least sensitive. As respects the radial sides of the fingers, he finds the radial side of the index to be the most sensitive, and that the sensibility shades off as the fingers are farther removed from the radial side of the hand, till it becomes least upon the little finger. As respects the ulnar sides, he finds that that of the little finger is the most sensitive, and that the sensibility becomes less as the ulnar side of the hand is distanced; with this remarkable exception, however, that the high sensibility of the index is provided for by its ulnar side standing next in rank to that of the little finger. Of the three intervals between the fingers, that whose approximating surfaces possess the highest sensibility is the interval between the index and middle fingers. The thumb is, for the sake of convenience and simplicity, considered separately,—and is regarded, from its carpal attachment onwards, as a finger not having a metacarpal element. It is thus compared in the paper with the fingers, from their metacarpo-phalangeal joints onwards. Appended to the paper are tables exhibiting the observed sensibility in each direction at the several spots examined, and four photographs on which are marked the sums of the observations at each spot. The Author reserves the consideration of the differences of result according to the direction in which the compasses are placed for a future communication.

The PRESIDENT said that he considered the paper was one of great value.

Dr. KIDD said that the late Dr. Todd had employed this method of measuring the sensibility in cases of disease, and had obtained by it very valuable information in reference to the amount of anæsthesia. Dr. Kidd said that the hand and fore-arm were more sensitive than other parts of the body, and for this reason dashing cold water on these parts was more efficient in rousing people from the influence of chloroform than throwing water on the face. The explanation probably was that the nerves of the brachial plexus had a more intimate union with those supplying the viscera of the thorax.

Dr. BALLARD said that he had only investigated the sensibility in health, and not as yet the relative sensibility in disease.

Dr. C. J. B. ALDIS read a Paper, detailing

ADDITIONAL EXPERIMENTS ON THE POISONOUS EFFECTS OF COAL-GAS UPON THE ANIMAL SYSTEM.

In the paper which the Author brought under the notice of the Society a short time ago upon this subject, the experiments were made with the gas as it issued from the main, but in those now to be related common gas, diluted with atmospheric air in different proportions, was used. The experiments were made with Mr. Henry Banister, at the works in Horseferry-road, on February 7 and 14, 1862. In the first experiment, common gas and atmospheric air, in equal proportions, were administered to a rat placed under a glass vessel. The head dropped in one minute, and it became insensible, with slight convulsion, in one minute and a quarter; the respiration was hurried, the eyes staring, and spasmodic jerking of the body, followed by death in two minutes and a-half. The post-mortem appearances were similar to those already described, except a darkish patch on the anterior part of the pleura of the right lung, like that produced by smoke. The second experiment was made with one-fourth common gas and three-fourths atmospheric air. The respiration of the animal became hurried in three minutes, the head dropped in five minutes, and death occurred in eleven minutes. During the autopsy, a smoky-looking spot was seen on the pleura. In the third and fourth experiments, the proportion of gas to air was one-fifteenth. The former experiment was not sufficiently prolonged to show the deadly influence of the gas in this diminished quantity; but in the latter the rat soon began to pant, and the head fell in ten minutes, springing of the body was observed, with twitching of the ear, followed by coma in seventeen minutes. The eyes were open, the respiration became laborious in forty-one minutes, when death ensued. The surface of the skull was intensely red; the brain congested; the blood very fluid and bright-coloured; the pleura of a bright-red colour, and the right side of the heart distended with darkish blood.

Dr. HODGKIN said that as illustrating the condition under which miners were often unfortunately placed, the experiments were very valuable, but they did not show whether the coal-gas acted as a poison, or whether the death might not be due to the absence of oxygen. He (Dr. Hodgkin) then referred to some experiments of the late Mr. William Allen. He placed animals in an atmosphere containing hydrogen and oxygen. It was found that death took place, not because they were poisoned by hydrogen, but because they consumed the oxygen, breathing at length hydrogen and carbonic acid.

Dr. WYNN WILLIAMS said that in the year 1857 he had had under his care two cases of poisoning by coal gas. One of the patients died. The patients were two sisters, old women. They went to bed one evening between eight and nine, and as they did not get up at the usual time next morning, their bed-room window was broken open. They were both found to be unconscious. One of them recovered. She said that all she remembered was waking in the night, and hearing her sister get up. Soon after this she became insensible, and remembered nothing more. She suffered a great deal from muscular rheumatism, and afterwards had rheumatic fever. The patient who died remained in a comatose condition for forty-eight hours, and then became partially sensible; but in three or four days she again became comatose, and occasionally violent, and at length died. Dr. Williams said that at a previous meeting he had understood that Dr. Kidd expressed an opinion that the effects of chloroform and coal gas were alike. The symptoms in the case he had related were different to those generally found in poisoning by chloroform.

Dr. KIDD said that all he intended to say was, that both chloroform and carburetted hydrogen were anæsthetics, and not that their action was identical. It had been shown by the experiments of Perrin, Lallemand, and Duroy, that anæsthetics differed a great deal in their special action.

A Paper, by Mr. BERNARD E. BRODHURST, was read, giving

FURTHER OBSERVATIONS ON ANCHYLOSIS, WITH AN ACCOUNT OF A NEW OPERATION FOR THE RESTORATION OF MOTION WHEN ARTICULAR INFLAMMATION HAS RESULTED IN SYNOSTOSIS.

This paper was a continuation of one which was published in vol. xl. of the Society's "Transactions." The Author desired to make that communication more complete by adding some observations on bony anchylosis, and on anchylosis occurring after dislocation. Bony anchylosis, he remarked, was rare, especially in young persons. When, however, it occasioned great inconvenience, as when it occurred at the hip, or when the limb was fixed at an inconvenient angle, motion might be restored by cutting through the bone, and making a false joint; and he contended that this should be done as near to the seat of the normal articulation as possible, thus to allow of the more free action of the muscles. The details of a case of bony anchylosis of the hip were given, where the neck of the thigh bone was divided and a false joint was established. This operation had on no former occasion been performed. The case was seen with Dr. Brown, of Brighton, and was as follows:—A young lady, twenty-five years of age, began to suffer from hip-joint disease when she was six years old. Abscesses formed, and at length bony anchylosis ensued, the limb being fixed in such a position that the foot remained five inches away from the ground when the patient stood erect. The sole of her boot was four and a-half inches in thickness. The patient was only able to move about on crutches, and in consequence of her great discomfort, and of her desire to obtain some motion at the hip, it was determined to divide the neck of the thigh-bone, to remove the necrosed portions of bone, and to form a false joint. The operation was commenced by making an incision two and a-half inches in length, which commenced one inch and a-half above the great trochanter, and which was carried downwards and outwards to the outer side of the trochanter itself. The upper portion of the incision was extended upwards and inwards for two and a-half inches, until it fell into a suppurating sinus immediately below Poupart's ligament. The neck of the femur was sawn through, and the sharp edges of the bone were removed, as well as the necrosed bone from the acetabulum. The upper half of the wound healed by the first intention, and in three weeks the whole had healed. At this time the patient had some power of flexion and extension. Passive motion was employed, both to prevent osseous union and to give shape to the new head. In six weeks an instrument was adapted to the limb, with which the foot could be firmly planted on the ground. The soles of the right and left boot were at this time of the same thickness. Three months after the operation she could bear considerable weight upon the foot; she could sit comfortably in a chair, and could walk, using the joint, but still supported by crutches. Also the details of the following case, which as well as the former, was seen with Dr. Brown, of Brighton, were given:—In September, 1860, a midshipman falling from the main-rigging on to the deck of the vessel, dislocated the femur on to the dorsum ilii. Various attempts were made to reduce the bone, which were unsuccessful, until the fourth attempt was made, three months after the accident. The head of the bone was then returned to the cotyloid cavity, and the limb was kept motionless so long that it became anchylosed, in which condition the patient was seen by the Author, thirteen months having elapsed since the accident occurred, and ten months since the restoration of the head of the bone. The thigh at the hip was immovable; the heel was two and a-half inches from the ground; the foot was everted; the limb was wasted. The patient could only move with sticks or other support. It was determined to rupture the adhesions and to endeavour to regain motion. Under the influence of chloroform they yielded readily. There was no pain after the operation, so that it was unnecessary to administer an opiate. Considerable voluntary power was soon gained; it was found, however, that the adductor longus muscle being retracted, controlled unduly the motions of the limb. Its tendon was, therefore, divided subcutaneously, and the entire range of motion was then restored. After four months the patient could bring his heel firmly to the ground; he could move the limb in every direction, and he could walk a distance of five miles without resting, and without subsequent pain or fatigue.

Mr. Holthouse did not understand how the limb, which, before the operation, was so much shorter than the other that the foot did not reach the ground by four or five inches, could, by the operation, have been made so long that the patient was able to stand upright with both feet flat on the ground. He presumed that the femur was bent at a considerable angle; but even after it had been brought into position by sawing through its neck, the removal of the necrosed head (as implied by the gouging out of the acetabulum) must still have left the limb considerably shorter than its fellow.

The Author said that the bone was simply cut across, no part of it being removed, the result being a false joint. The position of the limb was nearly in a line with the body, but in consequence of the patient endeavouring to walk the pelvis had been much tilted. The limb, however, was a little everted, and was about five inches from the ground. It was most inconvenient, the patient could not sit, nor walk without crutches. He thought that the operation was a very desirable one. It was easily performed. The result was good, and he was surprised that it had not been attempted before.

Mr. Barnard Holt said that he could confirm Mr. Brodhurst's opinion that firm anchylosis at the hip-joint was rare. Imperfect motion was common. He considered that Mr. Brodhurst had acted on a good principle in endeavouring to make a false joint, the same result as was hoped for in treating diseased joints. Mr. Holt said that there was then under the care of Mr. Hillman, in the Westminster Hospital, a case of firm anchylosis of the knee at a very inconvenient angle. It would be worth consideration whether this method of treatment might not be desirable in the case of the knee, although it would not do to argue that because it was successful in the case of anchylosis at the hip-joint, that it would necessarily be so at the knee also.

Mr. Gowlland said, that some years ago Dr. Little, in a case of anchylosis at the hip-joint, and in which the limb was almost at a right angle, recommended that the bone should be sawn through. The boy's parents would not consent to an operation.

The Author said, that in his patient there was as yet no lateral motion; but in a little time he hoped that there would be. The limb is well supported, and bears the body well.

Mr. Henry Lee said, that in a case of anchylosis at the elbow, the arm being quite straight, he had divided the humerus just above the elbow-joint, with a very good result.

Mr. Holthouse said, that when at the Smyrna Hospital he did an operation similar to that mentioned by Mr. Lee, and the result was so far good, in respect to altered position, that the patient could feed himself; but no motion could be obtained, all attempts to procure it setting up inflammation.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 18.

Dr. Copland, President, in the Chair.

A report was presented from Dr. J. W. Ogle and Mr. Ernest Hart, on Mr. Hart's specimen of

CYSTIC MAMMARY TUMOUR

shown at a former meeting. The general and microscopic examination confirmed the opinion expressed on presenting the specimen, that it was an example of a peculiar form of fibro-cystic growth, which was rare in the breast. Of the great variety of cysts which entered into the formation of the tumour, some were filled with granular fatty matter, others with albuminous and sanguineous fluids, containing blood-globules, plates of cholesterine, compound granular corpuscles, etc. The free cell-growth was abundant, and very curiously shaped. Some of the cysts contained à dendritic fibrous growth, which was usually adherent to their walls.

Dr. Harley exhibited the portrait of a woman showing great

BRONZING OF THE SKIN—(SUPRA-RENAL CAPSULES HEALTHY.)

In 1858, nearly four years ago, Dr. Harley's attention was directed to this case by Mr. H. Thompson; the patient had been bronzed for some time. The colour was universal, except the feet, and in the position of a scar on the chest the size of the hand: the scar was from a scald in childhood. As the bronzing had been very intense, it was put down as a case of disease of the supra-renal capsules, and it was thought that she would have died then, but she lived four years longer, and died lately at the age of sixty-four. Before death she had purging and vomiting, and died in convulsions. Dr. Harley made the post mortem examination, and found the supra-renal capsules quite healthy, both to the naked eye and by microscopic examination. Mr. Bastian also examined them; he found that one weighed sixty-three, and the other sixty-four grains. This case, Dr. Harley said, showed that we should not come to hasty conclusions as to the connexion between bronzing of the skin and disease of the supra-renal capsules; many cases of disease of the capsules had been recorded in which there was no bronzing.

Dr. Wilks said that in many of the cases in which disease of the supra-renal capsules had been found without bronzing of the skin, the disease had been cancer, or tubercle, and not the peculiar form of disease described by Dr. Addison. Besides, Dr. Addison admitted that the discoloration of the skin was not an essential feature of the disease. It was only one point, other symptoms characterising it quite as definitely. He, Dr. Wilks, had collected twenty-four cases of disease of the capsules in which there had been bronzing of the skin, and in which the diagnosis of disease of the capsules had been made beforehand. Very few cases, only five or six, had been recorded in which there was disease of the capsules and no bronzing.

Dr. Harley said, that if in a case of bronzing of the skin any disease of the capsule had been found, whether cancer or tubercle, it was claimed as a case of Addison's disease. He considered that twenty-four cases were too small a number from which to draw positive conclusions, especially when there were, he believed, fifty cases scattered through the Medical Journals, in which there was disease of the capsule and no bronzing. Virchow (Dr. Harley said) had looked for bronzing of the skin in connexion with disease of the capsule, and had not found it.

Dr. Bristowe then spoke in favour of the views enunciated by Dr. Wilks.

Mr. Barwell then showed a specimen in which there was

MALFORMATION OF THE AORTIC VALVES—TWO VALVES INSTEAD OF THREE.

This specimen had been sent to him by Dr. Williams, of the Norfolk and Norwich Hospital. The patient was a man, in good health until a few months before his death. He was an old man, and died of disease of the prostate. The heart and the whole of the body (except the urinary organs) were healthy, and there was no malformation in any other part.

MALPOSITION OF THE RIGHT KIDNEY.

Mr. Canton showed this specimen. The right kidney was rather small, and on its surface rather lobulated. It was found lying partly on the promontory and partly in the cavity of the sacrum. A further peculiarity in this case was that there was an oxalate of lime calculus in the ureter. The sigmoid flexure of the colon was on the right side.

Mr. Holthouse showed a cast of the abdomen, showing

A CIRCUMSCRIBED SWELLING IN THE UPPER PART OF THE ABDOMEN, THE RESULT OF AN ACCIDENT.

The patient was a healthy man. While tying a scaffold-pole, the plank on which he was standing slipped from under him. While swinging from his arm he felt a sudden tearing, and fancied that his viscera were protruding. When Mr. Holthouse saw him, soon after the accident, there was a swelling in the upper part of the abdomen, to the right of the middle line, in the position of the upper part of the right rectus abdominis muscle. It was elastic, tender, solid, and not capable of being altered by pressure. Mr. Holthouse believed that a portion of the sheath of the rectus had been ruptured.

Dr. Wilks showed specimens of enlarged lymphatic glands, and portions of viscera containing a peculiar deposit, and related a

CASE OF ANÆMIA LYMPHATICA.

The case was that of a young man, aged 29, who had been under the care of Mr. Roper, of Shoreditch, for three years, and whom Dr. Wilks had also occasionally seen. The symptoms were of the usual kind,—anæmia with all the accompanying phenomena,—the patient being very pale, and having palpitation, breathlessness, etc., on the slightest exertion. There was no excess of white corpuscles in the blood sufficient to warrant the designation of *leucocythemia;* and this being what Dr. Wilks has usually found in other cases, he has preferred the appellation *anæmia lymphatica.* During life, the only apparent enlargement of the glands was in the neck; but after death, a very large tumour of enlarged lumbar glands was found in the abdomen. There was no deposit in the spleen, as is usual in such cases; but the liver was very remarkably affected. Throughout this organ was a quantity of white albuminous material, running in the course of Glisson's capsule, and surrounding the vessels and duct. This constituted the great peculiarity of the case; for although before observed, Dr. Wilks had never witnessed it existing to this extent. In all probability, Dr. Wilks said, this form of disease is a peculiar one, in which the lymphatic system throughout the body is more or less affected, the enlargement of the glands being the main characteristic; after this, deposit in the spleen, and then similar deposits in liver, kidneys, etc.—the symptoms during life are simply those of anæmia.

Dr. Wilks then showed a specimen taken from a case of

JAUNDICE IN AN INFANT FROM OBLITERATION OF THE HEPATIC DUCTS.

The specimen of liver came from a child, aged six weeks. He was brought to the Infirmary for Children, in the Waterloo-road, suffering from jaundice, and Dr. Wilks was told that the child had never passed any meconium, the motions always being of a white colour. When a fortnight old, jaundice came on and continued until death, at the age of six weeks. After death, the liver was found of a dark green colour, and, apparently, the gall-bladder was absent. On further examination, however, the cellular tissue, which appeared to occupy its place, was found to be occupied by a small canal just large enough to contain a bristle; to this, however, no outlet could be found, and on endeavouring to discover the hepatic ducts, these, in like manner, could not be made out. The opening of the common duct in the duodenum was natural, but no hepatic duct could be found joining the pancreatic. It appeared, therefore, as if the larger ducts had become shrunken and obliterated.

Dr. Wilks then exhibited

TWO POUNDS OF FAT REMOVED FROM A CYST NEAR THE BLADDER.

This was sent up to the Museum of Guy's Hospital by Mr. Pretty, of Fressingfield, Suffolk, for an opinion as to its nature. This gentleman was called to a young man suffering from retention of urine, which had gradually been coming upon him for some time. He was relieved by a catheter, when there was found a large tumour pressing on the neck of the bladder, and reaching above the pubes. As the relief by catheterism was only temporary, Mr. Pretty explored the tumour, and subsequently punctured it per rectum, when there flowed through the canula two pounds of oil, which consolidated on cooling into a mass of fat. Dr. Wilks knew of no similar case, and said the only cysts containing a fatty substance of this kind were the dermoid cysts of the ovary, and the analogous congenital cysts containing hair, sometimes found in other parts of the body.

Mr. Holmes said that Dr. Barclay had recorded a case in which a similar substance had been removed from the cavity of the pleura.

Mr. Hulke said that it looked not unlike the oily matter of dermoid cysts, which, after removal, soon solidified.

Mr. Henry Thompson said that he had found similar matter along with fœtal remains in a testicle.

Dr. Wilks next brought forward specimens of

GOUTY DEPOSITS IN JOINTS AND BONE.

These were specimens of gouty deposit in knee, ankle, and joints of foot; also a finger which showed the urate of soda deposited in the bone itself.

A LIGATURE OF THE COMMON CAROTID.

A specimen, exhibited by Dr. Wilks (for Dr. Tyerman, of Colney Hatch), from a man who died three days after he had cut his throat, and in whom the carotid was tied.

Dr. Dickinson showed a specimen of

EMBOLUS OF THE RIGHT PULMONARY ARTERY.

The patient in July last was admitted into St. George's Hospital, having been seized with symptoms of pleurisy, difficulty of breathing, etc. The whole of the right side of the chest was dull on percussion, and there was well-marked œgophonic modification of the voice. There was a systolic murmur at the base of the heart. He did not improve, and died two months later. On opening the thorax the pericardium was found to encroach considerably on the space of the right lung. Its walls were much thickened, and its cavity was occupied by sanguineous fluid. In the right ventricle, close to the semilunar valves, was a deposit of fibrin, quite soft. In the left ventricle there was nothing abnormal. The right branch of the pulmonary artery was quite obstructed, and also its ramifications in the lung, as far as they were dissected. The pleura was much thickened, and its cavity was full of fluid. The lung was much compressed, and sank in water, but otherwise it was healthy.

Dr. Dickinson also exhibited a specimen of

EMBOLI IN THE ARTERIES OF THE BRAIN.

A young woman was admitted into St. George's Hospital one month ago for acute rheumatism. She had delirium. There was a systolic murmur at the apex of the heart which varied very much in intensity. She died delirious, the symptoms appearing to indicate inflammation of the brain. At the *Autopsy* there was found in the left ventricle a mass of fibrine in the mitral valve. In the liver and spleen was found well-marked fibrous deposits. The right hemisphere was in the condition often called "red softening." It was very soft, and there were, to a considerable extent, many little red specks of blood. In the basilar and other large arteries at the base of the brain were found small masses of fibrine, but very small, and not enough to obstruct them. On examining the softened portion of the brain more carefully, the smaller arteries were found obstructed and distended. The larger arteries, although containing fibrinous matter, were not obstructed, but the smaller arteries were quite plugged.

Dr. **Bristowe** had some doubts as to whether the obstruction of the pulmonary artery in the first case was due to embolism. He felt inclined to believe that it was rather from thickening of the coats of the vessel from some deposit, as, for instance, cancer.

Dr. Bristowe and Dr. Wilks were requested to make a further examination, and to report on the specimen.

Dr. **Part** then showed a specimen of the parts of

AN ARTIFICIAL ANUS AFTER THE OPERATION FOR FEMORAL HERNIA.

He had been called to a patient, aged 84, on February 16, for strangulated femoral hernia. She had then stercoraceous vomiting. The taxis was tried, without success. Opium was then given. Next day she was no better, and as the stercoraceous vomiting continued, Dr. Part operated, and relieved the stricture outside the sac. The patient did well for eight days, but then persisted in getting up. Her bowels were moved on the fifth day. On the eighth day fæces began to pass by the wound. She died worn out by the excoriation about the wound and from exhaustion. There was no peritonitis.

Mr. **Hainworth** showed a specimen of

EPITHELIAL CANCER OF THE ŒSOPHAGUS.

It was taken from a woman, aged 58, who had been ill for six months—emaciated, and with difficulty, and at length with impossibility, of swallowing. She was for some time kept alive by nutritious enemata. At the autopsy, the œsophagus was found to be completely obstructed.

Mr. **Hainworth** then showed to the Members a Bottle, with a peculiar kind of metal cap, which he had found useful for keeping pathological specimens. Its great advantage was the facility with which it was opened, and also that, when closed, it fitted so securely that no spirit could evaporate.

Mr. **Ernest Hart** showed a

SPECIMEN OF TRUE BONE FROM THE HUMAN EYE.

Mr. Hart had removed the eye from which the specimen was obtained for the reason that, having long been atrophied and useless, it had become the seat of irritation and excited sympathetic disease in the remaining useful eye. Numerous hard, bony pieces were found on the inner surface of the choroid coat, and the section of one of these, which Mr. Hart presented, showed true bone structure. The Haversian canal and canaliculi were complete. He observed that the occurrence of ossification of the lens, capsule, etc., was mentioned by many standard authors, but he believed that in those situations the change was truly only one of calcareous deposit, and it was doubtful whether the term "ossific" properly belonged to any of them. On the other hand, the choroid coat of the eye possessed the power of forming true bone under certain morbid conditions, such as existed in this case. Of this power several other instances had been shown at the meetings of the Society, and in one of these the layer of bone formed a thin capsule lining the choroid. Mr. Hart thought these were the cases which had given rise to the title of "ossification of the retina," a change which probably did not in any case truly occur, but was simulated by the development of bone on the choroid between it and the retina, and subsequent or coincident atrophy of the latter. This development of bone did not seem to occur at any time as a spontaneous accident in an otherwise healthy eye and while sight remained, but, as in the present case, after atrophy of the eye had occurred and the sight had been for some time abolished.

Mr. **Barwell** asked if Mr. Hart, in saying that the retina never ossified, spoke from his own observation or from cases reported. He (Mr. Barwell) considered that there was no evidence to show that the retina might not undergo ossification.

MEDICAL SOCIETY OF LONDON.

Monday, March 3.

Mr. Coulson, President, in the Chair.

Dr. **Richardson** read a Paper entitled

FURTHER RESEARCHES ON THE THERAPEUTIC PROPERTIES OF THE PEROXIDE OF HYDROGEN.

The Author first drew attention to the subject of the manufacture of the peroxide, and reported that after repeated and long-continued experiments in reference to the different processes for making the solution, his opinion ultimately was, that no plan is so good as the one originally invented by Thénard, in which the peroxide of barium is used, as the agent for supplying the oxygen, with hydrochloric acid, as the displacing body. The strength of the solution was next discussed, and it was shown that a solution charged with ten volumes of oxygen was the best and most applicable. The dose of this solution for an adult was from one drachm to half an ounce in a liberal quantity of water. The compatibility of the peroxide solution with other medicines was next considered, and it was intimated that as a general rule the solution should be given separately, or, if admixed with another remedy, should be admixed at the time of administration. From the narration of these particulars, Dr. Richardson passed in review the results of his experience in diseases. He had used the remedy now in 223 instances; viz., in simple diabetes, 3 cases; in diabetes complicated with phthisis, 2 cases; in chronic rheumatism, 1 case; in sub-acute rheumatism, the continuation of an acute attack, 2 cases; in mitral disease, with great pulmonary congestion, 4 cases; in irregularity of the heart, with cardiac apnœa, 3 cases; in struma, with enlargement of cervical glands, 2 cases; in struma, with formation of purulent matter constantly recurring, 1 case; in mesenteric disease, 1 case; in simple jaundice, 1 case; in jaundice complicated with cardiac and hepatic disease and ascites, 1 case; in cancer affecting glands of neck, 1 case; in pertussis, 9 cases; in chronic bronchitis, 9 cases; in bronchitis complicated with mesenteric disease, 1 case; in chronic laryngitis, 3 cases; in anæmia, 44 cases; in phthisis, first stage, 66 cases; phthisis, in second stage, 31 cases; phthisis, in third stage, 13 cases; phthisis (first stage), complicated with bronchial disease, 6 cases; phthisis in second stage, with bronchial disease, 3 cases; phthisis together with valvular disease of heart, 2 cases; and also in a few cases of dyspepsia. Analysing these cases, the Author came to the following conclusions: That in the treatment of diabetes, the peroxide, while it reduced the specific gravity of the renal secretion, increased the quantity; so that its value in this disease was inappreciable; in chronic and sub-acute rheumatism it was of great value; in valvular disease of the heart, with pulmonary congestion, it largely relieved the attendant apnœa; in struma it removed glandular swellings, like iodine; in mesenteric disease it improved the digestion and favoured the tolerance of cod-liver-oil and iron; in jaundice it exercised an excellent office by improving the digestion and causing a free secretion; in cancer it seemed to exert no influence; in pertussis its value was very remarkable: it cut short the paroxysms and removed the disorder altogether quicker than any other remedy except change of air; in old-standing bronchitis, during attacks of suffocative dyspnœa, it afforded rapid relief; in chronic laryngitis its caustic character rendered its administration painful; in anæmia, while it exerted no specific influence *per se*, yet, combined with iron, it increased the activity of that drug; in phthisis pulmonalis in the first stages it greatly improved digestion, and increased the activity of iron; while in the last stages it afforded an unquestionable and wonderful relief to the breathlessness and oppression; acting, in fact, like an opiate, without narcotism. After describing the use of the peroxide in dyspepsia and epilepsy, the Author dealt finally on the anomalous symptoms excited by the solution; pointing out the singular fact that in some instances where it had been pushed freely it had produced profuse salivation. That chlorine and iodine had in these effects an analogy to salts of mercury, was a fact long recognised; but the fact that oxygen in the active state exerted the same physiological action was a fact as remarkable as it was interesting. It opened an entirely new field of enquiry; it suggested the possibility that the salts of mercury did not act by virtue of the mercury as mercury at all, but by the agency of the oxygen, chlorine, or iodine, which they conveyed into the organism. It suggested also the propriety of ascertaining whether chlorine or peroxide of hydrogen might not replace mercury in cases where it was supposed to be a specific. If this suggestion were carried out, and an affirmative were supplied, the method of cure in the disorders specified would be rendered much more simple and rational.

Dr. **Thompson** remarked that he had used the peroxide solution in diabetes, and confirmed Dr. Richardson's statement that it caused decrease of sugar with increase of the quantity of urine; he also had seen salivation as one of the effects of the medicine; he thought that it reduced the quickness of an excitable pulse.

Dr. **Septimus Gibbon** found the peroxide solution very useful in a case of hysteria, but in anæmia he had not observed it do the same good. In a case of diabetes it rendered no service, and in a case of diabetes insipidus it appeared to increase the amount of urine.

Dr. **Gibb** confirmed Dr. Richardson's statement as to the value of the peroxide in the last stages of phthisis, and recorded an instance in which for three weeks preceding death the patient seemed as if to be kept living by the solution, which acted as though it supplied air.

The **President** enquired of the Author who was the discoverer of the solution? who first employed it in medicine? and what was the exact process of the manufacture? In reply, Dr. Richardson stated, that the peroxide of hydrogen was discovered by Thénard in the year 1818, and that although the Society of Sciences at Haarlem had many years ago offered a prize for an essay on its medicinal properties, no one, as far as he was aware, had investigated the matter, or used the substance medicinally previously to himself. He then went into a minute description of the method of making the solution, and from a preparation containing twenty volumes of gas, the gas itself was displaced, and its characters as oxygen demonstrated; about one ounce of this solution was operated on, and yielded rather more than a pint of oxygen, the displacement being effected by the addition of manganese with gentle heat.

The **President** having expressed his hope that the Author would continue his investigations, and lay the further results before the Fellows, the Society adjourned.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on the 13th and 20th of March, 1862:—

Barnes, Edward Charles, Stradbrook, Suffolk
Brauthwaite, Harrison, Charing-cross Hospital
Brown, John, Oldbury, Worcestershire
Collins, Henry, Wincanton, Somerset
Cookson, Albert Nesfield, Stowmarket, Suffolk
Hicks, Henry, St. David's, Pembrokeshire
Hodgkinson, Edward Rodolphus, Calcutta
Kerbey, William Holman, London Hospital
Leigh, George Frederick, Hyde, Manchester
Morton, Thomas Henry, London
Swallow, James Dodd, St. Thomas's Hospital.

The following gentlemen also on the same days passed their First Examination:—

Brewer, Thomas, Halifax
Hall, Samuel, St. Bartholomew's Hospital
Stone, R. Sidney, Howard-street, W.C.
Vallance, Edmund, Ashley-street, Northampton-square.

APPOINTMENTS.

Blackburn.—John Blackburn, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the West District of the Barnsley Union, Yorkshire, *pro tem.*, Mr. Wainwright being unable to attend to his duties.

Blair.—William H. Blair, L.R.C.S. Edin., has been appointed House-Surgeon to the Royal Dispensary and Infirmary, Windsor, *vice* Mr. James Wyard Gooch, M.R.C.S. Eng., L.S.A. Lond., resigned.

Bowes.—John Bowes, L.R.C.P. Lond., M.R.C.S. Eng., and L.M., has been appointed Medical Officer for the Workhouse and the Herne District of the Blean Union, Kent.

Burman.—James Burman (in practice prior to 1815) has been re-appointed Medical Officer for the Wombwell District of the Barnsley Union, Yorkshire.

Cousins.—Edward Cousins, M.R.C.S. Eng., L.S.A. Lond., has been appointed President of the North London Medical Society for the ensuing Session.

Loe.—James Scarborough Loe, M.R.C.S. Eng., L.S.A. Lond., has been appointed Hon. Surgeon to the Leeds House of Recovery.

Maclagan.—Thos. J. Maclagan, L.R.C.S. Edin., M.D. Univ. Edin., has been elected Resident Medical Officer to the Jersey General Dispensary.

Mair.—R. S. Mair, M.D., has been appointed Surgeon to the Madras Volunteer Guards.

Payne.—William Payne, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident Medical Officer to the Public Dispensary, Carey-street, Lincoln's Inn, *vice* Mr. Alfred James Harrison, M.B. Lond., M.R.C.S. Eng., L.S.A. Lond., resigned.

Williams.—Samuel White Duckworth Williams, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon or Assistant Medical Officer to the Northampton General Lunatic Asylum, *vice* Wm. Summerhayes, M.R.C.S. Eng., L.S.A. Lond., resigned.

Woodward.—Martin Woodward, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Fladbury District, of the Pershore Union, Worcestershire, for the ensuing year.

DEATHS.

Beavan.—March 17, Thomas Pearce Beavan, of Rochester, L.R.C.P. Edin., Exam., M.R.C.S. Eng., L.S.A. Lond., aged 54.

Beeston.—March 23, John Beeston, of Wellington, Salop, L.S.A. Lond., aged 62.

Cullen.—March 17, at Loch Lomond House, Tarbet, Arrochar, Robert Fleming Cullen, late of the Royal Naval Hospital, Haslar, M.D. Univ. Glasg., M.R.C.S. Eng., Surgeon R.N. (Seniority September 24, 1858), aged 42.

Deck.—February 19, Isaiah Deck, of Exchange-place, New York, formerly of Leamington.

Everett.—March 6, George Everett, of Tuscan-villa, Portswood, near Southampton, M.D., aged 51.

Field.—March 16, at the County Asylum, Stafford, Joseph William Field, late of Sandon Bridge, L.S.A. Lond., aged 46.

Grant.—March 20, William Brebner Lyall Grant, of Marine-terrace, Aberdeen, M.D. Mar. Coll. Univ. Aberd., L.R.C.S. Edin., aged 30.

Houston.—January 2, at his residence Emerald Hill, Melbourne, Australia, Enoch Nasmyth Houston, M.D.

Munro.—March 15, at Benrig, Roxburghshire, T. M. Munro, M. D., late of H. E. I. Co.'s Bengal Service.

Strother.—March 1, at Shanklin, Isle of Wight, Arthur Strother, M.R.C.S. Eng., late Clinical Assistant at the Newcastle-upon-Tyne Infirmary, of typhoid fever, aged 22.

Worthington.—February 2, at sea, on the passage home from Sydney, Richard Jukes Worthington, Staff Assistant-Surgeon, Army. aged 30.

We are sorry to record the death, in his thirty-fifth year, of Mr. Thomas Savory, one of the active partners in the well-known firm of Savory and Moore, of New Bond-street. His death was occasioned by an attack of acute inflammation of the bowels, contracted probably from cold and over-exertion in the discharge of his duties as Lieutenant of the St. George, Hanover-square, Volunteer Regiment. He returned from drill on the 13th inst., wet and tired, and complained of oppression; shivering followed, and ushered in the graver symptoms which ended fatally on the 24th.

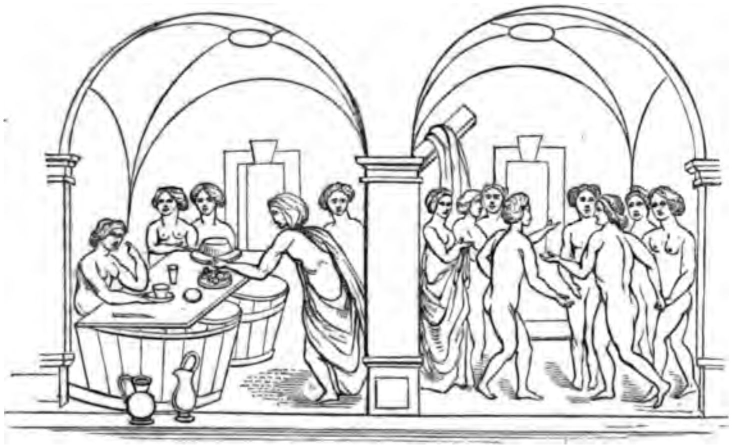
Testimonial to Dr. J. C. Murray, of Gateshead.—This gentleman has lately received from the employés of the North Eastern Railway Company, and a few of his other patients and friends, a handsome testimonial consisting of a silver tea service and tankard. We heartily congratulate Dr. Murray on the estimation in which his professional services are held in the neighbourhood in which he practises.

Ophthalmia at the London Central District School.—It appears that a severe form of ophthalmia is rife at the London Central District School, at Hanwell. On the occasion of the last monthly meeting of the Board of Management, Mr. Goodchild, the Medical Officer, stated that two children had lost both eyes, and three had lost one eye each, within the last fourteen days. The disease rapidly assumed the ulcerative form, and was decidedly increasing in intensity. According to the Medical Officer's return just furnished to the Board of Guardians of the City of London Union, of 313 children belonging to that Union now in the schools, 52 are ill, or 1 in 6. There are 17 cases of ophthalmia, 8 of scabies, and 7 of scarlatina. The diseases of the remaining 20 are not specified.

Dr. Bland, of Sydney.—The Upper House of Parliament of New South Wales has rejected the proposal to confer an annuity on Dr. Bland, who has been long known in that colony as an active public man, a munificent benefactor to various Colonial Institutions, and an able Medical Practitioner. The grant of an annuity was opposed on political grounds. The *Sydney Empire* of January 21 contains a long eulogium on Dr. Bland, with an account of his public services. In 1858 a subscription was set on foot for the purpose of presenting him with a public testimonial. The money raised was partly expended in a piece of plate, which bore the following inscription:—"The Bland Australian Tribute, of which this forms a part, was subscribed to commemorate his bounties to the poor and afflicted, his generous exertions in the promotion of education, literature, and the arts, and his noble and triumphant advocacy of the rights and privileges of the colonists, as British subjects, for forty years."

Bristol Royal Infirmary.—A Special Board Meeting of the Trustees of the Bristol Royal Infirmary was held at the Guildhall, Bristol, on Thursday the 20th inst., to elect a Physician in the room of Dr. William Budd, who has retired from the appointment after nearly fifteen years' service. The Mayor of Bristol filled the chair. Dr. John Beddoe was unanimously elected to fill the vacancy. Dr. Beddoe was late Assistant-Physician to the British Army Hospital, Renkioi, and formerly Resident-Physician to the Royal Infirmary, Edinburgh, Physician to the Clifton Dispensary, etc. The Trustees passed a vote of thanks to Dr. Budd for his long and valuable services and appointed him Honorary and Consulting Physician to the Institution.

Use of Turkish Baths in England in the Sixteenth Century.—The following quotation from Mr. Wright's very interesting "History of Domestic Manners and Sentiments in England during the Middle Ages," (p. 491,) will show the early use of the Turkish bath in England, and the reasons why it fell into disrepute:—"Among customs derived from the East was the introduction of the Eastern hot and sweating baths, which became, for a considerable period, common in England. They were usually known by the plain English name of *hot-houses*, but their Eastern origin was also sometimes indicated by the preservation of their Persian name of *Hummums*. This name is still retained by the two modern hotels which occupy the sites of establishments of this description in Covent Garden. Sweating in hot-houses is spoken of by Ben Jonson; and a character in the old play of 'The Puritan,' speaking of a laborious undertaking, says, 'Marry, it will take me much sweat; I were better go to sixteen *hot-houses*.' They seem to have been mostly frequented by women, and became, as in the East, favourite places of rendezvous for gossip and company. They were soon used to such an extent for illicit intrigues, that the name of a hot-house, or bagnio, became equivalent to that of a brothel; and this circumstance probably led eventually to their disuse. A very rare and curious broadside woodcut of the reign of James I., entitled 'Tittle tattle, or the several branches of gossiping,' which in different compartments represents pictorially the way in which the women of that age idled away their time, gives in one part a sketch of the interior of a hot-house which is copied in our cut, No. 314. In one division of the hot-house the ladies are bathing in tubs while they are indulging themselves with an abundance of very substantial luxuries; in the other they appear to be still more busily engaged in gossip. The whole broadside is a singularly interesting illustration of contemporary manners. A copy of it will be found in the print-room of the British Museum, and it may be remarked (which I think has not been observed before) that it is copied from a large French etching of about the same period, a copy of which is in the print department of the Imperial Library at Paris. This is sufficient to show the close resemblance at this time between manners in France and in England. In the former country the resort of women in company to the hot baths is not unfrequently alluded to, and their behaviour and conversation there are described in terms of satire which cannot always be transferred to our modern pages. The *pic-nics* which had formerly taken place at the tavern were now transferred to the hot-bath, each of a party of bathers carrying some contribution to the feast, which they shared in common."



North London Medical Society.—The following gentlemen have been elected Officers for the Session 1862-63:—*President*—Edward Cousins, Esq. *Vice-Presidents*—Dr. Cholmeley, Dr. Copland, F.R.S., Dr. Hare, and Dr. Croft. *Trustees*—Dr. Part, W. Clifton, Esq., and W. A. N. Cattlin, Esq. *Treasurer*—W. Adams, Esq. *Secretary*—Dr. Westley. *Councillors*—Dr. Reynolds, J. Hainworth, Esq., T. C. Jackson, Esq., J. S. Baly, Esq., G. Tate, Esq., R. Quain, Esq., Dr. Hillier, Dr. Mageniss, C. J. Lord, Esq., and Dr. Collins.

The Cork Medical Protective Association.—We have received the Annual Report of the Cork Medical Protective Association for the year ending March, 1862, together with the Resolutions passed at the Annual Meeting. The latter refer to the subjects of Registration of Births and Deaths in Ireland; the supply of Medicines to Workhouses and Dispensaries; the representation of the Medical Profession in Parliament; and to the compulsory attendance of Medical men at Petty and Quarter Sessions. We should be heartily glad if in every district of the United Kingdom the Members of our Profession were similarly banded together, equally for the protection of their own interests and the public welfare.

Retirement of Mr. Eves from the Surgeoncy of the Cheltenham Hospital.—After Professional services of thirty years' duration, Mr. Eves has resigned his post of Senior Surgeon to the Cheltenham Hospital. At a meeting of the Hospital Board, on Monday last, the following resolution, in reference to the resignation of Mr. Eves, was unanimously adopted:—"It was resolved, That the Board learn with deep regret that the Hospital is about to lose the valuable services of Mr. Eves, and they beg to offer him their grateful thanks for all his exertions in favour of the charity, as well as their acknowledgment of the talent which he has devoted to the patients of the Hospital. They at the same time express their hope that he will accept the office of Consulting Surgeon."

The Fish Witness.—An amusing discussion has lately occupied the columns of the *Times*, in reference to a paragraph which appeared in that paper on March 22, recounting the appearance of a fish as a witness in a Court of Justice. An action was brought by a person named Timmins, against the Birmingham and Staffordshire Gas Company, for damages caused by them in allowing the tank gas-water from their gasometer to flow into the plaintiff's well. Dr. Letheby, as a scientific witness for the defendants, affirmed that no gas-water could have contaminated the plaintiff's water, because living animalculæ were found in it; and he maintained that animal life could not exist for any time in water thus rendered impure. The counsel for the defence, it is then said, produced, amidst a roar of laughter, in which the Judge joined, a fine healthy gudgeon swimming about in a basin containing half an ounce of the gas-tank water mixed with twenty-five ounces of pure water. "When the trial was over (which was in favour of the plaintiff), the fish was taken back to the river and returned to his 'native element,' apparently none the worse for its visit as a witness to Stafford Assizes." A letter, however, written subsequently by Dr. Letheby, asserts that the previous account, although containing some truth, was neither the whole truth nor nothing but the truth. In the first place, Dr. Letheby questions the proportion of the gas-water, which he says might have been instead of two per cent. two per thousand. Secondly, he asserts that the fish was only put into the gas-water immediately before it was wanted, and instead of the animal showing healthy movements, the creature struggled with all its might to leap out of the water, and in less than five minutes it lay motionless on its side at the bottom of the vessel apparently dying. "It would have been but fair," he adds, "to have allowed the experiment to continue; but, as the whole Court was in a roar of laughter at the misadventure of the advocate, Mr. Huddlestone, with more tact than fairness, filled the basin with fresh water—the very water which I had said was not poisonous to animal life—and the fish gradually recovered. I have no knowledge of the end of the experiment, although it was said that the fish was returned to the river none the worse for its appearance in Court. I do know, however, that if the animal had been allowed to remain ten minutes longer in the tainted water it would assuredly have died." Dr. Letheby concludes by affirming that his observations which have extended over a long period of time, and have been made in many of the rivers of England, incontestably prove that animal life cannot be supported for any length of time in water tainted with gas refuse in such proportions as to be recognizable by the taste and smell. Dr. Letheby's letter has been since replied to by Mr. Alfred Bird, one of the chemical witnesses for the plaintiff, who alleges that the proportions of the fluid were correctly stated, and that the reason Mr. Huddlestone gave the fish more water was not that the fish wanted a purer element, but that it wanted more room to swim about, and he asserts that the water poured in was as strongly impregnated with gas as that previously in the basin. He likewise argues that dying fish do not remain at the bottom, but float at the top of the water. He then goes on to say that the fish swam about, gently moving his tail, with his "back fin" well up, till the basin was stirred, when he showed by his healthy movements that the water had no ill-effect upon him. As the *Times* says it will publish no more letters on the subject, we suppose that this odd discussion on piscine deportment under what Mark Tapley would have called "creditable circumstances" will cease. No one, however, can reasonably doubt that Dr. Letheby was right in the principle he asserted.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 22, 1862.

BIRTHS.

Births of Boys, 884; Girls, 921; Total, 1805.
Average of 10 corresponding weeks, 1852–61, 1780·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	687	684	1271
Average of the ten years 1851–60	658·7	623·1	1281·8
Average corrected to increased population..	..	..	1410
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	..	6	3	14	6	..
North ..	618,210	2	3	8	1	9	15	1
Central ..	378,058	..	3	10	3	10	17	..
East	571,158	1	7	10	5	14	12	5
South ..	773,175	1	5	16	5	8	13	6
Total.. ..	2,803,989	4	18	50	17	55	63	12

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Molar.—Tomes' "Dental Surgery," 12s. 6d. London: Churchill. Dr. Harris' (American) "Principles and Practice of Dental Surgery." London: Trübner and Co.

How far may the Existence of Paraplegia be supposed likely to affect the Results of Lithotomy or Lithotrity in Cases of Stone in the Bladder?—Dr. Ogle, of St. George's Hospital, has had for several years under his notice a case of incomplete paraplegia, the history of which has always appeared to show that it was of reflex character; and originated in some disease of the kidney, most probably connected with the presence of a calculus. Quite recently a calculus has been detected in the bladder; and now the practical question arises, to what extent is it likely that the paraplegic condition (incomplete loss of motor power in the legs, bladder, and abdominal muscles, along with considerable diminution of sensibility) may interfere with the contemplated operation for removing the stone? Under such circumstances, how far can lithotomy or lithotrity be safely recommended? If either operation be advisable, which is the most so? Dr. Ogle wishes to give publicity to the existence of this case, in order to elicit any remarks and suggestions from such members of the Profession as may have at any time met with such a case, or cases in any respects akin to it; and will be very thankful for any such observations, for practical guidance.

The *Autobiography of a Working Man*, edited by the Hon. Eleanor Eden, (London: Bentley, one shilling,) is not a book that we can review in our regular columns, although we do not hesitate to find a corner for it amongst our "Notes," in order heartily to recommend it to our readers. There are no persons so interested as Medical men are, in thoroughly understanding the manners, morals, way of living, virtues, and vices of the working classes. There are many suburban and country districts in which the difference between a population of sober, thrifty, self-reliant artisans, and one of self-indulgent, wasteful, improvident paupers makes the difference between lucrative practice and mere genteel beggary. The one set of people pay their Doctors, and pay them well; the others squander their wages in guttling and tippling and Monday excursions, and, when ill, throng the stinking waiting rooms of Hospitals and Dispensaries. Any book, therefore, that describes the working classes truly ought to be welcome, and the book before us does it better than anyone we know, except one, called "Ploughing and Sowing." In Miss Eden's pages our readers will find facts true to nature; the superstitions of the working classes, their use of the Bible in divination, their ineradicable love of poaching, the enormous wages of the navvies, sufficient, with good management, to secure a comfortable provision for age or sickness, the machinery for robbing the poor fellows, the villainy of contractors, the base, unrestrained indulgence in gluttony and drunkenness when the men have money; and then the fiends of Starvation and Illness that follow, with, of course, the inevitable tax upon the ill-paid or unpaid services of the Poor-law or Dispensary Doctor.

MODE OF TAKING COD-OIL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The receipt given below, which appeared about six months since in your Journal, has been employed in this Hospital in upwards of a hundred cases with very great success, the nauseous taste of the cod-oil and the sickness caused thereby being entirely removed. ℞ Olei morrhuæ ℥vj.; olei amygdalæ ess. ♏iij. Mix thoroughly by agitation.

I am, &c. THE HOUSE-SURGEON.

Taunton and Somerset Hospital, March 23.

ON SANTONINE AS A VERMIFUGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In consequence of my paper upon this subject which you did me the honour to insert in a recent Number of your Journal, I have received numerous letters of enquiry respecting the firms from which the drug may be obtained.

I should therefore feel obliged if you would allow me to state, through your columns, that the santonine which I have been in the habit of prescribing has been chiefly supplied by Messrs. Davy, Mackmurdo and Co., and by Messrs. Corbyn and Co., to whom I am indebted for some valuable information concerning it.

In reply to a note which I addressed to the former firm, a few days ago, I have learnt that the present price of santonine is 50s. per lb.

The small quantity (from two to five grains) which is required as a dose renders it a less expensive remedy than would appear to be the case upon first consideration, whilst there can be no doubt that, in accordance with the well-known laws which govern the supply and demand of any given article, the increased cultivation of the plants from which it is procured, which would naturally result from a wider employment of the drug, would soon make the price of santonine much lower than it is now.

I am, &c.

Doughty-street, March 26. W. ABBOTTS SMITH, M.D.

THE VENTILATION OF ROOMS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Much has been written lately upon the subject of ventilation. An apparently simple plan suggests itself to my mind, which it may, perhaps, be worth while considering.

In the back of the stoves in the kitchen, parlour, and other rooms, let a convoluted iron pipe be placed, one end of which is prolonged, and opens in any convenient spot in the room, the other end communicates with the external air, and this, if advisable, by means of a charcoal receiver, which shall purify the air entering. By this means it appears to me that a constant supply of pure warm air shall enter the room, by means of the heated pipe, while the counter current of course will be up the chimney to supply the fire, and thus there will be no fear of draughts rushing in through chinks and crevices.

The portion of the pipe communicating with the external air might be formed of a less conducting material than iron, so as more readily to secure an ascending current of heated air; again, the opening of the pipe into the room might easily be capable of being opened or closed so as to regulate the temperature of the room; moreover, I conceive that, from the kitchen stove, pipes might be sent into the sleeping apartments, and so dispense with the necessity for fires therein.

Having no opportunity in this equable temperature of 85° Fahr. or thereabouts, to test the practical working of this crude conception, I transmit it to you, thinking that possibly it might be worked up by abler hands into something valuable. Trusting such may be the case, and that should I ever re-visit my native shores, I need not fear sewer air entering my house, or my family being poisoned by ill-ventilated rooms,

I am, &c. R. NEALE, M.D. Lond.
Formerly Resident-Physicians' Assistant, U. C. Hospital.

Batavia, Java, January, 1862.

COLD AFFUSION IN NARCOTIC POISONING—QUESTION OF PRIORITY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—There cannot be a more dishonourable imposition than for a Member of the Medical Profession to assume a discovery he is not entitled to; and I, having laid a claim to be the original discoverer of the use of cold affusion in narcotic poisoning, am very reluctantly compelled to present myself before the Profession, and to relate the following facts in consequence of a statement made by Dr. Copland at a meeting of the Pathological Society on February 18, 1862.

I now lay before you a clear and plain statement with copies of documents which incontrovertibly prove that I was the original discoverer of cold affusion recovering persons who had taken opium in poisonous quantities, and which I personally brought before the Medical Society of London on January 29, 1821, as the following extract from the Society's registration of their meeting proceedings will show.

"Medical Society of London, January 29, 1821—Present: Dr. Clutterbuck, *President*; Drs. Walshman, Blicke, Copland, Callaway, Andree, Drysdale, Brown, Barratt, Burrows, Hood, Leese, and Sutcliffe; Messrs. Wray and Weaver.

'Mr. Wray adduced instances of individuals under the influence of opium, whom he had roused from the state of stupor thereby induced, by dashing suddenly and repeatedly upon the head basinsful of cold water;

the effect was in all those cases very remarkable, the coma was removed, and the patients were enabled to swallow emetics, by which means the poison was removed from the stomach."

Although the following remarks do not appear in the minutes, yet they occurred :—

"Several members discussed the discovery, amongst whom Dr. Copland expressed himself highly gratified, and as the following letters will prove, requested Mr.—now Dr.—Wray to furnish him with copies of the cases to insert in the *Medical Repository*, to which he, Dr. Copland, was then a contributor and subsequently became the Editor."

Letter 1.

"My dear Sir,—As I have given notice of the publication of your cases of poisoning by opium in the number of the *Repository* just out, I hope you will favour me with them before the fifth of this month in order that they may appear in the first article of the number. Dr. Steward will, I have no doubt; write them out for you if your time will not permit you to do so, in expectation that you will not disappoint me, I am, my dear Sir, yours truly, James Copland. Walworth, Saturday Morning."

Letter 2.

"My dear Sir,—It is my intention to publish some account of the case of poisoning by opium which lately occurred to me; I would at the same time be most happy if you would send me for insertion in the pages of the *Medical Repository*, of which I have now become editor, the cases which came under your observation, and from which I derived so much information, especially of the cold affusion, they might form an interesting communication, and to give them the notoriety which they deserve would give me great pleasure. You might at the same time have a few separate copies of the paper. Any communication from you on any other subject would also afford me pleasure.—I am, dear Sir, yours very truly, James Copland. Terrace, Walworth. To S. Wray, Esq."

According to Dr. Copland's request, I forwarded the cases to him, and they were inserted in the *Medical Repository* in 1821, but in such a manner as greatly to dissatisfy me; and, upon calling at Mr. Highleys, the Medical publisher, in Fleet-street, I there met Dr. Copland and expressed to him my opinion to that effect.

The cases inserted in the *Repository* will be found there, but I now beg to refer to cases that have subsequently occurred.

Cases.

"Mr. Walne, now of 72, Guilford-street, Russell-square, called me in to a case in a court off Chancery-lane, where a young female had taken a considerable dose of opium, and was perfectly comatose; by persevering with cold affusion she recovered.

"Mr. Balderson and I attended a case in New-street-square of the same character, and with equally successful results.

"I attended another case with a Medical Practitioner in Water-lane, Fleet-street, where a girl of a decidedly suicidal tendency had upon three or four former occasions attempted suicide; in the present instance she had taken a very large dose of laudanum, but by cold affusion she was perfectly restored.

"The Medical man in attendance said she was dead, but I said, Let us try the cold affusion; the first shock of the water produced a quivering of the lip, and by persevering in the application and moving her about, which I particularly recommend, she recovered.

"Mr. Gilpin, of Earl-street, called me to the case of a clerk at a warehouse in Cheapside who had taken two drachms of pulvis opii, instead of cubebs; he was in a perfect stupor, but by cold affusion he recovered so as to permit the administration of emetics, but he subsequently sank, and a post-mortem showed the impossibility of his recovery, the opium adhering to the coats of the stomach."

The above cases and others enumerated occurred previously to the discovery of the stomach-pump.

"Since my residence at Brixton I was called in to a lady who had yearly melancholic attacks; in one of them she had taken two ounces of laudanum, which produced profound stupor; the cold affusion restored her sufficiently to allow the introduction of the stomach-pump tube into the stomach, to remove the laudanum, and to wash out the stomach. She perfectly recovered, although the stupor continued for some time, but by persisting with the cold affusion she was completely restored."

The mode of applying the cold affusion is by dashing the water with great force upon the head, and after each application the head must be perfectly dried and the water quickly and frequently renewed. In cases of apoplexy its application will diagnose whether the patient will recover.

I believe I was the first to apply the cold affusion in poisoning by prussic acid. Two of my pupils, about the time when the first cases of poisoning by prussic acid occurred, administered acid to a kitten of three months, which lay apparently dead. I immediately applied cold water, and the kitten perfectly recovered.

I took my Degree as a Doctor of Medicine at Erlangen on January 14, 1835, by writing a Thesis on Cold Affusion. I am, &c.

Septimus Wray, M.D., M.R.C.P., M.R.C.S., and L.A.C.

Tudor Lodge, Brixton, March 24.

Note on the Ears of the Insane.

The subjoined Note is the substance of a communication from Wm. C. McIntosh, M.D. Edinburgh, Assistant Physician to Sir James Murray's Royal Asylum, Perth, addressed to Professor Laycock, and was accompanied by seventy-one pen-and-ink sketches of ears :—

"The number of pale ears is somewhat greater than I anticipated. Out of 60 males, taken at random there were uncongested or pale, 39; out of 52 females, 34 were pale. The rest could not be termed pale ears, and bore evidence of greater vascular activity—in many cases even lividness. This remark applies also to the congested ears. Of the 60 males, 2 cases of chronic dementia have the axes of the ears pointing forwards rather than perpendicularly or backwards; amongst the females 1 case of chronic dementia was the same. Of those with the long axis of the ear directed more or less backwards, there were 10 males, including 1 mono-mania of pride and 1 of religion; 2 abject cases of dementia, and 2 of ordinary dementia; 4 chronic mania. Of females with the axis not perpendicular, nor pointing forwards, there was the large number of 15; but several deviated only in a small degree. Of these 15, 6 were cases of chronic or recurrent mania, 2 monomania of suspicion, 2 of melancholia, 1 erotomania, 4 chronic dementia.

"In round numbers, about one-fourth of the males had the lobule of a curious shape, or in one way or other deficient, whether entirely obliterated as a distinct part by the continuity of the lobule with the cheek or somewhat modified. Two cases of general paralysis are peculiar in thus wanting a definite lobule. In a long ear the lobe was generally long.

"In regard to the set of the ears on the head, two arrangements were conspicuous: First, a flattened and approximated ear; and second, a widely-set, trumpet-shaped ear. I could not detect any general law with reference to the class of cases in which each occurs, but certainly both abounded in cases of dementia, and congestion generally accompanied the protruding ear.

"The varieties in the forms of the helix and concha were endless assuredly malformations were more abundant than normal forms. Sometimes the helix disappeared after making the superior curve; there were five or six such cases, while less strongly-marked examples continually occurred. The tragus often exposed the meatus by being set on perpendicularly instead of slantingly, *i.e.*, it appeared to be pushed forwards. The anti-helix once or twice protruded so much in dementia as to make the helix fall backwards and inwards. Striking variations in the form of the concha occur in dementia and chronic and periodic mania; in some it is large; it is almost obliterated in a case of recurrent mania, which in former times required the chair, camisole, and muffs.

"Of well-marked cases of plastic deposit we have only two,—both males. One is that of a complete melancholic, in whom the ears are moreover widely set and prominent. In the autumn of 1860 he had a hæmatoma. His extremities (hands and legs) partake of the congestion. The veins of the legs, especially of the left, are varicose, and the saphena frequently pains him. Several times I have had to feed him twice daily for a period of about two months. He endeavours on all occasions to do the opposite of what is wished. The other case of plastic ears is one of chronic dementia. In him the ears are large and prominent, thickened and congested. He passes one-half of his time in a dormant condition, the other in an excited and clamorous state. In the latter mood congestion does not appear more evident than when dormant. In regard to congestion, I may observe, that I believe the regular open-air exercise enjoyed by all classes of our community goes far to diminish such cases."

Corrigendum.—In Dr. Laycock's last Lecture "On the Physiognomical Diagnosis of Disease," the cuts of the Ears of the Chimpanzee and a case of Dementia were inadvertently printed upside down.

COMMUNICATIONS have been received from—

Dr. G. M. Brummell; Mr. Morsley; Dr. Kenneth McLeod; M.D.; Dr. Gray; Dr. Scott Alison; Dr. Richard Neale; Dr. Wilks; Dr. Hughlings Jackson; Dr. Saltau; Dr. Wray; Dr. Weber; Dr. Althaus; Mr. J. G. Gerraus; Dr. Wadham; Dr. Westley; Molar; Professor Laycock; Dr. Abbotts Smith; Dr. Peacock.

APPOINTMENTS FOR THE WEEK.

March 29. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Christian Medical Association, 8 p.m. Meeting, Freemasons' Hall, Great Queen-street.

Royal Institution, 3 p.m. Professor H. E. Roscoe, F.R.S., "On Spectrum Analysis."

31. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

Medical Society of London. 8½ p.m. Clinical Discussion. Dr. Thudichum, "On Crystallised Deposits of Xanthine (?) Azoturia." Dr. Cockle, "Practical Observations on Valvular Disease of the Right Orifices of the Heart."

Royal College of Physicians of London, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

April 1. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. John Crawfurd, Esq., President, "On the Antiquity of Man from the Evidence of Language."

Pathological Society, 8 p.m. Meeting.

Royal Institution, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

2. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Obstetrical Society of London, 8 p.m. Mr. Spencer Wells, "Case of Ovariotomy, and Reply to Mr. Brown's Statement respecting it, made at the last Meeting." Dr. Barnes, "Ovum in Ovo." Mr. Mitchell, "On the Nature and Treatment of Puerperal Fever."

Royal College of Physicians of London, 4 p.m. Lumleian Lectures—Dr. Williams, "The Successes and Failures of Medicine."

Society of Arts, 8 p.m. Meeting.

3. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Harveian Society, 8 p.m. Mr. Ernest Hart, "On Secondary Syphilis as a Cause of Paralysis, Epilepsy, and other Diseases of the Nervous System."

Royal Institution, 3 p.m. Professor Tyndall, F.R.S., "On Heat."

4. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal College of Physicians of London, 4 p.m. Lumleian Lectures—Dr. Williams, "The Successes and Failures of Medicine."

Royal Institution, 8 p.m. Commissioner M. D. Hill, "On the Post-Office."

Western Medical and Surgical Society, 8 p.m. Discussion "On Diphtheria."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) :—

By Mr. Fergusson—For Recto-Vaginal Fistula; Closure of Perineum for Prolapsus; Lithotomy; Tracheotomy.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH,

By THOMAS LAYCOCK, M.D., etc.
Professor of the Practice of Medicine and Clinical Medicine;
and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

LECTURE VII.—DIATHETIC DIAGNOSIS OF PULMONARY CONSUMPTION.—*Indefinite Doctrines as to a Scrofulous Diathesis and Tubercle—Diathetic Predisposition to Consumption as Distinct from the Scrofulous — Hygienic Conditions and Tendencies to Special Tissue Changes—Origin of Hereditary Tendencies to Phthisis in Town Populations—Diagnosis of Weak Lungs: why the Apices are First Affected—Degeneration of the Nervous System and Consumption — Nervous Dyspepsia.* PHYSIOGNOMY OF THE SCROFULOUS DIATHESIS. —*Glandular Enlargements and Scars—Form in General—Law of Scrofulous Development—Leading Characters of Diathesis —Nature and Seat of Scrofulous Tubercle—Meaning of Scrofulosis.*

GENTLEMEN,—You cannot fail to notice how numerous are the cases of pulmonary consumption we have to treat in the clinical wards. I am satisfied that neither the climate of Scotland nor the constitution of the people specially predisposes to the disease, but rather the lamentably defective arrangements of the workshops and dwellings, and especially the sleeping-rooms. The use of what are termed bed-closets (which are enclosed sleeping spaces at the end of a sitting-room) is very common in houses here. You have a "genteel" sitting-room for show in the day, and a mere "black-hole," as regards ventilation, for use during the night. Then, again, the system of houses in flats, good in itself, is abused by such an arrangement in the majority, that the water-closet is ventilated from the common stair, which is consequently pervaded by a water-closet atmosphere and odour. Indeed, hygienic conditions are so obviously the causes of phthisis, that it has been denied that constitutional or diathetic causes have any influence. Now, this is contrary to a large experience, and, therefore, a practical error. As it is of importance to know and diagnose these constitutional causes, I propose to call your attention to a more accurate diathetic diagnosis of pulmonary consumption, as an essential step towards a more accurate pathology. This, I am satisfied, demands a more scientific method as regards the etiology of phthisis; of the microscopic anatomy of tubercle we have, for the present at least, had enough; and when we know that to the utmost, our knowledge will be but little available to practicable ends, unless we are also able to discover and meet the conditions under which the tendency to pulmonary tuberculosis arises.

Now, before we can determine the diagnosis of this tendency, two or three preliminary questions must be considered. The first is, Is there such a vital condition as a diathetic tendency to tubercular disease of the lung? Dr. Watson may be held to express the general and most recent conclusions of the Profession upon this point (as he certainly expresses the results of my own experience in at least a certain proportion of cases), when he affirms, in his published Lectures, that the formation of tubercles in the lungs is so closely linked with the existence of the scrofulous diathesis, that it is almost a necessary condition of the development of tubercular disease. Admitting this as to a proportion of the cases, another question arises, Whether any other diathetic condition predisposes besides the scrofulous? The answer must again be in the affirmative: consumption is very apt to arise in gouty families, under certain conditions, and in persons predisposed to degenerations of the nervous system. But we must further inquire, whether there is not a special predisposition in families and individuals to lung-disease, just as there is to heart and brain disease, independently of any special diathetic predisposition? All experience is, I think, in favour of the affirmative answer to this question also.

Taking these propositions as starting-points, we have next to inquire whether the nature of the scrofulous diathesis, with which consumption is commonly associated, is clearly determined, the kinds of tuberculosis or other morbid structural change ascertained, and an available physiognomical diagnosis laid down. The answer must, I think, be in the negative. As to the scrofulous physiognomy, we have very various and conflicting statements. Thus it is said that a fair complexion and blue eyes indicate it; but in my experience, the worst forms of scrofula occur in persons with dark complexions. Or take Dr. Watson's statement of the physiognomical signs, and apply it to the cases of phthisis we have had under observation since the Session began, and you will find that you can make little of it practically. We have, indeed, no patient except this lad from the "Skin Ward," with favus, who has a distinct scrofulous physiognomy. Dr. Watson states very accurately the signs of the diathesis as manifested in children, and thousands of scrofulous children in the large towns of England correspond to this description; but then none of our cases of consumption are in children, and none of them could or would tell us, except in the negative, whether during childhood they had "pale and pasty complexions, large heads, narrow chests, protuberant bellies, soft and flabby muscles, and a feeble circulation." Then there is another class of persons with tubercular tendencies, which Dr. Watson truly indicates as characterised by light or red hair, grey or blue eyes, with large sluggish pupils and long silky lashes, a fair, transparent brilliancy of skin, and rosy cheeks, with "eager tempers and warm affections, lively, ardent, imaginative, and susceptible,"—a complete contrast, in short, to the preceding, and certainly not scrofulous. Now, as to the majority of our cases, we may say that they are of every temperament and diathesis, and that we cannot bring them under either of these two categories.

With such diversity of constitutional tendencies, there ought to be a corresponding diversity in those structural changes which occur in the lungs or other organs known as *tuberculosis;* but upon this point experience and research afford us still less information than as to the physiognomy and diathesis,—so that forms of lung degeneration, widely different in all essential details, are grouped together as being similar, because of their resemblances in a few leading characteristics. There have been, it is true, long controversies as to whether there is any difference between "scrofulosis" and "tuberculosis," as to the "constituents" of tubercle, — as to whether it be a "deposit," or as to whether it results from "inflammation," but with such infertile results that the pathology of pulmonary phthisis is still more or less imperfect upon almost every point. The main advance has been in the better discrimination of chronic bronchitis and bronchorrhœa from phthisis, by means of physical diagnosis, and in the more successful treatment of the disease by cod-liver oil. There are, doubtless, advances; but when we remember how widely and destructively fatal the disease is, and compare our progress with what we *ought* to know, rather than with what *was* known, we have little reason for congratulation.

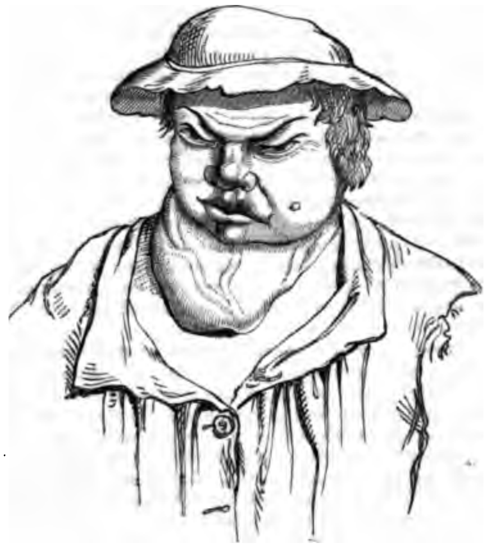
Now, by way of clearing the way to a better method of research on a really scientific basis, let me point out to you the leading points for clinical observation and inquiry in cases of phthisis, both with reference to diathetic diagnosis and etiological and anatomical research. 1. You can class your cases under two heads of difference, namely, whether there is a constitutional predisposition or not. Now, it is clear that in those in which there is no constitutional predisposition, the disease is local—the result of causes acting upon the lungs either directly or indirectly, and the constitutional symptoms *follow* upon the pulmonary disease. In short, there is no pretubercular stage. This difference implies, at least, a different prophylaxis and treatment, if not a different anatomy. Of this kind of phthisis, without pretubercular stage, we have several examples. There is that of the "navvy" in Ward II., who was in perfect health up to a few weeks ago, and only had pulmonary symptoms subsequent to an injury to his leg, which confined him to bed. There is the young Irish woman, a field labourer, who has no marks whatever of a diathetic predisposition, and whose illness dates from what was evidently an attack of pneumonia. In these there was certainly no pretubercular stage, but then there was probably a series of pre-existent hygienic conditions as to sleeping, or clothing, or food, which predisposed the lungs to take on morbid action on the application of exciting causes. 2. Although the morbid changes in the lungs in cases of consumption be much the same as to the *final* results in the organs and on the general health, it is quite certain there are varieties of tubercle. It is, therefore, an important object to determine what tissues are involved in the change, or whether they are all equally affected alike by the causes of degeneration, or in what order the series of changes takes place—*i.e.*, whether they operate first on the blood, or on the mucous membrane of the capillary bronchi, or on the air-cells, or the connective tissues, or the blood-vessels, or the respiratory system of nutrient nerves; for the predominant tissue affected being determined, we can then estimate the influence of diathetic tendencies in any given case, and the results thereof. Thus, gouty persons under certain conditions have children predisposed to consumption, but then it is of a kind differing essentially from that which attacks the children of scrofulous persons, and involves a different class of tissues. 3. Having thus separated the diathetic class of causes in their relations to the tissues involved, we can connect them with those causes which are more directly local, occasional, or exciting; for since these will of themselves excite pulmonary tuberculosis, they will the more readily operate when diathetic or constitutional conditions predispose to morbid action. 4. But experience amply proves that there may be predisposition to pulmonary consumption derived from parents, although they have not had the disease, nor, indeed, shown any tendency to it. This is, in fact, a very common occurrence, and is, perhaps, the most striking illustration of the general law of hereditariness I formerly laid down, namely, that modes of vital action begun in the parent, are continued and become more manifest in the offspring. For although such parents as I refer to are free from actual lung disorder, they will be found to have been subjected to conditions which tend to impair the respiratory processes and the proper nutrition of the lungs. Hence, in this, as in all other constitutional diseases, we have to inquire into the ætiological conditions of parents as to imperfect lung-action. Now, we may, I think, assume as an acknowledged general fact, that sufficient bodily exercise in a pure atmosphere of varying temperature is essential to perfectly healthy lung-action; consequently, whatever circumstances lead to a sedentary or inactive life of parents in a more or less impure atmosphere of a uniform medium temperature, whether they be employments, habits, or domestic conditions, tend to impair lung-action in them, and to induce in their children a predisposition to suffer from pulmonary diseases of a low type, although not necessarily tubercular; and this predisposition will be all the more effective when it is derived from both parents. Now, this is what constantly happens among persons who follow sedentary employments, or lead sedentary lives in our large towns; and in this way a diathetic predisposition to consumption and other pulmonary diseases is constantly developed amongst town-bred populations, of whatever temperament or diathesis they may be. That will only determine what pulmonary tissue or tissues shall be first or predominantly affected, or, in other words, the kind of tuberculosis or degeneration of the lung. The phthisical cork-cutter in Ward I., with hæmoptysis and pneumothorax, is an illustration of this class of cases. He is town-bred, of the bilious temperament, and has that bird-like physiognomy which indicates degeneration. His father was a cork-cutter, and both his parents (town-living) died at an early age. In him his employment, conjoined with dissipated habits as to women and drink, has been the exciting causes of phthisis acting on hereditary tendency to pulmonary disease. Seeing, then, we have to discriminate the local from the constitutional causes, so we must distinguish physiognomically between a hereditary or constitutional tendency to pulmonary diseases specially, and that general constitutional tendency which determines which class of structures or tissues in the lungs will be primarily or principally affected.

Physiognomical Diagnosis of Tendencies to Lung Diseases.—Two leading points are to be noticed in examining into weak lungs; namely, the osseous and muscular conformation, and the movements of the thorax, or cavity in which respiration is carried on. Insufficient lung-inflation will lead to a contraction of the thorax (which shapes itself to the size of the contained viscus) and to defective development of the respiratory muscles. This change will be most obvious at the point of the thoracic cone, because insufficient lung inflation is first developed at the apices of the lungs. Hence, narrow chests are often indicated by a throwing forward of the shoulders, while at the same time the neck is elongated, and therewith the cervical group of respiratory muscles. I think it is this insufficient expansion of the apices of the lungs, the consequence of all those conditions of life in which the organs are not called into active exercise, which developes a tendency to imperfect nutrition of the apices, and thus predisposes, especially not only to tubercular degeneration there, but also to the class of low pneumonias of the apices, and those states which are apt to terminate in hæmorrhagic congestion, and amyloid and fibroid degeneration, as well as tuberculosis. The thorax is rarely perfect in form in town-bred or degenerate people; the kind of distortion depends, however, very much upon the thoracic muscles or groups of muscles involved; in one we have a keel-shaped sternum, in another the thorax is too barrel-shaped, in a third there is more or less spinal distortion and twisting of the ribs. Then, again, there are distortions the result of thoracic diseases of infancy. In all these varieties a special ætiological diagnosis is necessary to supplement the physiognomical. As a general rule, however, unsymmetrical distortions indicate unequal muscular action, and this, again, some lesion of the respiratory system of nerves.

Degenerations of the Nervous System, and Consumption.—The activity of respiration, and the blood-supply and nutrient activity of the lung-tissues, are deeply modified by causes acting directly on the lungs through the nervous system. All depressing emotions, and all conditions whatever which act depressingly upon the respiratory system in particular, are of this class. In this way we can explain how an attack of influenza, or rubeola, or sensuality, or the strain on the system consequent on marriage, will induce phthisis. Degenerations of the nervous system are greatly influential in this respect. Dr. Boyd, of the Somerset County Asylum, has stated the causes of death of 295 male patients, the mortality per 1000 admissions being 324. Of these 295, one-half, or 147, died of diseases of the respiratory organs, chiefly pneumonia and phthisis, and 111 of disease of the nervous system. The hygienic conditions of all large institutions, whether asylums, schools, or (notoriously) barracks, are favourable to the development of pulmonary disease, yet nothing like to this extent, which is more than twice the ordinary rate of pulmonary mortality in the general population. But this only indicates a portion of the influence of the nervous system in the development of phthisis. The first, or pretubercular stage is usually characterised by more or less mal-assimilation of the food, and this, although not of itself a cause of death, is a cause of the tendency to tuberculosis, and is one of the most common results of depression of the pneumo-gastric system; or, in other words, a *nervous dyspepsia* is very often the first stage of pulmonary consumption, and accompanies the disease throughout. Now, this mal-assimilation and nutrition is a characteristic tendency of the scrofulous diathesis as regards the whole body; but the degenerations of the nervous system may only influence special organs in relation with the nerve-centres, as the heart, or only special tissues of the organ, as the valves or coronary arteries of the heart. This is the law as to pulmonary degenerations due to influences acting on the pulmonary nerves. The air-cells, or bronchi, or blood-vessels, may each be primarily and predominantly involved in morbid innervation; but the kind of tissue-change will depend first upon the tissue, secondly, upon general causes influencing its nutrition.

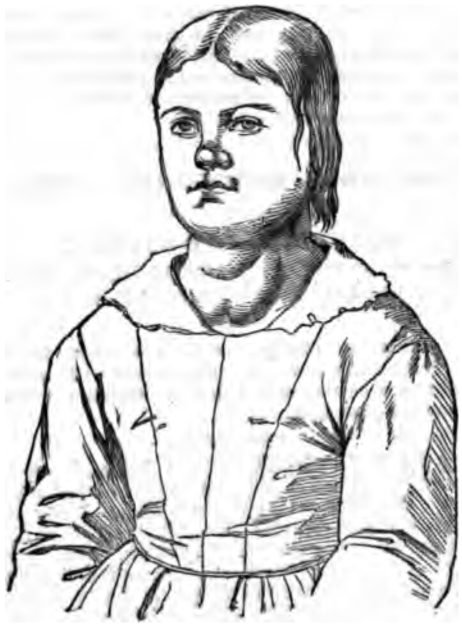
Physiognomy of the Scrofulous Diathesis.—What tissue or group of tissues, then, are predominantly affected in the scrofulous diathesis in reference to the diathetic diagnosis of consumption? The answer must be, I think, the blood, the glandular system, including the mucous membranes, and the nutrient system of nerves. But these are not predominantly affected alike at all ages, for the glandular system suffers most at childhood, and the nutrient system of nerves at puberty. The condition of the blood is that of the lymphatic temperament; the red corpuscles are comparatively fewer, and the albumen in excess; hence the pallor and delicacy of tint of the scrofulous diathesis. As to the lymphatic glands, they have long been recognized as the seat of scrofulous degeneration. Formerly, when persons were "touched" by the monarch for the cure of scrofula (hence known as "the King's evil," just as we say Bright's disease), the Sergeant-Surgeon had to select the Royal patients. Wiseman performed this duty for Charles II.; and in his treatise on the disease, while, like a true courtier, he expresses his full belief in the efficacy of the Royal touch, (for, he says, "the personal experience of many thousands now living can witness it,") he discusses the marks of scrofula, and appeals to the Profession in general whether or no tumours about the neck are judged to be "the evil," which are not, but adds, "These which we present to your Majesty, are chiefly such as have this sort of tumour about the musculus mastoides, or neck, with whatever other circumstances they are accompanied; nor are we difficult in admitting the thick-chapped upper lip, and eyes affected with a lippitudo; in other cases we give our judgment warily." Now, these are the marks of scrofulous *diseases*, and not of a scrofulous *diathesis*. Modern surgeons have not gone much beyond Wiseman. The late Mr. B. Phillips published a very elaborate work on scrofula; he made enlarged glands, with sinuous ulcerations and scrofulous or enlarged joints, the diagnostic marks, and he limited the inquiry to boys and girls not exceeding the age of 16. But then these have little value in the diathetic diagnosis of scrofulous phthisis. We rarely observe them in the clinical wards, and only one of our cases has any glandular enlargement. Of 352 cases of phthisis examined by Mr. Phillips at the St. Marylebone Infirmary, only seven had scars the results of scrofulous abscesses. Professor Walshe says, the external lymphatic system is rarely tuberculised; and Hasse states, as the conjoined result of his own researches and those of Louis and Mohr, that the cervical glands are tuberculous in only 5 per cent. of cases of phthisis, while the bronchial glands are so in 20 per cent. Now, all this does not prove that the scrofulous diathesis is not a predisposing cause of consumption, but only that a certain form of scrofula does not occur at the ages when scrofulous consumption occurs. Again, this diathesis is that which of all others most highly predisposes to death at early periods of life; so that of an equal number of children of each of the diatheses born, by far the largest mortality would occur amongst the scrofulous, and thus there would be fewer scrofulous persons living at the adult ages than others.

The General Development in the Scrofulous Diathesis.—We must look, however, beyond these comparatively local marks for a more general group of signs. Now, the scrofulous diathesis is essentially a degeneration, both as to form and nutrient activity, in which what may be termed the vegetative forces are more especially involved as compared with the nerve forces. As to the physiognomy of this kind of degeneration, the simplest generalisation I can give you is this, that the characteristics of the poverty cretins referred to in a previous Lecture, are those of the scrofulous diathesis. Compare, for example, the face of this lad with favus with that of the icteric microcephale, and you see how fundamentally they differ as to facial conformation; or look at these drawings by the late Sir R. Carswell, of goitrous cretins,(a) and compare them with those of the Aztec children,(b) and you will better appreciate the purely scrofulous characteristics. Next you may add to this the law of degeneration of tissue and form already laid down, namely, that it is from a higher to a lower type, and apply it to the form of the scrofulous. For example, form may be immature—*i.e.*, be that of an early age, or it may be ethnically imperfect, or belong to a lower type of man. Now, in the scrofulous diathesis it is both; for if you note the facial development as to age, you will see that it is in truth infantile, while as to race it approaches the African or Mongolian type. I do not know any one who has more scientifically examined this question than Dr. Hake, who read a paper to the Royal Medico-Chirurgical Society last spring, on the "Scrofulous Conformation or Diathesis." Dr. Hake gave measurements of various bones; for example, he shows that while in the European adult the obturator foramen is almost triangular in the European fœtus, in the negro and other lower races, and in rickety patients, it is oval. So, also, the scrofulous cranium of the child is like the fœtal cranium of the European, but the cranium of the adult Ethiopian and Mongolism finds its parallel also in the fœtal cranium of the European. Dr. Hake's researches into the diathetic characters (which are scrofulous) of the osseous system in men of unusual size, is interesting, as explaining why such men are short-lived, and not unfrequently die of tubercular disease. The degeneration may extend even beyond the osseous system. Thus, in this drawing of a scrofulous cretin by Sir Robert Carswell, while you have the degenerate characteristics of a scrofulous diathesis in the soft parts and osseous system of the face, you have also the oblique Mongolian eyes.



Facial Characters of the Scrofulous Diathesis—Oblique Mongolian Eyes (Sir R. Carswell).

The soft parts in the scrofulous diathesis follow the same law of degeneration. The mucous membranes are irritable, and easily infiltrated and congested. Hence the cracked lips, bleared eyes, and thick upper lip of the scrofulous, and the skin and muscles badly nourished. The facial characteristics in an ordinary typical case are well represented in this drawing of a young degenerate woman, from Morel's Atlas.



Typical Scrofulous Face (Morel, Traité des Dégénerescences).

The alæ nasi are thickened, the forehead projecting, the lips tumid, the cranium and face unsymmetrical, the thorax contracted or otherwise mis-shapen, the ankles and wrists thick, the joints large, the muscular development defective, the integument hangs loosely on the limbs, and the epithelium is rapidly given off in branny scales; while the skin is thin and transparent, or dry and pachulose. The vascularity is also imperfect.

The Tubercle of the Scrofulous Diathesis.—Can we connect this diathesis with degeneration of any particular tissue or group of tissues? It is associated predominantly with degenerations neither of the nervous system, nor of the blood, although both predispose to scrofulous degeneration. In children the lymphatic system is undoubtedly affected; but scrofula thus limited is a diathetic disease of childhood, for the lymphatic glands are specially affected simply because nutrition is very active in early life. The higher generalisation to which we are led by a consideration of the entire phenomena of scrofula is, that the blood-glands in general, including the thyroid body, lymphatic glands, spleen, tonsils, and gastric and intestinal glands, are predominantly the seat of morbid change, and that with these the whole of what may be termed the system of mucous membranes, including the skin, are involved in a typical example of scrofula. That the mucous membrane of one organ or one system of glands shall be predominantly affected in one individual, and another in another, depends upon causes specially affecting them, as age, sex, endemic causes, domestic conditions as to clothing, food, shelter, pure air and water, or the "necessaries of life," or as they are subject to particular classes of acute or chronic diseases.

(a) From the Thompsonian Collection, the property of the University, made by the late Dr. John Thompson, formerly Professor of Pathology. This collection contains nearly 3000 pieces, of which above 800 are original water-colour drawings by the late Sir Robert Carswell.

(b) See engraving of these, Lecture VI.

Now, if we were to connect any form of pulmonary tuberculosis with this diathesis, it must be that known as the yellow tubercle, and which, while it constitutes scrofulosis when it has its seat in the lymphatic glands or the gastro-intestinal glands, is, according to the researches of Carswell and others, more particularly developed in the mucous membrane of the bronchi,—the bronchial tuberculosis of Rokitanski. The grey or miliary tubercle (granulations of Laennec) has its seat in the air-cells, or in these and the connective tissue of the lung; and in either case, therefore, involves a different class of tissues, namely, those which are essentially fibrous or sero-fibrous; and the microscopic anatomy and modes of termination differ accordingly. Yellow tubercle contains more fatty epithelium and other products of mucous membrane, and shows nothing of that tendency to organisation which characterises the grey tubercle in virtue of its more plastic elements. In this way, therefore, we differentiate two kinds of tubercle, and mark out a diathetic form of pulmonary tuberculosis, which may be fittingly termed scrofulosis; for we thus restrict the terms scrofulous and strumous to a certain group of corporeal characteristics, to a certain group of low forms of nutrition known as scrofulous or strumous inflammation, ulceration, and suppuration, and to a certain kind of tuberculosis,—the scrofulous, or yellow tubercle, having its seat primarily and chiefly in the blood-glands and mucous membranes.

ORIGINAL COMMUNICATIONS.

◆

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.

Physician-Accoucheur to the London Hospital, etc.

The following ten forceps cases, in addition to the one already reported, which was complicated with unavoidable hæmorrhage, occurred in my practice during the first seven months of the year 1842.

Forceps Case.

Case 64.—On January 28, 1842, at 9 p.m., I was sent for to Mrs. P., whom I was engaged to attend, in Castle-street, Aldgate. Her first child; the membranes broke at 2 a.m. The pains had been regular, though trifling all day, and the os uteri was dilated to the size of a shilling. The uterus soon began to act strongly; its mouth dilated rapidly, and at ten o'clock the head was fully in the pelvic cavity, with the face towards the right sacro-iliac symphysis, and the right ear to be felt behind the right thyroid foramen. Notwithstanding the pains continued frequent and powerful, the head remained without the least advance till 7 a.m., when I applied my long forceps over the right brow and left side of the occiput, each blade lying within one of the ilia, turned the face into the hollow of the sacrum, and delivered easily in less than half an hour of a living boy. The placenta passed speedily, and the patient recovered well.

Forceps Case.

Case 65.—On March 4, 1842, at 10 p.m., a Medical friend called me to Mrs. H., Finsbury-place, in labour of her first child. The membranes had been broken forty hours, during the whole of which time the pains had been regular and strong. The os uteri was entirely dilated; the head was fully in the pelvic cavity. It had originally presented with the face behind the right thyroid foramen, but had been turned by the force of the uterine contractions till the face looked to the right ilium. The right ear could be distinctly felt behind the pubes; the child's hand was prolapsed by the side of the head anteriorly, and, when touched, the fingers were moved, a sure indication of the child's being living. A retired Practitioner, a friend of the husband's, living at the West End of London, was fetched by the husband, and proposed to deliver by perforating the head. This proceeding her own Medical attendant very properly would not sanction, and requested my assistance. Notwithstanding the length of her labour, the lady showed no symptoms of distress, and might, perhaps, have been allowed to go on for six or eight hours longer without danger; but I thought it better to deliver at once. This I effected in less than ten minutes, having applied the blades of the forceps over the ears, and turning the face into the hollow of the sacrum. The child was living, the placenta soon passed, and she recovered perfectly.

Forceps Case.—Face Presentation.

Case 66.—On April 22, 1842, at 8 p.m., I was sent for by a Professional friend to Mrs. P., Leman-street, Goodman's-fields, in labour of her first child. The membranes had been broken twenty-seven hours; the brow had originally presented; but, as is generally the case when the brow presents, the face came down, instead of the back part of the cranium. I found the face occupying the lower floor of the pelvis, and the chin looking towards the left sacro-iliac symphysis. All the features of the face could be distinctly felt, and the left ear behind the left thyroid foramen. The head had remained in exactly the same position, without any advance, for more than six hours, although the pains had been very frequent, strong, and forcing. There was no urgent necessity for interference present; but I felt persuaded that the child would never pass unaided, and I therefore determined on immediate delivery, provided that could be effected by the forceps. I first applied the blades over the ears, but could not make the slightest impression on the head, notwithstanding that I grasped it satisfactorily. I therefore changed their position, and directed one high up, within the right ilium, over the right side of the occiput, and the other within the left ilium over the right eye: I then found that I could move the head easily; the chin turned forwards, and appeared under the pubes; the upper and back part of the head swept the perineum, and it was extracted with much less difficulty than I expected. The child was alive; its face livid, as is always the case in protracted face presentations, but there was no mark of the instrument visible on it. The placenta was soon expelled, and the patient made a good recovery.

Long Forceps Case.

Case 67.—On April 26, 1842, at 9 a.m., I was sent for by a Medical friend to Mrs. C., Smithfield-bars, in labour of her seventh child. I had delivered her twice before by the long forceps. The membranes broke forty-eight hours before, the pains were exceedingly strong and forcing, which had been the case for the last four hours. Till then they had been of the ordinary character both in frequency and power. The head was tightly wedged in the pelvic cavity, and much elongated, the face looking towards the left sacro-iliac symphysis. I could just touch the left ear high up above the left thyroid foramen. The pelvis was small throughout; but the chief impediment to the child's passing was the state of the spinous processes of the ischia. They were both much elongated, and they projected inwards, so that their points could be clearly discerned by the finger. This prevented the head making its turn with the face into the hollow of the sacrum. The soft parts were well relaxed, but the woman was giving evidence of severe suffering; and there was a copious discharge of the green fluid which I have brought under the notice of the reader on a former occasion. I immediately applied my long forceps, one blade over the left brow, the other over the right side of the occiput, turned the face backwards, and delivered in five minutes. The child was alive; there was the mark of the instrument on the brow, but this had disappeared on the next day. The placenta was soon expelled, and the patient recovered satisfactorily.

N.B.—The same cause had occasioned the necessity for artificial delivery on the two former occasions; and I have frequently found this inward projection of the spinous processes of the ischia delay the exit of the head, if it did not necessitate the having recourse to instrumental interference.

Forceps Case.

Case 68.—On May 16, 1842, at 7.30 p.m., I was sent for by a Professional friend to Mrs. S., Dalston, aged 30, in labour of her first child. The membranes broke at seven in the morning, when the os uteri was fully dilated. The pains had been regular and frequent all day, and had expelled the head through the pelvic brim with difficulty, in consequence of its being narrow in the conjugate-diameter. I found it lying in the cavity, considerably elongated, with the face, which had originally presented towards the left thyroid foramen, looking towards the left ilium. The left ear could be distinctly felt behind the pubes. The pulse was quick, the face much flushed, and there was a large quantity of the green discharge constantly flowing away. I emptied the bladder, which was distended with urine, and waited an hour to observe the effects of the uterine contractions, which were strong and recurring often. As there was not the slightest advance in the labour at the end of that time, I applied the blades of my long forceps within the ilia, one over the forehead of the child, the other over the occiput, and delivered in about half-an-hour, the rigidity of the structures making me particularly careful. There was no laceration, however. The child was born with animation suspended, but was restored by proper means, and I saw it six months after. The placenta passed in fifteen minutes, and the patient made a perfect recovery.

Long Forceps Case.

Case 69.—On May 30, 1842, at 11 p.m., I was requested by a Medical friend to visit Mrs. C., Mile-end New Town, in labour with her second child. Her first was very lingering, though the child was born naturally, whether alive or not I do not know. The membranes broke eight hours before I saw her, since which time the pains had been for four or five hours very strong, but they had now almost ceased; the pulse was very quick; the tongue dry, brown, and raspy; and the uterus acutely tender; indeed the symptoms were such as to render immediate delivery necessary, although the membranes had broken comparatively so recently. The head was partly occupying the pelvic cavity, the base of the skull being still above the brim; the face was looking to the right groin; neither ear could be felt. The os uteri was entirely dilated; the pelvis in its conjugate diameter measured very little more than three inches, and was small throughout. I introduced my long forceps, a blade within each ilium, one being applied over the left brow, the other over the right side of the occiput, and delivered in ten minutes, turning the face into the cavity of the sacrum; the child was alive; the placenta was soon expelled; and the woman recovered well.

N.B.—In this case also the head must have been perforated unless we had possessed the long forceps; because no one in his senses would have thought of trying to raise the head which had descended so low into the pelvis, or of turning the child, under this acutely tender condition of the uterus.

Long Forceps Case.

Case 70.—On June 18, 1842, at 7 a.m., I was sent for to Mrs. W., Strand, whom I was engaged to attend (fourth child). My father had delivered her of her first by the forceps, and I had delivered her of her other two by the long forceps, the last time on January 9, 1841, which case I have already detailed. I found the os uteri entirely dilated, and the soft parts very lax. I ruptured the membranes at once, and the head came upon the pelvic brim; the uterus acted very strongly, and propelled it partly into the cavity, with the face looking towards the right sacro-iliac symphysis. It became fixed in the brim, without the least advance, notwithstanding the violence of the uterine action; at ten o'clock, therefore, as she was very urgent to be delivered, and as I had succeeded so well on the former occasions, I applied my long forceps, each blade within one of the ilia, over the right brow, and left side of the occiput, and extracted the head in five minutes, the face turning into the hollow of the sacrum. The child was alive. The uterus contracted strongly around the placenta, and some flooding coming on, I was induced to remove it by introducing the hand. I found it extensively and strongly adherent. However, I got the whole away, though much broken, the hæmorrhage ceased; the faintness soon disappeared, and she made a satisfactory recovery.

Forceps Case.

Case 71.—On June 22, 1842, at 10 p.m., a Medical friend called me to Mrs. M., Castle-street, Falcon-square, in labour of her first child. The membranes broke at five o'clock in the morning of the previous day; the os uteri was quite dilated,—the head fully occupying the pelvis,—and wedged in the cavity; the face, which had originally presented to the left groin, was now looking towards the left ilium; there had been no advance, nor alteration in the position of the head for three hours; the pressure on the soft parts was very great, and they were very hot; the pains, which had been powerful, had quite declined; the pulse was above 100 in the minute; the tongue furred; and she had not slept for three nights. The urine had been drawn in the morning, still there was sufficient in the bladder to require the use of the catheter. The promontory of the sacrum could be easily felt, and the conjugate diameter at the brim measured certainly not more than three inches, nevertheless the left ear could be distinctly felt behind the pubes. I introduced my long forceps within each ilium, planting one over the right brow and the other on the left side of the occiput, turned the face backwards and delivered in fifteen minutes. The child was alive, the placenta passed soon, and the woman recovered without a bad symptom.

Forceps Case.

Case 72.—On July 23, 1842, at five a.m., I was sent for by a Medical friend to Mrs. C., Homerton, aged 34, in labour of her first child. She had been in strong labour since the afternoon of the 21st, and the membranes broke at 9 a.m. on the 22nd. The os uteri had opened with great difficulty, but was now entirely dilated; the head was completely occupying the pelvic cavity, the face was lying in the hollow of the sacrum, the vertex somewhat protruded between the labia, and the perineum was slightly on the stretch. The outlet of the pelvis was much narrowed by each spinous process of the ischia being of an undue length, and projecting preternaturally inwards. The external parts were hot, dry, rigid and tender, the pulse beat 130 in the minute, the mouth was dry, and the tongue furred, the bladder was distended, the pains had been very strong, but had almost entirely ceased. The head had not progressed for some hours. After drawing off the urine, I introduced the blades of the forceps over the ears, and delivered without difficulty in a few minutes. There was a slight laceration of the perineum, which, however, gave no subsequent trouble, and produced very little of either pain or annoyance to the patient. The child's heart was pulsating when it was extracted, but it was quite comatose, with some convulsive twitching of the limbs. The left eyelid was much swollen and livid, and at the outer angle of the left eye there was a sharp indentation, caused no doubt by its having rested so long against the point of the spinous process of the left ischium. I was in hopes we might restore it, especially as it passed a large quantity of urine immediately after birth, but we could not. The uterus remained inactive, though there was no hæmorrhage, and in three-quarters of an hour I introduced my hand and removed the placenta, which was still apposed but not adherent. The uterus now contracted well, and with the exception of the necessity for the use of the catheter for two or three days, the patient's recovery was uninterrupted.

Forceps Case—Convulsions—Twins.

Case 73.—On July 31, 1842, at 4.30 a.m., a Medical friend sent for me to Mrs. G., Aldersgate-street, a young woman of spare habit, though healthy constitution, in labour for the first time. The membranes broke some days before, active labour set in on the afternoon of the 30th, and she went on well till 4 a.m., when, without any premonitory symptom, she fell into a strong convulsion. I found her semi-conscious; the os uteri fully dilated, the head low in the pelvis, the right ear behind the pubes. I applied the forceps over the ears, and delivered very easily. I hoped that delivery would prevent a recurrence of the fits, and no doubt that would have been the case had there not been another child; for she recovered her consciousness perfectly, thought she had been sleeping, and appeared quite well. There being no uterine action, and the second child presenting with the head, I punctured the membranes by a pointed quill at 5.45. At six she had another fit, more severe than the first. We then bled her to twenty ounces; cut off her hair; gave her ten grains of calomel, and got her to swallow a tablespoonful of senna and salts every half-hour. Consciousness again returned, but more slowly than before; the uterus began again to act regularly, and the head came gradually into the pelvis; at half-past eight it was fully occupying the pelvic cavity, with the forehead looking to the left acetabulum. I then applied the long forceps, one blade over the right brow, the other over the left side of the occiput, turned the face into the hollow of the sacrum, and delivered this child also very easily. The uterus contracted round the placentæ, and I quickly removed them. At nine o'clock she had a third fit; sixteen ounces more blood were drawn from the arm, and twenty leeches were applied to the forehead and temples. She suffered no more fits, her senses gradually returned, so that by mid-day she was quite herself. The bowels acted freely in the course of the morning, and with the exception of some headache, which lasted for three or four days, she suffered no annoyance, and her convalescence was not unduly protracted. The second child was born living; its heart beating strongly, but it never breathed. Immediately after its birth, when it was turned on its side, there issued from its mouth at least two ounces of the same kind of fluid as was passing from the vagina, as though it had inhaled or imbibed it while the head rested in the pelvis. The body of the first child was putrid. She had no recollection of having been delivered.

8, Portman-square.

(To be continued.)

CASE OF PUERPERAL CONVULSIONS—INSTRUMENTAL DELIVERY — RECOVERY.

By T. MASSEY HARDING.

On Monday morning, November 18, at 4 a.m., I was summoned to attend Mrs. B , in labour with her first child at the seventh month. She is a stout, florid, healthy woman; upon examination I found the os uteri slightly open, she complained of pain in her head and stomach and had vomited several times; in a few minutes she had a convulsive attack, her limbs being violently agitated, the muscles of the face and eyes forcibly distorted, the face purple from congestion. She was quite unconscious. The fits recurred frequently, a quantity of bloody froth being expelled from the mouth during the fits; she was unable to swallow. At 11 a.m., I administered with difficulty a draught containing morphia mur. gr. ss., and antim. tart. gr. j., and took about ten ounces of blood from the arm. The fits continued, but the dilatation of the os uteri certainly went on more rapidly and favourably after venesection. At 6 p.m. I completed the delivery by the forceps: the child had evidently been dead many hours. She continued to have the fits throughout Monday night, and on the following morning was quite unconscious, the fits recurring frequently. I administered an enema containing ʒij. of turpentine, and in the evening applied a large blister to the shaven scalp. On Wednesday, at 4 a.m., she spoke, and from that time went on well. She is now convalescent.

Stourbridge.

FURTHER CASES ILLUSTRATIVE OF THE BENEFITS DERIVED FROM

THE EMPLOYMENT OF THE STRICTURE DILATOR IN THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

By BARNARD HOLT, F.R.C.S.

Senior Surgeon and Lecturer on Surgery at the Westminster Hospital.

Case 1.—Mr. T., a gentleman, aged 67, who was suffering from long-continued stricture of the urethra, and enlargement of the prostate gland, was brought to me by Mr. Holmested, of Bocking, Essex.

Mr. Holmested informed me that his patient had for many years experienced increasing difficulty in making water, which had frequently resulted in retention of urine, and that during such attacks the difficulty of introducing a catheter was so greatly increased as to give rise to grave apprehensions that puncture of the bladder through the rectum would be necessary. The urine was loaded with mucus, and his health was suffering from the combined frequency of micturition and retention.

Upon examination I found there were two strictures, one situated at the bulb, and the other at the membranous portion of the urethra. They were somewhat dense, but would admit a No. 4 catheter.

Although at this time the case was not one of urgency, yet as he was compelled to leave town in a few days, I determined to split the stricture, so that the urethra might be immediately enlarged to its natural diameter,—1st. For the purpose of preventing retention by affording a more ready outlet for the urine; and 2nd. That by enlarging the urethra the passage of the catheter would be greatly facilitated, should retention again occur.

On the following morning the dilator was introduced and the stricture split by the passage of the No. 12 tube; there was the slightest possible pain, and the bleeding was of the most trifling description; the No. 12 catheter was now substituted for the dilator, and the urine was withdrawn.

Mr. T. passed a tranquil night without the slightest constitutional disturbance, and had emptied his bladder with greater facility.

On the second morning the No. 12 catheter was introduced without the slightest difficulty, his intervals between passing water were prolonged, and he expelled the urine in a shorter time than before the operation.

The catheter was again passed on the fourth day, and on the fifth he returned to the country, making water better than he had done for a very considerable period.

I have since had two letters from Mr. Holmested, in one of which he states, "My patient T. is going on favourably, he can retain his water longer and send it farther from him. I have passed the largest sized silver catheter I have, which is considerably larger than the No. 10 you sent me." In the second, dated January 3, 1862, Mr. Holmested writes, "I am happy to say Mr. T. continues to go on favourably, he has not had retention since the operation which was done November 16th. I consider that he is greatly benefitted by the operation, both as to the present state of things, and also should the disease of the prostate cause total retention, now a catheter could be easily passed."

Case 2.—I was requested by Mr. Boyton, of Watlington, Oxfordshire, to admit into the Hospital a patient who for eighteen years had been the subject of stricture of the urethra, and who for the last two years had been quite incapable of passing water without the aid of the catheter.

He stated that in consequence of increasing difficulty in micturition, he was three years since admitted into a London Hospital, and at that time could only pass water by drops. The Surgeon, under whose care he was placed, with great difficulty introduced the smallest silver catheter, and after many weeks succeeded in dilating the stricture so that the urethra would admit a No. 9 when he was discharged. The contraction speedily recurred, and in a short time would only admit a No. 4. An abscess subsequently formed in the perinæum, which, communicating with the urethra, gave rise to a fistula in perinæo, and from this time he was unable to pass any urine without the introduction of the catheter, with which he could fortunately relieve himself when necessary.

Upon examination, I found he had a tight stricture about half-an-inch in length, situated at the bulb of the urethra, through which, with some hesitation, a No. 4 catheter could be passed, the dilator was therefore introduced and the stricture split with the No. 12 tube, the urine being afterwards removed with the No. 12 catheter. In the evening he had a slight rigor and was obliged to pass his catheter as before. On the following morning he was quite comfortable, and could pass his water in a small stream.

On the second day from the operation I was enabled to introduce the No. 12 catheter without the slightest difficulty; his stream was much improved, and the periods of making water less; *he did not require to pass his catheter.* On the third day he expressed himself as quite freed from any difficulty, and that he could pass water as well as he ever had done. On the fourth day, finding he could insert a No. 12 catheter without difficulty, he returned to the country, making water with the greatest facility, and only requiring the use of the catheter to maintain the enlarged diameter of the urethra. I have since had a letter from Mr. Boyton, in which he states,—"G. has returned from town, and has called upon me to express his thankfulness to you for the relief he has now experienced. He can pass his water with comfort, and in a full stream, a thing he has not done for ten years. I passed a No. 10 to-day without any difficulty."

Case 3.—Mr. F., a patient of Mr. Brown's, of Stourport, consulted me for stricture of the urethra of twenty-five years' duration. He stated that twenty-five years since, while riding, he was thrown violently against the pommel of the saddle, bruising his perinæum, and suffering intense pain.

He did not pass blood, but within a fortnight of his accident he began to experience difficulty in making water, which so increased, that at the expiration of six weeks he had retention of urine, and was obliged to seek the assistance of a Surgeon, who with considerable difficulty passed a catheter and removed the contents of the bladder. The introduction of the instrument gave him so much pain that he could not be induced to remain under treatment, and for twenty-three years he continued to battle with the obstruction, until from making water in a small stream he was compelled to do so in drops, and at last was necessitated to place himself under the care of an eminent Provincial Surgeon, who was unable to pass any instrument into the bladder or to effect an entrance by the frequent application of the potassa fusa and argentum nitratum. He remained in about the same state for eighteen months longer, when I was consulted. Upon examination, I found a dense stricture situated about the bulb, which although the 00 silver catheter could be passed a small distance within the stricture, it would not permeate it. The catheter was kept gently pressing for half an hour, and was then withdrawn.

After the interval of a day the attempt was renewed with the same small catheter as before, and this time it was passed through the first stricture, but was arrested at a second at about the membranous part.

At his next visit I was enabled, after persevering for three-quarters of an hour, to coax the catheter into the bladder. A considerable quantity of offensive urine was removed, and the catheter was retained for an hour.

The fourth and fifth attempts at subsequent periods were, however, unsuccessful, the stricture was excessively irritable and bled when the slightest pressure was used, and the pain being very great, I deemed it advisable to allow him to return to the country until the urethra became more tranquil.

After ten days' interval he again consulted me, and I determined the examination should be conducted at his own house, so that in the event of my succeeding in introducing the catheter it might be retained, and the stricture sufficiently enlarged to admit the dilator. My first effort was an unsuccessful one, but on the following day I succeeded in passing the 00 catheter, this was fastened in and on the following day a No. 1 was substituted, and on the succeeding one the No. 1 was removed, the dilator introduced, and the stricture split with the No. 12 tube. The operation was performed without chloroform, and in the upright position, the pain was very trifling, and the hæmorrhage slight. On the following day he expressed himself as free from pain, he had passed a tranquil night without shivering or constitutional disturbance of any kind, and the urine was ejected in a small stream.

On the second day from the operation the No. 12 catheter was passed into the bladder without any difficulty. He continued to micturate in a small stream and less frequently than before the operation.

On the fourth day the passage of the catheter was repeated and he was in every respect improving. This treatment has been continued at varying intervals, and he has returned to the country, being now so far improved that he does not require to relieve himself more than from three to four times during the day and not at all during the night; his general health is much improved, and his Surgeon, Mr. Brown, writes me: "I write these few lines to tell you I have no difficulty in passing the No. 10 catheter. The absence of rigor is in this case somewhat remarkable, as after each application of the caustic he had violent shivering."

14, Savile-row.

(To be continued.)

CASE OF OVARIAN TUMOUR CURED BY TAPPING (?), AND FOLLOWED BY TWO PREGNANCIES.

By LOUIS R. COOKE, M.R.C.S.
Accoucheur to the Royal Pimlico Dispensary.

The particulars of the following case appear worth recording, because they tend to remove, in however small a degree, a disadvantage under which we approach the treatment of ovarian tumours.

There can be little doubt that the hopelessness of obtaining anything more than temporary relief from tapping, and the almost certainty of a speedy necessity for its repetition, which we are obliged to express to the patient, must operate prejudicially upon her, and even on ourselves, in sometimes leading us to avoid the conduct of an unsatisfactory class of cases.

Mrs. D., aged 28, became a widow soon after the birth of her third child, about the middle of the year 1858. Two months after the delivery she noticed a new abdominal tumour, which gradually increased (meeting with various erroneous diagnoses) until June, 1860, when it had attained a size sufficient to embarrass her respiration, and to cause her much distress, more especially as she was under an engagement to re-marry.

Under these circumstances, she applied to Mr. Spencer Wells, who diagnosed a simple ovarian cyst, and tapped her, removing 13½ pounds of a viscid fluid.

In July of the same year, finding no perceptible return of the disease, she married; and, in May, 1861, I attended her during the delivery of a perfectly healthy child. Her health has continued good up to the present time, and on her lately announcing her expectation that her next delivery will take place in the course of next month, I satisfied myself that her present condition is that of advanced pregnancy, and is not due to a re-filling of the old cyst.

These facts appear to confirm the justice, either of the theory that in simple ovarian cysts the mere operation of tapping is sometimes followed by adhesion of the cyst walls and gradual degeneration of the cyst itself, as borne out by other published cases; or, on the other hand (looking at the short time between the operation and the subsequent pregnancy), the practice adopted by Mr. Baker Brown of following the operation by pressure, with the view of obtaining the same results.

It appears quite possible that, on the one hand, the refilling of the cyst may have been retarded by the new direction given to the activity of the generative organs through the influence of the sound ovary; and on the other, that a slow refilling may have been taking place, coincidently with pregnancy, until the uterine tumour had acquired sufficient dimensions to exercise a pressure adequate to promoting absorption.

Practically, the case teaches, at any rate, this much, that, given an ordinarily favourable case for the use of the trocar—the additional facts of the patient having exhibited a recent aptitude for conception, being married, and being within the child-bearing period, may often constitute an inducement to us to perform the operation with some hope of putting a period to the disease.

35, Charlwood-street West, Belgrave-road.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,
AND BY
J. HUGHLINGS JACKSON, M.D.
Physician to the Metropolitan Free Hospital.

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GUY'S HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE ON TYPHUS FEVER.

Delivered by Dr. GULL, Physician to the Hospital, March 8, 1862.

The case, the subject of Dr. Gull's remarks, was one of typhus fever. The man was admitted into the Clinical Ward on February 3, and is now nearly well. It might be said that it was too late now to make this case the subject of a clinical lecture, but unfortunately it had an important connexion with other cases now in the wards.

This case, Dr. Gull said, although it had terminated in recovery, had, unfortunately, been the cause of deaths in two others, and of the illness of a third. Until very recently there had been very little typhus fever in the Hospital.

Many years ago this fever was very common, and was known generally as continued fever, or according to the circumstance which seemed to develope it, under the names of "Gaol Fever," "Camp Fever," "Famine Fever," or, from the more or less amount of rash, "Spotted Fever." It was the fever which was produced by famine, and it was now more or less prevalent in the West of Ireland, where there was great scarcity. It followed the track of large armies as a result of want of food and the hardships of war.

The patient, a man aged 28, was admitted into the Samaritan Ward on January 10, for a soft chancre. He remained otherwise well until January 26, when the first symptoms of fever appeared, and on the eighth day of the disease (February 3) he was transferred to Dr. Gull's care. He then had the mulberry rash, and purpuric spots on his arms, chest, and abdomen. His tongue was clean and dry, and tremulous. He had slight abdominal pain, but no diarrhœa. Urine, sp. gr. 1010, and contained albumen. The pulse in this case was 140; the respiration was not accurately noted, but was hurried.

On February 5, the eleventh day, a dark purple spot was observed on the abdomen, which gradually became larger,—an ecchymosis, or, as it is often called, a vibex. The urine was still albuminous. There was now subsultus, and the patient could scarcely speak, from the tremulousness of the tongue.

On the twelfth day the pulse had risen to 160; the nostrils dilated when he breathed. There was still no evidence of implication of the colon, nor of enlargement of the spleen. On the 15th his illness had reached its climax, and on the next day he was evidently better, and from this date he steadily improved, his pulse on the 16th being 100, on the 18th 88, and on the 21st 60. Correspondingly with this improvement in the pulse the general condition of the system improved. On the 21st the patient asked to get up.

Although this case terminated favourably, two of the patients who caught the disease from him died. One was a man, aged 55, who was admitted into the clinical ward for wasting of the muscles of the hands. A nurse also had caught it, and had died. A third patient who had taken it was now recovering from the disease. Of late, Dr. Gull said, typhus had exhibited a malignity equal to, or surpassing that of the Plague. The mortality was greater than he had ever seen in any former epidemic.

Referring again to the case, the subject of the Lecture, Dr. Gull said that the youth of the patient—he was 28 years of age—was favourable. Typhus was fatal in proportion to the advance of years, typhoid was more fatal in youth. In this case Dr. Gull directed especial attention to the rate of the pulse; at the worst stage of the fever, about the fifteenth day, it had been up to 160. It was rare for a patient to recover from typhus who had a pulse so rapid as this. The tendency of the typhus poison was to induce exhaustion of the heart and capillary blood-vessels. It was generally called a blood disease, but he said that it was doubtful whether it was not rather a manifestation of the direct effects of the poison on the nervous system. There is no reason, he said, to believe that the blood, as blood, is directly injured by the poison, and, in fact, all the important phenomena of typhus fever may be studied from the nervous system.

The rash of typhus was not a definite physiological process in the skin, running a certain course as in typhoid fever, unlike that of typhoid fever the mulberry rash of typhus was continuous, being at first merely spots of congestion, which giving way, constitute petechiæ or small capillary hæmorrhages. This rash was rather to be regarded as arising from previous exhaustion of the capillaries, leading often to rupture and effusion of blood, as petechiæ, and often, as in the case under discussion, the larger ecchymoses, so that really the large vibex mentioned as having formed on the abdomen was, Dr. Gull said, typical of the changes induced by typhus in the capillary circulation. The same changes no doubt also occurred in the viscera, viz., that the vessels lost their vital activity, and thus failed to convey the blood forwards, the tissues therefore were hyperæmic, and capillary hæmorrhage thence ensued. The lungs became gorged, and the urine, often as in this case, contained albumen. Blood and albumen were often found in the urine in typhus, and some regarded their presence as an effort of Nature to eliminate the poison. All these symptoms pointed to a universal exhaustion of the circulatory system from the heart to the capillaries. The typhus poison does not seem to produce any other changes in the tissue that are recognisible. After death nothing except such congestions are to be found. The subsultus and tremulousness of the tongue were equally symptoms of impaired nervous power; the patient might be able to protrude the tongue, but he could not easily keep it out steadily, the brain being too enfeebled to supply a continuous influence to the muscles. The dryness and brown colour of the tongue result from the muscles of the jaw failing to keep the mouth closed, the brown coating being due to particles of food and other accumulations on it, and not to any special exudation,—an appearance common in other states of like exhaustion.

In reference to the course of the fever, Dr. Gull said that it might be likened to an inverted curve. For instance, from the outset, day by day they get gradually worse, the pulse becoming more frequent and weak, the breathing more rapid, and the symptoms of exhaustion increasing. A point is at length reached when the symptoms as gradually improve. As the first stage represents the descent, the stage of recovery represents the corresponding ascent up to the plane of health. He stated that the lowest part of the curve was arrived at on the fifteenth day, the depth of the curve being best determined by the pulse and breathing. The idea of the cyclical course of a fever was of practical importance. It indicated that the disease had a definite physiological history, and that it would, in spite of interference, complete it; that the patient must, in the nature of the case, get worse up to a certain point; and that then, if he had sufficient vigour, he would as certainly begin to mend. To enable the patient to reach this point was the important aim of treatment. That there is a certain turn after which amendment begins, has not been sufficiently recognised in later times, and hence the improvement has often been ascribed to treatment, rather than recognised as a natural feature of the disease. A few years ago, Dr. Gull said, when he was investigating typhus fever as to the question of time, he had under his care a patient who was extremely ill with the disease, and further gradually gravitating downwards. He was strongly urged to treat her with wine and brandy. He felt so certain, however, that this gradual increase of the bad symptoms was but the natural progress to a crisis, which he felt convinced the patient had vigour enough to reach and bear, that he did not complicate the case by treatment with stimulants. He gave simply beef-tea, broths, and milk. The pulse advanced to 120, and for some hours to 130, but on the sixteenth day it began to fall, and the patient steadily improved. If, then, in this case, he had given stimulants, the recovery might have been attributed to this rather than to the natural course of the disease. The course of typhus, Dr. Gull said, was a very simple one, perhaps the most simple of any fever; in others it was often very complicated. When the lowest point was turned, there was in typhus but little trouble afterwards. The most necessary things in this disease were good hygiene and good nursing. If the patient can be kept alive for fifteen or sixteen days, he may be expected to recover, and is usually safe.

Although, Dr. Gull said, he believed firmly in the distinction of typhus and typhoid fever, he also believed that an advanced comparative pathology would show that they had a relation one to the other. In the present state of our knowledge, however, and for practical purposes, they are to be thought of as distinct diseases.

How does the patient get well? This is a question the answer to which bears on the therapeutics of the disease. Thus, some say that the patient gets well when he has eliminated the poison. If the typhus condition depended on the presence of a certain quantity of poison, it was difficult to believe that the patient could recover if he only recovered by eliminating it, for he was placed in just the same position for imbibing it as he was when exposed at first. Then it is just when the fever is most intense that the patient begins to improve. Though a typhus miasma emanates from the sick, there is no evidence that it is thrown off by elimination, leaving the body free of it; and now that it is eliminated, that it would not be re-absorbed. There is no reason, Dr. Gull said, for admitting that the poison was in less quantity in the body on the sixteenth day than on the day previous. The marked improvement about a certain day could not be accounted for on the elimination theory; it was plainly a result of living processes governed by time. He (Dr. Gull) could not believe in the theory of recovery by elimination. Whilst the patient was getting well, he was a source of infection to those around.

The common theory chiefly supported by the chemists is, that the poison of fever acts as a ferment in the system, inducing a peculiar zymosis, as it is called, whereby the fermentisible substance is destroyed, and coincidently the fever process ends, and the patient recovers, or, at least, has but to regain strength. In order to make this theory hold together, the chemists say that a person is born with certain substances in the body, as proved by the tendencies to various fevers,—*e.g.*, a something the fermentation of which by the scarlatinal poison results in the phenomena of scarlet fever, another something acting on which the rubeoloid poison produces measles, and so for all other fevers. The patient is no longer susceptible after having once had a fever, because all the special "fermentisible" material has been exhausted by an attack. Dr. Gull said that he could not accept this theory. He thinks that instead of the system getting rid of the poison, it has, on the contrary, assimilated itself to it, and thus become indifferent to it. The facts of acclimatisation are of an analogous kind; a person who goes to a new climate is subject, and soon suffers from the diseases peculiar to the climate, which diseases do not, or less frequently and to a much slighter degree, attack the natives. And further, that the person thus exposed, in time acquires an immunity from further trouble. Again, as regards poisons, it is well known that a person after a time may take a poison without harm, for instance opium, which would kill another person who was not used to it. Dr. Gull then made a mechanical diagram in illustration to show how mechanical forces are indifferent to each other when parallel, and went on to say that he believed the system became, as it were, acclimatised to the typhus poison.

WESTMINSTER HOSPITAL.

A CASE OF EMPYEMA IN WHICH THE OPERATION OF PARACENTESIS THORACIS WAS PERFORMED, FOLLOWED BY THE INSERTION OF A "DRAINAGE TUBE."

(Under the care of Dr. FINCHAM.)

THE following case was read by Dr. Fincham before the Western Medical and Surgical Society:—

The author, after alluding to the Paper by Dr. Goodfellow, published in the forty-second volume of the *Transactions* of the Medical and Chirurgical Society, gave the particulars of the above case:—

F. O., aged 17, whilst serving on board a Queen's ship in Cork Harbour, having been previously in excellent health, and whose family was free from phthisis, was suddenly seized on August 8, 1860, with symptoms of acute pleurisy on the right side. He was bled, blistered, and took pills, probably mercurial. After remaining on board under treatment for about six weeks, he was sent to London, and on the 26th of the following month he was admitted, under Dr. Fincham's care, into the Westminster Hospital. At this time he was somewhat emaciated; his face flushed; the skin warm and perspiring; his appetite fair; the urine high-coloured and free from albumen; the pulse 140; the respirations 40; his chief complaint was of shortness of breath, of cough, and of some palpitation of the heart. He expectorated a small quantity of colourless mucus. He lay habitually on the right side, his shoulders slightly raised, the effect of which was much soreness of the right hip; this interfered a good deal with his rest and sleep. As to the physical signs, when he lay on his back, the right side anteriorly was markedly resonant as low as the seventh rib; the same resonance extending backwards to a line corresponding with the anterior edge of the axillary region. Over the whole resonant space vesicular breathing was replaced by a loud metallic ring, accompanying inspiration, voice, and cough. Over the left side of the chest there was natural resonance, with coarse breathing. The heart could be seen and felt over a larger extent than natural, with its apex beating in the sixth intercostal space, about an inch to the left of the nipple. When the patient was made to sit up, and examined from behind, distinct enlargement of the right side was apparent both posteriorly and laterally, with diminished mobility of the ribs and slight bulging of the intercostal spaces. On measurement, it was found one and a-quarter inches larger than the left. On percussion, the infra-axillary and infra-scapular regions were completely dull, whilst the scapular and axillary, especially the former, were far more resonant than natural. Vocal fremitus was absent from the dull portion, and the breathing silent; whilst above, especially at the angle of the scapula, there was the same metallic ring as in front. There was, moreover, the most distinct splashing sound on succession, and the situation of resonance and dulness varied according to the posture of the patient. The abdomen was considerably distended, and dull on percussion on the right side as low as the umbilicus. The case was clearly one of air and fluid in the cavity of the right chest; the only obscurity about it being the source of the air. There was not the least indication of any communication with a bronchial tube in effect of ulceration, whether tubercular or otherwise, for no pus had at any time been spat up; nor was the air the result of decomposition, otherwise there would have been an escape of fetid gas or pus, or both, when the chest was opened; nothing, however, of the kind took place. It was conjectured by the author that the presence of air was occasioned by the rupture of an air-cell, possibly from coughing, and that the air escaped both into the cavity of the chest, and also into the cellular tissue generally. This conjecture was based upon the fact that a few days after his admission, distinct crepitation could be felt under the skin of the abdomen at a spot about an inch to the left of the umbilicus. As regards the progress of the case, the patient continued much the same for about three weeks, when the respiration and circulation became much more embarrassed. Mr. Hillman was, therefore, requested to puncture the chest in the sixth intercostal space, in the usual situation, the result being the evacuation of seven pints and a-half of thin pus without fœtor, to the manifest and immediate relief of the patient. The relief, however, was only temporary, and in about a fortnight the general symptoms were as urgent as before the operation, whilst the physical signs gave unequivocal evidence of the reaccumulation of fluid. Mr. Hillman was again requested to puncture the chest at the same spot, and subsequently to make a second opening and insert a "drainage tube." This was accordingly done; four pints of pus were evacuated from the first opening, a long iron eyed probe was then introduced, and passed downwards and backwards until its point could be felt in the eleventh intercostal space, about four inches from the spine. This was now cut down upon, and by its means a "drainage tube" was brought through the two openings and tied together in the way described in Dr. Goodfellow's paper.

The relief was found the next day to be very great. The pulse had fallen from 150 to 120; the right side of the abdomen had lost its fulness, and the heart's apex could now be felt beating in the fifth intercostal space, only half an inch to the left of the nipple; a large quantity of pus had drained away during the night. From this time the patient's recovery was uninterrupted; he had good nights, took his food well, and his countenance soon lost all distress; during the first three weeks after the insertion of the tube the discharge of pus was copious. At the end of this period the physical condition of the chest was as follows: There was a notable diminution in the size of the right side; it was generally resonant on percussion, and there was the same metallic ring with breathing, voice, and cough; there were, however, some irregular moist sounds, audible immediately below the clavicle. The respirations had now sunk to 32. He continued gradually to improve during the month of December, the side discharging freely during the time. He took quinine and nitro-muriatic acid, with a liberal allowance of meat, beer, and wine. His pulse fell to 104 when he was in the lying posture; it was 120 when he sat up; the respirations remained at 32. In the beginning of January the chest was carefully measured, and the right side was found to have notably shrunk. It was now (two inches above the nipple) 1⅜ inches less than the corresponding side; whilst two inches below the nipple it was one inch smaller. There was no change in the other physical signs, there was the same resonance, the same metallic sounds. In this way he went on during the months of January, February, and March, the side discharging moderately, and his general health day by day improving. He took cod-liver oil, but did not gain more than a few ounces in weight.

In the second week of April the physical signs were again noted. The right clavicle, the spine of the scapula, and the nipple, were half-an-inch higher than those of the opposite side. The side itself immediately below the nipple was 1¼ inches less than the left. There was marked flattening under the right clavicle, in which region, as low as the nipple there was moderate resonance with feeble vesicular breathing. Here, however, the old metallic ring was still audible. The heart's apex was beating in its proper place. There was also flattening of the posterior and lateral regions, with comparative immobility of the ribs. In these situations there was obscure resonance as low as the seventh rib, where hepatic dulness commenced; but there was no breathing audible, only the metallic sounds, although these, indeed, were less ringing. On the left side the breathing was loud and clear.

As it was important for the patient to have advantage of change of air, an admission was procured for him into the Hastings Infirmary. Here he remained during the months of May and June, spending the greater part of his time upon the beach, and taking no medicine. He returned, as far as aspect was concerned, in perfect health; he was ruddy, and free from all look of illness. He could walk several miles without fatigue, could run, and ascend stairs without inconvenience. His pulse was 72 when he was lying down, the respirations 28, and he had gained twelve pounds in weight. The side discharged through the openings about half-an-ounce of pus daily. With all this, however, there was but little change in the physical signs; indeed, with the exception of there being slightly less flattening under the clavicle, it could not be said that there was any. There certainly was no increased area of vesicular breathing, and no change in the size of the chest. Nor, indeed, had any change occurred up to the end of December, when he was last examined. His general health remained as good as on his return from the country, but the condition of the chest had not altered. The lung was evidently compressed and bound down to the upper part of the chest so firmly that more expansion cannot be anticipated. Much, however, has been achieved by the insertion of the tube and the prevention of all reaccumulation of pus. The liver has risen from below the level of the umbilicus, high up under the ribs; the lung has slightly expanded at its upper portion, and sufficient shrinking of the side has taken place notably to contract the original cavity. The constitutional effects, also, of the presence of a large quantity of pus have been avoided. Directions were given to the patient to wear the tube during the winter, in the hope that a still further diminution of the secreting surface would take place, and so allow of its removal.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

AMAUROSIS FROM WHITE ATROPHY OF THE OPTIC NERVES.

(Under the care of Mr. DIXON.)

The following case is a good example of a class which the ophthalmoscope has shown to be somewhat frequent. It is, however, of especial interest in reference to the therapeutics, as one of our most active remedies had a full and a fair trial. It is a clinical fact of much importance, that this form of amaurosis not unfrequently occurs in persons apparently in good health.

Rapidly Progressive Amaurosis in a Healthy Young Man—Prolonged Mercurial Treatment without Benefit—Ophthalmoscopic Examination Nine Months Afterwards—White Atrophy of the Optic Nerves.

John B., aged 22, a very healthy-looking young man, florid, well-grown, and of clear complexion, applied on January 6, 1861, being almost blind. He could just see a white sheet of paper, but not to distinguish letters of the largest type. Could see the window and distinguish the bars, but only "confusedly."

His account was that up to March last he had good sight. He was then engaged in close occupation as a clerk in the city, sitting at the desk all day. He noticed that he could not see the lines of his writing well, and within a fortnight of the first dimness he was unable to go on with his work, and at six weeks' end he could not make out the figures on his watch-face. He had no head symptoms whatever, except headache, a sort of darting pain at the back of the eyes through the forehead. His appetite was good, sleep sound, no excessive sleepiness, used to dream much, but this he had been always accustomed to. He had lived in London a year before the loss of his sight, having previously lived in the country. Within a fortnight of the commencement of symptoms he put himself under the care of Mr. Wharton Jones, who gave mercury and used blisters, the latter being kept open. He believes that he took mercury for four months (March to June), and in May was freely salivated. The salivation was kept up for for a month, but with no benefit.

He did not at any time notice any variations in his sight. The blindness steadily advanced. For four months he has been about as at present; not liable to cold feet, but occasionally to cramp, especially in the front of the legs; has been through life a total abstainer from all stimulants; used to smoke a little.

In boyhood, his mother says, he had several times attacks of illness (measles, fever, etc.), in which his head was affected, "was delirious;" but from these he quite recovered. He has an excellent memory, was always studious, and seems remarkably clear-headed. In boyhood he was always liable to nervous headache, but had not suffered much from them during the year preceding the loss of sight. The pupils were of little more than natural size, and both fairly movable on exposure to light, the right especially acted freely and quickly. On ophthalmoscopic examination, both optic discs were seen to be of a bluish-white colour, and destitute of small vessels; their margins were abrupt, and their state generally, quite typical of white atrophy. The larger trunks of the arteria centralis retinæ were somewhat diminished in size, but not extremely so, whilst the veins were large, and tinged with dark purple blood; the retina generally was rather velvety.

This case seems to afford an excellent illustration of white atrophy of the optic nerves coming on without any assignable cause, and without any co-existing symptoms of cerebral mischief; its course in the commencement was unusually rapid. Mercury was fully and judiciously tried, but without the smallest benefit. It is clear, from the state of the retinal vessels, that extreme diminution of the large arteries is not an early condition. The minute vessels of the optic nerve itself, those which give the pink tint to the optic disc, had wholly disappeared.

INK STAINS IN THE CORNEA.

(Under the care of Mr. DIXON.)

A young man applied on a Monday, on account of an injury to his eye received on the previous Friday. His left eye was slightly congested and irritable, and in the cornea, about a quarter of an inch from its outer margin, was a black spot, looking like a foreign body. He stated that in turning suddenly round a corner he had hurt his eye against the brim of the hat of a man whom he met. On examining the black spot before a good light, it still looked like a fragment of metal, although not quite so abruptly defined. On using the needle, however, nothing could be felt, and it was evident the corneal structure itself was discoloured. The man was now further questioned, and stated that he believed the man who ran against him had a pen behind his ear at the time, but he had no knowledge that the pen had injured his eye; this statement, which was only elicited after much questioning, cleared up the case. The black spot was doubtless an ink-stain; its colour was exactly that of ink. Mr. Dixon thought that at one point a minute cake of dried ink could be distinguished from the rest, and attempted to pick it out with a needle-spatula; no fragment of appreciable size could, however, be removed. The wound had all but perforated the cornea, the stain extending almost through its entire thickness. There was not the least opacity of the adjacent structure. A week later the irritation of the eye had subsided, but the spot remained as large as at first.

LOSS OF ONE EYE BY INJURY—SYMPATHETIC INFLAMMATION OF THE OTHER—BLINDNESS.

(Under the care of Mr. DIXON.)

The following case is very instructive in reference to the modern practice of removing lost eyeballs for fear of sympathetic irritation of the remaining organ; it proves, if proof were needed, that such fears are not groundless:—

George B., aged 21. Five years ago a piece of percussion-cap flew back and struck him in the right eye. He believes that a portion of the cap lodged in the eye. Within a week he was quite blind of that eye. The left continued perfectly sound for eighteen months, and then, as far as he remembers, painless, in twelve months was very slowly lost. Three years ago he was admitted into the Bristol Blind Asylum, and has remained there since as a hopeless case. He has some perception of light with the left, and can even discern the glitter of a bright object, as a silver spoon. The right eye is now much less than natural, the cornea opaque and collapsed, and the globe hard. No perception of light in right. The left,—the globe is a little softened; the pupil quite closed, with a glittering white cataract; the pupil adherent all round the iris, thinned, and of a yellow gum colour. He has not lately had attacks of pain in either globe.

ST. BARTHOLOMEW'S HOSPITAL.

STRICTURE OF THE URETHRA—RETENTION OF URINE—PUNCTURE OF THE BLADDER.

(Under the care of Mr. WORMALD and Mr. HOLDEN.)

[Reported by Mr. A. CATT, late House-Surgeon.]

J. C., aged 38, a healthy man, was admitted on May 17, 1861, for retention of urine of eighteen hours' duration. A Surgeon had introduced a catheter, but had not drawn off any urine. The patient had bled freely during the operation, which had caused him great pain. He had had symptoms of stricture two years, but had never had a previous attack of retention. He had been working hard and living freely.

A No. 9 catheter was cautiously introduced. It passed up to its hilt without effect, but no urine flowed. On passing the finger into the rectum, the point of the catheter could be felt rather to the right of, and in close contact with the wall of the bowel. On further investigation the stricture appeared to be in the bulbous portion, and the urethra had been lacerated at that spot, so that it was impossible to guide the point of the catheter against the stricture. The patient was placed in a warm bath, and ordered forty drops of liquor opii. The opium was repeated in an hour and a-half, after which he slept six hours. He passed some urine on waking, and after being purged by castor oil was completely relieved.

On the fifth day he persisted in returning to work, although he was warned as to the certain consequences. On May 29, eight days afterwards, he was admitted in the same state as before. No attempt was made to introduce a catheter. The treatment by opium in the form of suppository being again had recourse to. He was again temporarily relieved, but in four days retention again came on. This time warm baths, purgation, opium in sufficient doses to make him sleep failed. After he had endured twenty hours' retention, and being in the greatest agony, he was placed under the influence of chloroform, and Mr. Holden endeavoured to pass a small catheter. He failed after making a careful and persevering trial, in consequence of the close proximity to the stricture, and the false passage, it being impossible to prevent the catheter entering the latter. The bladder was, therefore, punctured on the plan recommended by Mr. Cock. Mr. Holden passed his finger into the rectum, guiding a long curved trocar on it, and pierced the bladder in the mesial line, just behind the prostate. Three pints of urine were drawn off. The canula was tied in. On recovering from the effects of the chloroform he declared that he was perfectly relieved. He was warned to suppress any effort to defecate. He slept well after the operation. The urine continued to flow freely through the canula for twenty-four hours, when, being unable to prevent the passage of fæces, the urine ceased to flow. It was found that the canula was lying in the rectum. It was withdrawn and the sequel awaited. The same evening he passed urine by the urethra. Eight days afterwards Mr. Wormald succeeded in passing a No. 8 catheter into his bladder. It was introduced at intervals, and the man left the Hospital quite cured.

The following having been sent in reference to a series of cases published recently in these Reports, we give it insertion here:—

CASE OF VERTICAL DISLOCATION OF THE PATELLA.

By EDMUND WILLIAM VALENTINE.

In the last Number of your Journal it is stated that but few cases of the above kind of dislocation are on record, and as the following occurred a short time since in my practice, I thought it might be interesting.

A gentleman, aged about 48, who has been subject to lateral displacements of the left patella on one or two previous occasions, in falling happened again to displace it. On examination I found the outer edge lying immediately under the skin, and its inner edge resting on the trochlea of the femur, where it was firmly wedged. After repeated and persevering attempts (without chloroform) by elevating the legs so as to relax the quadriceps, and applying considerable force to the raised edge, it was at length reduced. It was some time before the patient recovered, in consequence of inflammation of the vena saphena, which ultimately became quite obliterated.

Somerton, Somerset.

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Medical Times and Gazette.

SATURDAY, APRIL 5.

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DISEASED MEAT.

BRITISH ORNITHOLOGY does not include the vulture; the purlieus of London are not infested with dogs and jackals, like those of Eastern cities; and since the drift period, hyænas have formed no part of our fauna. The place and office of these useful removers of carrion are, amongst our civilised selves, discharged by the poor and their families. When a bullock or sheep exhibits symptoms of disease, the butcher is immediately sent for to relieve the owner of the death-stricken beast,—the natural termination of its malady is anticipated by a few hours, and its flesh is sold by the Saturday evening gas-light to the wife of the cachectic mechanic or hard-working navvy. For the last twelve years, the attention of the Profession and public have been forcibly drawn to the existence of this traffic; but, in spite of penal enactments, the efforts of Health Officers and Inspectors, and the warnings of the Medical Press, the trade still flourishes. In the year 1850, Mr. J. Harper enlightened the London public by declaring on oath, before the Smithfield Market Commissioners, that diseased meat, to an enormous extent, was purchased by the soup-shops, sausage-makers, the à-la-mode beef and meat-pie shops; that he had reason to believe that one soup-shop alone traded to the amount of five hundred pounds per week in meat of this character, and that anything in the shape of flesh could be sold at one penny per pound, or eightpence per stone. He added, that the London market was very extensively supplied with diseased meat from the country; that three Insurance Offices existed in London in which graziers could insure their beasts, and that it was the practice of one of these Offices to send the unsound animals dying from disease to their own slaughter-houses, situate a hundred and sixty miles from London, to be dressed and sent to the London market. "Cattle and sheep were insured against all kinds of diseases; and one of the conditions was, that the animals when dead became the property of the Insurance Company, the party insuring receiving two-thirds the value of the animal and one-third of the salvage, or, in other words, one-third of the amount the beast is sold for when dead."* Since that time pamphlets have been written, Committees have sat, Reports have been drawn up and published, and various efforts have been made to stop the traffic—and with what effect? On Tuesday, March 18, 1862, at the City Court of Sewers, Dr. Letheby stated that in the previous fortnight the City Officers had seized 4763 lbs. of meat unfit for human food, of which 3269 lbs. bore evidence of disease, 182 lbs. were putrid, and 1312 lbs. were from animals that had died from disease. When it is remembered that this collection of pathological specimens was proffered for sale in the City alone, it will be allowed that as yet but little inroad has been made on the evil.

The question, Whence comes the supply of diseased meat? has received some light from the investigations of Mr. John Gamgee, Principal of the New Veterinary College of Edinburgh. This gentleman has lately published in the *Edinburgh Veterinary Review* a paper on the health of stock, from which it appears that one large source of supply is to be found in the urban cow-houses. Of late years two forms of epizootic disease have been particularly rife amongst cattle,—one a contagious form of pleuro-pneumonia, the other an affection known as the "foot and mouth disease," in which eczema co-exists with an aphthous or diphtheritic condition of the mucous membrane of the mouth. Pleuro-pneumonia is at present in England by far the most fatal of all maladies amongst ruminant stock, whilst affections of the stomach and bowels cause the death of the greatest number of horses. The evidence Mr. Gamgee collected amongst the London dairy-keepers amounts to this, that within the last few years cows in every dairy in the city have been affected with pleuro-pneumonia, and that in every case the diseased beasts have been disposed of to the butchers. One dairyman asserted that "thousands of animals have been sold to the butchers by the cow-feeders of London, in all stages of the disease." But it must not be supposed that the Londoners are solely indebted to the dairy-keepers for bad meat as well as for bad milk. In most of the grazing districts of the Island the contagious lung disease has spread, following in a remarkable manner the lines of bovine intercourse, and the universal testimony of Veterinary Practitioners is, that as soon as an animal, be it sheep or ox, shows any sign of the malady, it is immediately slaughtered, and its carcase is sent to London or one of the great towns. At the same time, it would seem that the affection has been particularly rife and severe amongst London dairy stock, partly in consequence of exposure to contagion at market, and partly—at least, in some instances—from the favouring influences of crowded, ill-ventilated, and filthy cow-sheds. It must be acknowledged, that if the amount of diseased meat seized by the Inspectors employed under the various Health Officers in the Metropolis be contrasted with the huge mountains of flesh represented by the 483,388 bullocks, the 2,140,393 sheep, the 132,976 calves, and the 159,052 pigs, which Dr. Wynter calculates are yearly consumed in the Metropolis, the proportion sinks into very small dimensions. But, be it remembered that the meat so seized represents but a fraction of the morbid material consumed. A large quantity goes at once, doubtless, to the sausage and soup makers, and for that which attracts the notice of the Officers, a much greater amount passes unobserved. If it were not so, the trade would, perforce, long since have ceased, for it would have been no longer remunerative. Seizures are not made in doubtful or slightly marked cases. Dr. Letheby's description of a sheep slaughtered in a state of acute disease, which Messrs. Bonser and Son, of Newgate Market, contended was fit for food, furnishes at once a telling example of the condition of a carcase exposed for sale, and of the audacity of dealers. In this case, he says, "the meat was not only diseased and unsound, but from the circumstance that the animal had been killed while in a state of high fever, from acute inflammation of the lungs and pleura, it was manifestly unfit for human food. The conclusion was derived, not merely from the fact that there was pleuritic adhesion between the lungs and chest—for these alone are but of small importance, and are never regarded as serious signs when they are of old standing. It is rare, indeed, to find an animal entirely free from them, although its flesh may be in the soundest condition; they are, in fact, the signs of disease which has passed away. In the present case, however, the whole of the walls of the chest were covered with recently effused lymph, which was hanging upon them in pulpy shreds. The pleura was in a state of active inflammation; and the animal at the time of its death was suffering from acute pleuro-pneumonia. The whole system, therefore, must have participated in the disease, and have been affected with the concomitant fever." In the same Report Dr. Letheby mentions an instance which occurred at Kingsland in 1860, where sixty-four persons were seized with all the symptoms of irritant poisoning, and one died, from eating some sausages made from the flesh of a lean cow sent to the butcher from one of the London cow-houses.

A safeguard against similar occurrences might, we believe, be found in the abolition of private slaughter-houses. We trust that these nuisances are already doomed. If *abattoirs* were constantly open for public inspection, and if no animal were allowed to be privately killed and dressed, the traffic in diseased meat would soon sink within insignificant limits. But the reform must not be confined to a few large towns. To insure the salutary effects of publicity, private slaughter-houses must be prohibited throughout the length and breadth of the land. In the meantime, we believe that if the public would exercise carefully their senses of smell, sight, and touch, when choosing at the butcher's, little harm would be done. Meat, unfitted for food by disease, has not the colour of healthy flesh; it is either too dingy or too bright. It has a sour, sickly smell, it is soft and flabby, the muscle is wet, and the cellular tissue œdematous. Absence of fat, and especially of suet about the kidneys, is always suspicious. No previous history is needed in the case of a ruddy, fresh-smelling, firm, fat joint. Although slight traces of disease may exist in some of the internal organs, it would be contrary to common experience to say that such a joint was unwholesome. It appears that even the contagious pleuro-pneumonia may exist in a latent form, without affecting the outward appearance or general nutrition of the animal. The disease has a considerable period of incubation—it is said about forty days,—and the experience of dairies shows that it most usually declares itself about the period of *œstrum*. It has lately become the practice with London cow-keepers to inoculate cows freshly imported from the market, where they may have been exposed to contagion; and rightly or wrongly, a firm belief is entertained that immunity is thus conferred. The operation is performed on the tail with matter taken from the lung of an affected animal; some local inflammatory action is produced, but the general health of the cow remains unaffected. We happen to know that in one of the most important of our West-end districts a dairyman has four cows now undergoing the effects of the operation. The most curious part of the story is, that the matter was obtained from a first-rate butcher, a tradesman whose character places him far above the imputation of knowingly purchasing diseased meat. It was furnished from the lungs of a well-fed ox, whose outward appearance had afforded no suspicion of infection; in fact, the morbid condition was not discovered until the animal was slaughtered. We do not suppose that the aristocratic customers of the butcher were regaled with the ribs and sirloins of the said ox, but that some persons ate them there is little doubt. A friend of ours, in conversation with a well-known purveyor, once put the question, whether he ever sold meat of any animal exhibiting traces of disease to his customers? "Oh dear no, Sir," was the reply, "I should be very sorry to act so by the public: if anything wrong is discovered, I always send it to Newgate Market."

THE WEEK.

DEATHS FROM DESTITUTION.

Three deaths from destitution in the streets of London are reported in the *Times* of last Saturday. One case was that of a woman, unknown, who was found dying in Osborn-street, near Whitechapel Church. She was unable to articulate when found, and on the arrival of Mr. Comley, the Divisional Surgeon of Police, life was extinct. The body was much emaciated, and the stomach was found to be quite empty. The Coroner's jury returned a verdict of "Death from disease of the lungs, brought on by distress and exposure to the night-air." The other two cases were both of aged people. One was a beggar-woman, aged seventy, who was discovered lying on the pavement in front of a lodging-house in Spitalfields. She was taken to the London Hospital, but died before her arrival. The other was an old man who had been a pocket-book maker, he was found insensible in William-street, Shoreditch, at half-past two on the morning of March 20. He was taken to the Workhouse, where he was attended by Mr. Clark, the Parish Surgeon; but he never rallied, and died soon after admission. In both instances, destitution and cold were evidently the causes of death, and the jury returned a verdict to that effect. Sad as these cases are, they cannot be ascribed either to a lack of public or private charity, or to mismanagement or faulty working in the Poor-Laws. Could the chain of causes which led to them be traced, they would doubtless fall under the category of failure in the battle of life, neglect to make provision for age, simple repugnance to entering the Workhouse, starvation, and broken-heart. Evidence they certainly give of an enormous mass of unknown misfortune underlying our vaunted civilisation.

ACTIONS AGAINST THE LONDON AND BRIGHTON RAILWAY COMPANY.

Fifteen actions against this Company, arising out of a collision between two trains in the Clayton Tunnel, in August, 1861, were decided last week. The total amount of damages awarded to the plaintiffs has been £6168. In the first case, a naturalist and bird-stuffer, named Swaysland, claimed damages for injuries to himself and wife. The plaintiff had suffered from concussion of the spine, from which he had not yet recovered. Mr. Travers, Mr. J. Adams, Dr. Burrowes, and Dr. Ormerod, gave evidence in support of the plaintiff's claim; damages £1000. The next was that of a pork-butcher, named Williamson; he received £250 for an injury to the arm. The third was that of a brother of the last-named plaintiff. In this case concussion of the spine was the alleged injury. Mr. Burrows, Mr. Marshall, and Dr. Jones were called on the part of the plaintiff; Mr. Adams on that of the defendants. The Company had paid £400 into Court, which was considered by the plaintiff insufficient. Verdict for the defendants. In the fourth case, the widow of a bricklayer received £225 to compensate herself and children for the loss of her husband. The next was a case of an upholsterer who had been deprived of an eye, and whose wife also had sustained injuries; damages £628. The next case was that of a man who had received an injury to his ankle in jumping out of the carriage in order to save himself; the Company consented to pay £80. A shoemaker, named Barnard, received £360 in compensation for the death of an aged wife. A family of nine children were awarded £1050 for the loss of their father, who was a clerk to a wine merchant, earning £1 10s. a week. A builder, who had lost his wife, brought two actions, one on behalf of his children for the loss of their mother, the other for injuries sustained by himself. Damages in the former action £150, in the latter, £350. A bird-fancier, named Hughes, received £500 for injuries to himself and wife. The widow of a collector of taxes, killed in the accident, obtained £550. A livery-stable keeper, who had sustained a concussion, was consoled by £175; and to the widow of a dealer in stuffed birds, who had lost her husband, the Company awarded £450. Of the precise injuries in most of these cases no account has appeared, as they were settled out of Court. More than twenty persons were killed by this collision, and a great number injured.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Lee, in his third and concluding Lecture, stated that the bladder is supplied with nerves in precisely the same manner as the œsophagus; that here, as in other cases, the supply is increased when the organ is hypertrophied; and that the plates given by Tiedemann, of the nerves of the bladder, do not agree with the results of his own dissections. He considers that the pair of large ganglia asserted by him to exist on the neck of the uterus, are the centres of nervous power for all the pelvic viscera, and send branches to the ganglia on the posterior roots of the adjacent spinal nerves. In the male large masses of nerves surrounding the ureters correspond with the uterine ganglia of the female. The uterus is supplied from two sources, one being the nerves which come down with the spermatic arteries from the renal ganglia to the ovaries and angles of the uterus; the other, the before-mentioned great ganglia of the neck, which are connected by two hypogastric nerves with the great sympathetic. Dr. Lee took occasion to denounce, in the strongest terms, the practice of interfering with tissues so important and so largely supplied with nerves, by bougies, cauteries, or the knife. He also controverted the statement of Sir C. Bell, that no motor nerve ever passes through a ganglion; saying that no statement was ever more unfounded, for that the nerves which he has now been demonstrating are motor nerves, and that they all pass through ganglia.

Dr. Williams commenced, on Friday last, a course of three (Lumleian) Lectures on the "Successes and Failures of Medicine." He exhibited diagrams in which the objects aimed at, and the amount of success obtained, were set out in the following manner:—The Objects of Medicine were divided into (*A*) Preliminary, consisting of diagnosis, in which are included (1) the detection, and (2) the distinction, of disease; and (*B*) Final, embracing two major heads, namely, (*a*) the cure, and (*b*) the prevention, of disease, the accomplishment of either of which constitutes a major success; and five minor heads,—(*c*) the mitigation, and (*d*) the retardation, of disease; (*e*) the prolongation, and (*f*) the utilisation, of life; and (*g*) the alleviation of suffering: from which five only a minor, though still a vastly important degree of success can be gained. The Failures of Medicine are classified in this manner. They may, in the first place, be due to the overwhelming nature of the disease, and their causes may be (*A*) Structural, that is to say, owing to (*a*) the extent, or (*b*) the vitality of the part involved; or to (*c*) the malignancy, or (*d*) the destructiveness of the disease. Or the causes may be (*B*) Functional, having reference to (*e*) the intensity and duration of the disease, or (*f*) the vitality of the organ affected, or (*g*) syncope, (*h*) shock, (*k*) tetanus and other accidents. Or medicine may be defeated by (*C*) Blood-poisoning, either from (*l*) the overwhelming strength of the poison, or (*m*) defective powers of resistance and elimination. Or the failures may belong properly to the Physician, and may arise from error in (*a*) diagnosis, or (*b*) prognosis, or (*c*) therapeutics; which last may be divided into drugs, diet, and regimen of body and mind. Dr. Williams first spoke of those diseases which are still beyond our grasp: the black catalogue is unfortunately only too familiar to us all. To these must be added cases of common disease which have become too rampant for the powers of medicine to control. In the latter class, however, and even in some of the former, though the disease when fully established is uncontrollable, it may possibly be nipped in the bud if attacked early enough. In going through the classified objects of medicine, the Lecturer stated the detection and distinction of disease to be entirely different from each other, though equally necessary. The detection of the existence of disease of course speaks for itself; by distinction is meant the estimation of the disease in relation to others which may co-exist with it, and in relation to the amount of health remaining, and the circumstances likely to assist or retard recovery. Scientific prognosis must depend on this kind of calculation and valuation, and not on any empirical method. Acute diseases are those which furnish the greater proportion of complete or major success; but they usually fall to the lot of those who happen to be on the spot when the attack occurs, and do not often come under the notice of the Consulting Physician. In by far the greater number of cases we have to be content with the minor degree of success, and probably may look for a greater amount of gratitude from this than from the other. Life is more precious in proportion as there is a probability of losing it, and with reference to suffering the present entirely eclipses the future in the patient's view. When a man, for example, is incautiously told that he has a fatal disease of the heart, or when he has suffered from hæmoptysis, and imagines himself almost at the point of death, the Physician who relieves his immediate symptoms, and makes him think of his chances of living instead of his chances of dying, appears to him in the light of a benefactor and preserver, and as such deserving of the highest gratitude. It is difficult for any Physician who sees a large number of cases to trace out the results of any considerable part of them. Dr. Williams has adopted the plan of keeping a small note of almost every case, and now has nearly 24,000 such notes for reference. He proposes to give in these Lectures a few sketches of the results of treatment in well-marked cases, selecting them from the period between 1849 and 1855. He intends to speak of pneumonia and pleuropneumonia, pulmonary abscess, dilated bronchi, asthma, emphysema, hæmoptysis, phthisis, and diseases of the heart, liver, and kidneys. He considers pneumonia to be not merely a local inflammation, but a blood-disease; an affection of the vascular tissue of the lesser circulation mutually acting on the composition of the fluid, and being produced by causes which act on that composition; such, for example, as the rattlesnake's bite, phosphorus, or arsenic. Fevers, asphyxia, or long-continued exposure to cold and night-air, also act on the entire frame, and produce pneumonia. The suppression of the chlorides and sulphates in the urine, and their appearance in the lungs, tend to confirm this view. As regards treatment, Dr. Williams strongly recommends in the first stage blood-letting and tartarised antimony, in doses of one-eighth to half a grain; of course, provided that the state of the patient permits these measures. He also thinks saline diuretics very useful in favouring the elimination of the peccant matters by the urine. When solidification has commenced, leeches, blisters, and mercury are the remedies which he advises, the last being used as a cholagogue. Whenever the circulation flags, stimulants are to be used. Dr. Williams found time to relate one or two cases illustrating these modes of treatment. In speaking of preventive medicine, he claimed for it that high place in public estimation which it has fairly earned, and adduced the statistics of Miss Nightingale and Dr. Farre to show the vast decrease of mortality which has already taken place in our army, chiefly in consequence of the noble exertions of the late Lord Herbert. He also strongly censured the removal of Dr. Jenner's statue from the neighbouring square, and spoke in severe terms of the ignorance and caprices of the so-called upper classes, who, while they ignore the claims of science on their gratitude, run eagerly after the absurdities of Homœopathy or the transparent impostures of the last new mountebank.

MONUMENT TO PRINCE ALBERT.

The Prince well deserves a monument; but there seems to be a little hesitation in the public mind at the expenditure of fifty or sixty thousand pounds on a mere obelisk, and on putting this into a situation where it will with difficulty be visible. The lurking feeling of the public is shown, from time to time, in favour of a monument which shall have somewhat of a utilitarian character, and shall cause succeeding generations to bless the memory of a Prince in whose name some great public work shall have been executed. It would be difficult to name any good work of which the Prince was not a promoter, and a specimen of which might not with consistency be consecrated to his memory. The Suffolk people propose a Public School for the Middle Classes; other towns talk of Hospitals, Athenæums, or Public Parks, with each of which some distinguishing monumental object, such as a statue, may be combined. We would propose to imitate that one good work by which George the Fourth lives in our memories, and to improve upon it. If any one desires to know what the West-end of London was before Regent-street was built, let him imagine that broad area obliterated, and covered with the same sort of dark, crooked, dingy streets as now occupy the purlieus of Golden-square. But there were two errors in the construction of Regent-street; it was destined solely for the comfort of the luxurious classes, and it hides all the working men's habitations on each side of it, and shuts them out from light and air. In order worthily to commemorate the Prince Consort, let us have an Albert-street, or Albert-avenue. Let it go from Trafalgar-square, along the line of the present Princes-street and Wardour-street, to the Marylebone-road; or prolong the Haymarket northward, make a broad tree-planted boulevard, let the edifices on either side be detached blocks of model dwellings for the working man, with shops on the ground floor, and let them be well spaced out, so that the sun, even on a winter's day at noon, may be able to penetrate into the dark masses of habitations on either side. To commemorate Mr. Peabody, and utilise his gift, prolong Broad-street, Golden-square, to Regent-street in the West, and to St. Giles's Church in the East, and build on either side similar artisan's dwellings. It is admitted on all hands, that the portions of London which we have indicated are crowded by an industrious population, living under conditions which render decency and the healthy rearing of children impossible. The dwellings, too, are old, decayed, and undermined, and it is virtually impossible to render them wholesome by any repairs or improvements. They require, therefore, to be razed, and the ground under them excavated and made sound, and new buildings to be constructed. The excuse made for not interfering with the dwellings of the working classes is, that in this, as in other cases, supply and demand ought to be left to themselves. This would be sound philosophy if land were, like cotton or sugar, a thing which human industry can create. But, seeing that land is, by its nature, limited, and that every man who abuses his rights of property by permitting a horde of squalid human beings to be harboured in unwholesome dwellings is, in reality, robbing his neighbours, and casting burdens on them, it seems to us, not only no violation of political economy, but the very essence of it, to interfere and obtain for the poor those healthy homes which they cannot obtain by their own efforts. Some letters by Sir Thomas Hare in the *Times* are treating of this matter, and we hope will cause something to be done.

Test for Caffein.—Schwarzenbach gives the following test by which the caffein extracted from a single coffee bean may be recognised. The caffein is evaporated to dryness with some chlorine water, by which means a purple red residue is obtained. This, when strongly heated, changes to a golden yellow colour, but after cooling, ammonia will instantly restore the purple red.

REVIEWS.

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Du Mexique au Point de Vue de son Influence sur la Vie de l'Homme. Par D. JOURDANET, Docteur en Médecine des Facultés de Paris et de Mexico. Pp. 400. Paris : Baillière, 1861.

(*Mexico viewed in Relation to its Influence on the Life of Man.* By Dr. JOURDANET, etc.)

THIS work, which is founded upon the experience of nineteen years passed amid the active duties of Professional life in various parts of Mexico, possesses an interest of a more than usual kind at the present moment, when the hopeless anarchy and chronic misgovernment of that unhappy country have at length necessitated a foreign intervention, which it is to be hoped will carry the blessings of a permanent peace to its distracted shores The welfare of the English complement of the army of deliverance in regions whose vicissitudes of climate are greater than those of any other portion of the globe, and with whose special pathology we can hardly be said to be particularly well acquainted, demands a hearty welcome from this country, at least, to any contribution to our knowledge on so practically important a subject. But apart from the ephemeral reason for notice, which it may on this ground be entitled to claim, M. Jourdanet's work is deserving of the attentive perusal of everyone who desires to study the varying influences of physical conditions upon the production and maintenance of disease, or to check by the aid of observations made under the most favourable circumstances which the American continent can supply, the too-often hasty and imperfect inferences which have been drawn from a less intensely antagonised state of things on this side of the Atlantic. It is hardly possible to conceive a region more pregnant with interest to the Medical observer than that which within less than ten degrees of latitude and longitude offers every variety of climate. from torrid to frigid; every modification of soil, from the arid volcanic wastes of the great plateau of Ana-hu-ac to the pestilentially luxuriant vegetation of Tabasco; and where the human race may be contemplated under the graduated influence of a habitation that extends from the sea level to a height of upwards of 7000 feet.

Although from the title of the work it might be supposed that its contents referred to Mexico generally, the observations of M. Jourdanet were in reality confined to the extreme southern portion of the Republic, consisting of the provinces of Mexico, Puebla, Vera Cruz, Tabasco, and Yucatan. The topographical variety by which, however, even this limited area is characterised, is so great as practically to include almost all the possible conditions under which man can be placed in relation to soil and climate. Thus, on the shores of the Mexican Gulf we have in Yucatan and Tabasco illustrations of a tropical sun acting in the one case on an arid and calcareous soil, under an atmosphere whose excessive dryness renders both animal and vegetable life a perpetual struggle against its blasting influence ; and, in the other, on a vast extent of alluvial deposit, penetrated, in all directions, by rivers which are constantly liable to overflow their beds, with a rank and luxuriant vegetation, and an atmosphere saturated with humidity and with the miasmatic emanations which are the natural accompaniments of these conditions. Proceeding inland, and ascending the slopes of the Cordilleras, we enter a region (Jalapa) in which all the charms of a tropical and a temperate climate are combined; where the palms and ferns of the former, grow side by side with the oaks and grasses of the latter. Beyond this is the inhospitable volcanic plain of Ana-hu-ac, before referred to ; and, still higher. the grand plateau on which is situated the city of Mexico, at a height of 7400 feet ; whilst higher still by 1000 feet are the rich mines of Pachuca, the Real del Monte, and other localities, from which flows the rich stream that has desolated Mexico and fertilized the world.

In the city of Mexico itself, the atmosphere loses one-fourth of the pressure which it exercises at the level of the sea, and the effect of this diminution of volume is such that, taking the number of inspirations in both localities at 16 per minute, a man would inspire upwards of 500 grains of oxygen less per hour in the former than in the latter Nor, as is commonly supposed, is this deficiency in the quality of the air inspired compensated by any increase in the activity of the respiratory functions. The rarefaction of the atmosphere induces a general apathy of the muscular system, which re-acts upon the respiration to such an extent, that M. Jourdanet asserts that the inhabitants of these elevated regions respire even less frequently than those who live at the level of the sea. The diminished inhalation of oxygen must necessarily affect the activity of all the animal functions, and especially that of the process by which the heat of the body is maintained. Hence, M. Jourdanet observes that persons in a state of repose become cold with great rapidity, this tendency to refrigeration being greatly promoted by the natural coolness of the atmosphere, resulting from the increased capacity for heat caused by its rarefaction and by the rapidity with which evaporation takes place. Such are the paradoxical conditions under which exist a population of 650,000 inhabitants,—a sun whose brilliancy equals that of the most ardent regions of the tropic zone ; and an atmosphere which in the shade always communicates a sensation of cold ; in which the barometer stands at 21 inches, and water boils at 195° Fahrenheit. The pathological effects which result from them are no less unique. One word expresses the general tendency to disease in these elevated plains, whatever may be the form it assumes, and that word is *adynamia*. The diminished activity of the respiratory functions, and the general depression of the vital energies to which it leads, find their pathological expression in those disturbances of the organism which are indicative of *want of tone.* Sthenic inflammation is very rare; even affections, which with us so frequently exhibit the evidences of marked physiological tension, such as pneumonia and pleurisy, there assume rapidly a typhoid type. Typhoid fever itself is, indeed, very seldom met with, but epidemics of typhus are far from being uncommon. Nor does the prevalence of febrile complications, which characterises this part of Mexico, appear to be due to any particular neglect of hygienic precautions, the little town of Puebla, which is a model of cleanliness, being often ravaged by the worst forms of typhus.

Of all the acute diseases to which the inhabitant of Upper Mexico is liable, pneumonia is, at the same time, the most frequent and the most fatal. This frequency appears to be due mainly to the operation of the refrigerating influences to which we have alluded above, and to the habitual carelessness in adopting proper clothing which the brilliancy of sun and sky induces. In spite, however, of the rapid tendency to assume an adynamic type which the disease exhibits, bleeding and tartar emetic are the sheet anchors of treatment, quinine being resorted to only when typhoid symptoms have fairly set in, and wine more rarely still. The only other inflammatory affection which is at all frequent is pharyngitis, excited by the dry and irritating nature of the atmosphere and the increased salivation which it provokes. So common is this affection, that lyric artists who visit for the first time the theatre of Mexico are often incapacitated by it from pursuing their avocation.

One of the most interesting portions of M. Jourdanet's work is that which establishes the rarity of pulmonary phthisis in these high regions. The evidence which the author adduces proves beyond doubt that the atmospheric conditions of these localities are not only unfavourable to its development among the native inhabitants, but that they also tend uniformly to arrest its progress in emigrants from other and lower parts. In strong contrast with this immunity, which is enjoyed by the elevated plains, is the fact that at a few leagues' distance on the coast of Yucatan phthisis is the most frequent of diseases, and its course is marked by a rapidity which is almost unknown in temperate climes. While, to add to the singular features which the etiology of this affection exhibits, on the neighbouring shores of Tabasco, where intermittent fever is so terribly fatal, that the opening of the soil brings to the white man almost certain death, pulmonary tuberculosis is unknown.

We regret that our limits prevent our entering upon the explanation which M. Jourdanet offers of these curious facts. Although not altogether free from objections, it is in many respects in accordance with the most advanced views of modern pathology, and illustrative of many obscure points in the history of the disease. Nor can we do more than mention a few of the various subjects of interest, with regard to which M. Jourdanet's experience enables him to communicate new and valuable information, such as the difficulty with which strangers become acclimatized in Upper Mexico ; the peculiar influences of the rarefied atmosphere of this region on the physique of the native and foreign inhabitants ; the antagonism between phthisis and intermittent fever; the relations of yellow and other forms of continued fever ; and the value of the climate of Upper Mexico in a therapeutic point of view.

The opinion of M. Jourdanet, that this part of Mexico offers advantages for the residence of phthisical patients superior to those of any other country in the world must, until confirmed by further evidence, remain open to doubt. That it does, however, in a large number of cases exercise a very beneficial influence on this disease is highly probable; and although in the present unsettled state of the country we fear that it is not likely to be very popular as a resort for consumptives, we shall be glad to receive the Handbook for intending visitors which M. Jourdanet promises speedily to issue, in the hope that better times will soon render it available.

We consider his present work an important contribution to the science of Medical Climatology, and especially to that department of it which has been hitherto represented almost exclusively by M. Lombard's "Climats des Montagnes." Its value would, however, be increased by the addition of a series of meteorological tables which if M. Jourdanet does not himself possess, he would probably have no great difficulty in obtaining from reliable authorities in Mexico. We trust, too, that in any subsequent editions he will correct such blemishes as "dotynenterie," "flegmoneux," "phthysie," "oxigene," "hepathique," and some others by which his otherwise well-written book is disfigured.

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

ON SORE NIPPLES.

By Dr. BARKER.

Dr. Barker observes that this term includes a variety of pathological conditions which have not been sufficiently specified by the authors of the numerous remedies which have been recommended in sore nipples. The following is the treatment he has found best suited for these various conditions: 1. *Erosion* of the nipple, or when more extensive *excoriation* is produced by the exposure of the dermis on the removal of the epidermis by the act of sucking. Sometimes little vesicles are formed which become broken, and the scabs which form are detached, constituting what is called *chapped nipple*. From this results entire destruction of the dermis, and exquisitely painful *ulceration*. If the case is seen early enough, and properly treated, the nurse and patient scrupulously following directions, ulceration may always be prevented. In early excoriation, after suckling, the nipple should be carefully dried with soft linen, and then painted over with tinct. benzoin co. three or four times, leaving an interval of a minute or two for each application to dry. This forms an artificial cuticle, which should be renewed after each sucking; and whenever the child will suckle through it, a shield should always be used, care being taken that its base is sufficiently large and elastic not to strangulate the nipple. If ulceration has commenced, at once stop sucking from that nipple. This is absolutely necessary, and the sooner it is done, the sooner will the nipple be healed. Sometimes nursing has not to be suspended for more than twenty-four or thirty-six hours. The breast must be emptied by gentle rubbing only, which can only be done by tact and perseverance, ten minutes being sometimes required to get the first few drops. Then paint over the ulcerated surface twice a-day with a solution of nitrate of silver (gr. x. ad. oz.), and keep it covered with carbonate of magnesia, or, what is better still, calomel. 2. *Fissure or Crack.*—This at the base of the nipple causes intense suffering, and it is sometimes so small that it can only be seen in a good light by bending the nipple over to the opposite side. The bottom of the fissure should be pencilled with a very fine point of solid nitrate of silver, and then covered with collodion. If not associated with the foregoing form of sore nipple or with inflammation, the fissure may be thus speedily cured. 3. *Inflammation of the Nipple.*—This is sometimes a cause, and at others a consequence, of the preceding conditions, and the inflammation frequently extends to the areola. The nipple is conical, red, swollen, and excessively painful. Apply a soft bread and milk poultice for a few hours, and then keep it covered with one or two thicknesses of linen wet in a weak lead lotion (liq. plumb. diacet. 1 oz., aq. rosar, 3 oz). After the inflammation is so far subdued that nursing can be borne without much pain, the following lotion may be substituted for the lead:—Aq. ros., glycerin, āā, ʒij.; acid. tannic., ʒij. Either of the above forms of sore nipple may be associated, or the three may exist together, and then the treatment must be modified or combined according to the indication. 4. *Eczema of the Nipple* is rarely met with, as Dr. Barker has only seen six cases. Velpeau's ointment, which he states he has never known fail, was also successful in some of Dr. Barker's cases. It is—Ung. aq. rosar., ℥j.; mag. carbon, ℈ij.; hydr. chlor. nitr., ʒj. It requires to be very thoroughly mixed, or it will be lumpy.—*American Medical Times*, 1862, No. 7.

ON A CASE OF SPONTANEOUS TETANUS.

By Professor WUNDERLICH.

Professor Wunderlich relates an interesting case of "spontaneous" tetanus occurring in the person of a butcher, aged 29, who came under his care at the Leipsig Hospital on the 24th July last. Two days before, the man had been seized with stiffness and paroxysmal pain in the lower limbs and spine, together with so forcible a closure of the jaws as to render the reception of food impossible. The lower extremities on his admission was found to be only moderately rigid, but they were excessively sensitive to the slightest touch, which also at once increased their rigidity. The respiration was tranquil (24), and the pulse 96. The urine was expelled in small quantities, and with difficulty. Morphia was prescribed in doses of ⅛th grain every three hours. He obtained no sleep, and, as he had done on previous nights, bit his tongue. In the course of the 25th he had several severe attacks of contraction of the muscles of the jaws and limbs, but was somewhat relieved by chloroform inhalations and frictions. Another bad night was passed, but on the 26th some relaxation of the rigidity of the muscles took place; but this apparent amendment was soon afterwards followed by delirium, and the patient died on the evening of the 26th. At the autopsy, the putrefactive smell was very striking. Nothing abnormal was found in any of the viscera, the only thing remarkable being the quantity of air in the veins of the brain, which was due to the putrefactive process. On opening the spinal canal, however, the spinal plexus was found, and, especially at its lowest parts, distended with blood. There were no exsudations. The upper part of the cervical portion of the cord, and about an inch in length of the dorsal portion, appeared softer than the rest. Microscopical examination detected at very various points of the cord the highest degree of the new formation of connective substance described by Rokitansky. Whether the disappearance of many nerve fibres and ganglia were due to such new growth or to post-mortem changes could not be determined.

Professor Wunderlich appends some remarks to this case:—1 The symptoms during life, as well as the results of the autopsy, show that the spinal cord was here the seat of disease. Indeed, during life, Dr. Wunderlich was inclined to regard it as a case of spinal meningitis; but still, after death, no signs of inflammation, properly so-called, were found. But the new growth of connective tissue, which Rokitansky has indicated as the characteristic, in most cases, both of chronic and acute hyperæsthesia, convulsions (tetanus chorea), and paralysis, was observed wherever sought for.

2. The symptoms agreed in general with those met with in traumatic tetanus. There were, however, fewer violent attacks of contraction, while the contraction of the spinal muscles never reached the degree of opisthotonos. The upper extremities, too, were only moderately affected, and the respiratory muscles were scarcely so at all. The attack, however, began with trismus; and as is so frequently the case in traumatic tetanus, the rectum, the respiratory organs, the circulation, and the sensorium, remained intact to almost the last. With the exception of the convulsive paroxysms, nothing seemed to indicate danger. As is not rarely the case in traumatic tetanus, here we had, just before the case was about to terminate fatally, apparent relief of the spasmodic attacks and relaxation of the rigidity, the production of a moderate amount of strabismus being the first forerunner of what was about to happen. A few hours before death, too, the pulse, hitherto only moderately frequent, rose, within three hours, from 112 to 180 beats.

3. The condition of the animal heat in this patient was very remarkable. Up to the evening before his death, although the symptoms had acquired a great intensity, there had been no fever, and the temperature was scarcely that of a healthy person. But at that time it suddenly rose one degree and a-half of Reaumur, while the pulse had moderated, and no

other symptom was aggravated—the change in the temperature being, in fact, the only sign of the patient being worse. Shortly before death the temperature arose to the enormous height of 34·7° R., and at the moment of death itself was 35·8° R. (112·55° Fahr.), being the highest animal temperature ever yet observed in a living man. In relation to the dependence of this case upon the condition of the spinal cord already mentioned, Dr. Wunderlich refers to the case of injury to the spinal cord reported (*Med. Chir. Trans.*, vol. xx, p. 147) by Sir B. Brodie, in which the thermometer rose to 111° Fahr., being, in fact, the highest temperature on record prior to the present one.

4. No less surprising than this great elevation of temperature, is the fact that in our author's case it continued to rise for nearly one hour after the cessation of all signs of life (increasing from 35·8 to 36·25), and then gradually sank again, so that one hour and a-half after death it stood at the same point as when that event occurred. Even thirteen hours after death the temperature had not descended to the normal degree of a living, healthy person, but remained 10° above that of the surrounding atmosphere. The measurements were most carefully made with an accurate thermometer. This increase of temperature after death has, however, been observed in other cases of disease.—*Archiv. der Heilkünde*, 1861, No. 6, pp. 547—557.

EXCERPTA MINORA.

Hydrargyrum cum Cretâ.—The uncertainty, and sometimes the harsh operation of this otherwise valuable medicinal agent, induced the Berkshire Medical Society (U.S.) to request Dr. Duncan to undertake a chemical investigation of the article. His conclusions are—1. When exposed to the light, especially during summer, a portion of the sub-oxide which it contains is decomposed into the metal and red oxide, which, if in sufficient quantity, may act as an irritant poison. 2. The older the preparation and the longer the exposure, the less will be the quantity of mercury and the greater that of the oxide. 3. In order to have a perfectly reliable article, it should be made of pure material, and kept in a cool place, excluded from the light. 4. Freshly made and light-coloured specimens are best; those of a deep colour should be rejected. 5. It is an unstable preparation which tends to separation. 6. The amount of sub-oxide in the *hydragryum cum cretâ* is not at all injurious, and when the medicine acts as an irritant this is due to a higher degree of oxidation. Dr. Seeley, in one of his analyses, found that in the specimen which should have contained 37·5 parts of metallic mercury, 22·25 parts had changed to the red oxide, and 4·05 to the black oxide, leaving less than a third of the metallic mercury. This will fully explain the ill effects sometimes resulting from the *hydrargyrum cum cretâ* when too long kept, the oxide produced in consequence being probably converted in the fluids of the stomach into energetic compounds.—*American Quarterly*, January, p. 287.

Extirpation of the Tonsil by means of the Finger.—M. Larghi has laid a proposition before the Turin Academy of extirpating the tonsil by means of the finger, in place of employing the cutting instruments. The tonsils are not very adherent within the cavity which receives them, and they can be enucleated, either from above downwards, or *vice versâ*, by means of the finger and its nail. A portion may only be removed, or the whole can be got completely away by combing with gentle traction a torsion movement. He relates an example of this procedure, as does also M. Borelli.—*Presse Belge*, No. 10.

Pomegranate Bark in Tænia.—Professor Colin, of the Val de Grâce, relates two additional cases illustrating the value of pomegranate bark in the treatment of tænia, and how preferable it is to some of the remedies recommended of late by reason of the speed with which it frees the patient of his tormentor, (three hours in these cases,) and the fact that no preparatory or subsequent treatment is required. He administers fasting a decoction formed of sixteen drachms of the bark, dividing this into three portions, to be taken a quarter of an hour after each other. He thinks enough care is not always taken in searching for the head of the tænia. His patients being soldiers are set diligently to look for it themselves, the fæcal matters being diluted with a large quantity of water, of passing the whole through linen having coarse meshes, upon which the portions of the worm are readily detained for careful examination.—*Gaz. Hebdomadaire*, No. 8.

Injurious Action of Iodine on the Teeth.—M. Stanislas Martin has found as the result of repeated inhalations of iodine in the treatment of phthisis, that the gums become very sensible and swollen. The alveolo-dental periosteum next suffers, and the teeth soon lose their solidity. The mouths of some persons, however, seem insensible to the iodine. He has formerly shown that camphor and sugar exert a deleterious action on the teeth themselves, decomposing them and leading to their loss; and he believes that the same is true with regard to iodine, which especially attacks the carious teeth, and those the enamel of which has become damaged by the heat communicated to the mouth by smoking. He has now under examination some teeth completely saturated with iodine.—*Bull. de Thérapeutique*, No. 3.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

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FRANCE.

Paris, March 25.

M. TROUSSEAU'S LECTURES.

In a Lecture on Constipation, recently delivered by M. Trousseau, in the Hôtel Dieu, this eminent clinical teacher dwelt especially on the treatment of this troublesome affection, which, according to him, should be as follows:—The patient should endeavour to void the bowels daily at exactly the same hour, when he should, for a considerable time, make strong efforts to obtain the desired result; and if these should be ineffectual, he should desist until the following day. If, on the second day, in spite of fresh efforts, no evacuation should be made, he should immediately take an enema, first with cool, and afterwards with cold water. On the following day the same efforts must be renewed, and if they should still prove ineffectual, the patient must again wait till the next day, when another enema is to be taken if no evacuation takes place. The repetition of such endeavours always made at the same time of day, has generally the effect of not only causing desire to relieve the bowels, but actual relief in the natural way.

Another remedy is the suppositorium, which, especially for males, is easier to apply than the enema. Suppositoria of butyrum cacao are, in the majority of cases, sufficient; those made of soap have a still more energetic and certain action, but the best are those made of honey, hardened by boiling. These ought to be of the size of a small pigeon's-egg; if they are slightly moistened they may be introduced into the rectum with great ease, and rarely fail to produce a rapid evacuation; but they, as well as the enemata, ought only to be employed if, after two consecutive days, vigorous efforts have not had the desired effect.

The most favourable time for operating in this manner is the morning. It is then least troublesome, and every one can, immediately after getting up, devote a longer time to such experiments than later in the day. Nevertheless, it is a fact that the desire to empty the bowels is more strongly felt just after a meal; either because the accumulation of food tends mechanically to expel the superfluous residue, or because—and this is the more likely reason—the new digestive action causes preparatory muscular contractions in the whole intestinal canal. The local adjuvants ought, however, in this case, not to be employed.

Concerning the diet, the most certain means of overcoming constipation is to partake more largely of vegetable than of animal food. Raw fruit and herbs are chiefly useful.

To cause diarrhœa is not to cure constipation, but to substitute one disease for another, and vegetable diet is only useful if well supported. Certain aliments taken from the animal kingdom, such as milk, have, upon a large number of persons, a slightly laxative effect: milk may, therefore, always be employed, if it agrees with the stomach. Coffee with milk is, for many persons, a powerful remedy for constipation, and the same is the case with tea. Amongst beverages, beer and cider are most suitable for costive people. Many want to go to stool at once after taking a large tumbler-full of cold water before breakfast. Bran bread, made of three quarters of flour and one quarter of coarse bran, also greatly facilitates the action of the bowel. Many persons only find relief if they smoke a pipe or cigar immediately after a meal; and although it is not very ladylike to smoke,

M. Trousseau nevertheless frequently advises ladies to try little cigarettes, if no other hygienic measures are able to overcome constipation.

Belladonna is a great favourite of M. Trousseau's in this affection. He prescribes one centigramme (about ⅙th of a grain) of extract, and as much of powder of belladonna, to be taken in the morning. After five or six days, two pills are taken, and four or five are the largest dose; but, whatever may be their number, the pills ought always to be taken at one time. If the evacuations have become regular, this medication must be discontinued, in order to give the bowels the opportunity of acting without help.

If belladonna should not have any effect, a teaspoonful of castor-oil should be prescribed at the same time, and in order to render this more palatable, it may be taken in gelatinous capsules. The intestine being prepared by the belladonna, the oil has a rapid action. The dose may be repeated once or twice a-week, if necessary.

There are, however, cases in which all the remedies just named prove ineffectual, when it becomes necessary to employ purgatives. These are extreme remedies, useful and even indispensable, but which must be used with much prudence and care. Generally speaking, the saline purgatives ought to be avoided; these have a rapid, nay, almost instantaneous, but only temporary action; for after their use, the intestinal secretion, for a moment over-excited, is, as it were, dried up; just as certain sapid salines act upon the mucous membrane of the mouth, where they at first produce an abundant secretion of saliva, but leave behind dryness of the mouth and thirst, which are in proportion to the primary effects caused.

It is better to have recourse to drastic purgatives, especially aloë, extract colocynth, gummis gutti, and extract of rhubarb; these are the pills (says M. Trousseau) so extensively used by the English. M. Trousseau gives the following prescription:—℞ Aloës, extr. colocynth., extr. rhei., gi. gutti, āā, 1 grme (15 grains); extr. hyoscy. 25 centigrammes (about 4 grains), ol. æth. anis. gtt. ij. M. ft. pilulæ xx. One, two, or even three pills should be taken every second or third day, and all at once, whatever may be the quantity taken. They ought to produce an easy, natural, semi-diarrhoic evacuation. Hyoscyamus prevents colics, and acts, morever, in the same manner as belladonna.

GERMANY.

Munich, March 19.

ON LARYNGOSCOPY.

As the subject of Laryngoscopy is gradually becoming of more interest to the Medical Profession at large, I think that a short report of a Lecture on it, recently delivered by M. Lindwürm, of this University, at a meeting of the Medical Society of Munich, will be acceptable to your readers. According to this gentleman, the light best suitable for laryngoscopic purposes is that of the sun, especially if not only an examination of, but also operations in the larynx are to be undertaken; when the use of artificial or reflected light is very inconvenient. The difficulties which are believed to be connected with this mode of investigation have been greatly exaggerated, especially by such Medical men who have never used the laryngoscope. It is true that in some persons a certain irritability of the parts has at first to be overcome; but this soon ceases if the patient himself now and then places his finger on his own epiglottis, in order to accustom this organ to bear touch. A spatula for keeping down the tongue is not necessary; this generally causes irritation, and most persons are able to open the mouth wide enough without it. If a patient should put the tongue too far backwards towards the palate, he may himself draw it forward by taking hold of it with a handkerchief.

The value of the laryngoscope is chiefly felt in making operations in the larynx. It is true that Mr. Green has, previously to the invention of this instrument, cauterised the mucous membrane of the larynx by means of sponges dipped into a solution of nitrate of silver; but such a proceeding is always difficult, and often impracticable. By means of the laryngoscope, on the contrary, we are enabled to perceive every change that may have taken place in the larynx, and to touch every point of it by means of a bent wire. The lecturer then related the case of a man, aged 40, in good general health, who had for three years suffered from aphonia, the cause of which was shown by the laryngoscope to be the presence of a number of papillary growths in the larynx. One of them, on the lower surface of the epiglottis, was of the size of a pea; another, on the right vocal cord, was almost as large as a nut; and a third small tumour was noticed on the left arytænoid cartilage. These growths were repeatedly cauterised by means of a sponge dipped into a solution of nitrate of silver, but without any beneficial result. It was therefore endeavoured to inject a solution of perchloride of iron by means of a canula connected with a bladder of caoutchouc. But by this proceeding points were touched which were not at all affected, and, although no bad consequences ensued, such were at least to be feared. The most convenient instrument for removing tumours of this kind would have been a forceps, to be carried to the affected spots; but this would have been required to be very strong in order to allow a sufficient force to be used, and if it should have been of a somewhat large size the light would have been shut out from the parts which were to be operated upon. The Professor therefore had a bent canula made, enclosing a pair of pincers which could be opened and closed by drawing the canula forwards and backwards. By means of this instrument, seven pieces of the tumours just mentioned were torn off. It was an unfortunate circumstance in this case, that the base of the tumours was very broad, for if they had had a pedicle, like a polypus, it would have been much easier to extract them. However, according to M. Lindwürm's experience, tumours of this kind generally become atrophied in time if they are repeatedly squeezed and bruised, which is much more advisable than to cut them away, as this might cause hæmorrhage, which would probably be attended with unpleasant consequences. After repeated bruisings of these little tumours, no unfavourable symptoms whatever have appeared at any time.

EDINBURGH.

March 29.

(*From our own Correspondent.*)

You must not imagine that I do not write more frequently because all our ink is frozen. Our climate is called very properly an Italian one. There are but eight inches of snow in the streets at this moment, and it is not so hard frozen but that a strong man can chip pieces off with an axe, which is the method of street cleaning at present pursued here. Neither should you think that we have not much to write about. You remember how the stone-breaker on a Highland road averred that the latter was a much frequented thoroughfare; "But," said the doubting Southern pedestrian, "do you mean that many persons pass this way?" "Ay, do I," was the answer, "wasna there a packman yesterday, and there's yersel the day?" And if you were to inquire for our events, I could give perhaps a somewhat analogous answer. In the Infirmary but little has been going on. In a late cause there was some slight scandal raised in the Criminal Court about a woman who had been beaten to pieces by her husband, who was taken to the Infirmary, there appeared excitedly tipsy, and died from cerebral hæmorrhage some forty-eight or more hours after admission. After death other severe lesions were discovered, a rib driven into the lung, and extensive bruising. Of course, the clever advocate who defended this monster, a foreheadless cross between the lowest of Irish and most degenerate of gorillas, took good care that the two young men who had charge of the woman should be cross-examined as to the treatment. She had been very noisy and restless, and had, so far as I can see, been very properly given a moderate dose of morphia, and I do believe twenty-five drops of that drug, or thereabouts, saved the gorilla, whom Du Chaillu would have killed at once from mere force of habit. The beast had spent several hours in beating the woman, had been seen by several persons doing so, had regaled himself with the universal comforter, and then beat her again, and so on till she lay such a helpless pulp that it was not worth his while, so he strolled off to get his week's wages. He got them, and was probably looking forward to another onslaught when he was arrested. He was not drunk in the common sense of that adjective, and had never been so during the whole process of what negroes call "*mashing*" his wretched concubine. What must have been his emotions of delight to find that his guilt was almost lost sight of in that of the two young men who had done what they could to thwart his intentions; that the account of his awful blows fell flatly compared to that of a dose of morphia, which probably had little or no effect. No doubt there was some little laxity on the part of the overworked young men; "but who of us *should* 'scape whipping;" and it only shows the need of impressing on the rising generation that they should, as these gentlemen have hitherto done, obtain the confidence of their Professional brethren, so that when placed in what, I fear, were to them very embarrassing positions, they may have their antecedents and a number of sincere friends to fall back upon. May they prosper, and pick up as many patients as the gorilla may oakum.

There has been lately, also, some excitement about a concert. The Professor of Music has to superintend an entertainment paid for out of a legacy left by a musical warrior long ago. The martial element has ever since pervaded the fund. At one time the Professor has fought the Senatus, at another, he has been challenged by other foes; but he does not seem yet vanquished. Many students, *of course* no Medical ones, stormed the concert-room, beat in the door with a sledge-hammer, listened like gentlemen to the music, then walked off to the Professor's residence, miles away. If they had been walking to escape the infliction of a concert, my sympathies would have gone with them, but it was to disturb the old gentleman at one in the morning and ask him what he meant. He showed himself, though sick and harassed, what we have called him, a gentleman. While sympathising with the young men who put themselves to so much unnecessary fatigue,—very fine fellows most of them are, but no more able to resist larks than a cat,—we wonder that mob-law, even by our friends, should be tolerated, not to say encouraged.

I must stop—my ideas are frozen; the combined effects of cold and listening to three papers at the Royal Society, have reduced me to the nearest approach to imbecility, safe in this land of asylums. Mr. Turner has been telling us that the classification by Owen of some mammalia, from their not having posterior cerebral lobes overlapping the cerebellum, is likely to be set aside. Sir David Brewster had a beautifully-written paper on the presence of cavities in crystals, and there I lost consciousness. I awoke in the middle of a cup of tea, under the impression that my cerebrum was a germ—that's true enough; that my lateral ventricle was a cavity formed by the fire of Genius, and so came slipping and sliding home, thinking can "honour or science set a leg," hoping to find one to try upon; and so, dipping my pen into the external fluid, I have written what I have written.

A common question now is, Who is to get the Chemistry Chair in Aberdeen. There are many candidates: Brazier, who assisted the late Professor for some time; Blyth, from Belfast; McAdam, a successful and excellent lecturer in our extra-mural School; and Wanklyn, Professor Playfair's assistant, who seems, if all accounts be true, to possess the Chemical genius, and at a very early age to have attracted an unusual amount of attention. The ways of electors are inscrutable, and we cannot guess at results; "the lightest generally come to the top," is a universal law. All electors are pure; all candidates are good. As I do not know any of the candidates in this Aberdeen election, or care much who wins, I may say that I watch the contest with some interest, like looking at a regatta on a breezeless day when the umpire slept a good deal, knowing that chance *may*—I do not say *will*—decide the event, and sit smiling by.

Naturalists may be on the look-out for some interesting facts concerning the development and spawning times of salt-water fish (herring ?). The Fishery Board having sent down two divers off the Isle of Hay, are possessed of spawn, and are now watching the growth of specimens of the late sown ocean harvest. With such experienced eyes as Professor Allman's and Dr. Hacbean's, something new will be seen. The latter gentleman, who has had unusual opportunities, and made unusual use thereof, has been working at the subject for several years; while Professor Allman is perhaps the greatest European authority on such matters.

Alas! for you Londoners, flying about in dust and smoke in pursuit of dyspepsia and fees! How you must envy us up here in the North, able for a sixpenny return ticket to reach the shore, to spend an hour or two over herring spawn, or in some other way, "help waste the sullen day from the hard season gaining." True, but few of us have broughams, one or two chariots, but nearly all have "leggings;" in them we go to catch the salt sea breeze, and look upon the distant hills. By the way, what is somewhat vulgarly called a "revival movement" was started here lately. Mr. B. North was to preach to the students in the Anatomy Class-room. This the Senatus Academicus, aware that trying to make Medical students any better would be but "painting the lily," forbade vociferously. The meeting was held elsewhere, and largely attended. There was nothing like excitement, but everything was reverential and proper. I was present on Sunday evening at the Augustine Church, when Mr. North addressed an audience almost entirely composed of students or former students, and, though I do not profess to be a judge in such matters, saw much to impress me. The great mass of faces, mostly young, some, however, with world-hardened Scotch faces, whose eyes had looked at stern realities over their high cheek bones for many a year, such an earnest crowd listened to a very plain sermon, and sang the Old Hundredth Psalm in a way seldom heard. While I stood looking on, and remembered how many in authority here have set their faces against these meetings, how I, too, had questioned their being advisable, all doubt was swept from my mind by the grand waves of sound, and I felt certain that, to quote the words, "It is seemly so to do."

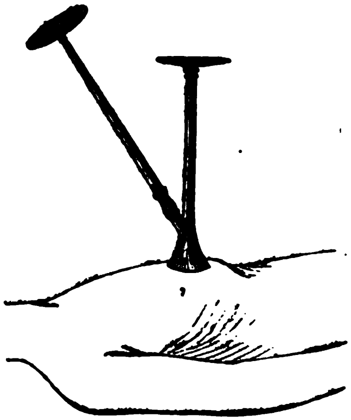
GENERAL CORRESPONDENCE.

A DOUBLE STETHOSCOPE.

LETTER FROM DR. HERBERT DAVIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I take the liberty of sending you a sketch of a double stethoscope, which I have found of considerable service in the practical teaching of auscultation to the classes at the London Hospital; and although I cannot lay any claim to the idea of the polystethoscope, I can with certainty state that I have never seen an instrument of the kind in actual use at any School at home or abroad. The utility of this form of stethoscope is two-fold: first, it reduces by one-half the number of examinations, and thereby economizes the powers of the patient; and, secondly, it enables the teacher to direct the attention of the pupil to the nature and character of the sound simultaneously audible to both parties.



To those persons who are in the habit of teaching in class the practical advantages of the instrument will be immediately evident; and I would therefore call it a Class or Consultation Stethoscope. Even in private practice it might be of use, as its dimensions need not be so formidable as to alarm the patient. The arm is made to unscrew, and the whole can be conveniently packed in a small case. Mr. Ferguson, of Giltspur-street, has also made me an instrument provided with three elastic tubes; but I have found it too complicated for ordinary use. I am, &c.

23, Finsbury-square, March 11. HERBERT DAVIES.

REMOVAL OF ST. THOMAS'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—The purpose of a Hospital is to relieve the sick and wounded, and send them out capable of earning their daily bread. Other secondary ends there may be, each laudable in itself,—such as the maintenance of a first class Medical school,—but surely these contingent advantages are not to be allowed to interfere with the prime end and object for which Hospitals exist. To secure that end, and to effect the rapid recovery of patients, the most important requisite is *pure air*. And this is not the whole truth; for not only without pure air do patients fail to recover in Hospitals, but many unfortunate persons contract diseases, often fatal, due to the impure air of the wards, which ought always to be duly discounted when the benefits of Hospitals to the poor are under the subject of eulogy.

Now, will any one affirm that a suburban situation, admitting of ample space around the Hospital, and of a free separation of the detached wards of which it should consist, of gardens for convalescents, and of air which is not already deozonized by traversing half the diameter of London, and of a bright light such as cannot penetrate London smoke,—will not be worth having to patients with acute disease, with chronic disease, and with maladies requiring operation?

Yes, the Medical Officers will say, but it is even more important that the Hospital should be in a crowded, dense, insalubrious locality, because there it will be close to the sick.

As to this notion of proximity with relation to St. Thomas's Hospital, it is clear that it is a delusion. When we hear of patients from East Smithfield, Whitechapel, Greenwich, and Lewisham, it is clear that if a patient must be removed from bed to a vehicle, a drive of five miles is no more an obstacle than one mile; the Fever Hospital is an example in point.

As for out-patients, it is perfectly absurd to mix up this question with that of in-patients. For out-patients you want reception-rooms, a dispensing establishment, and, in fact, the common apparatus of a Dispensary; and it is preposterous to say that in order that the poor and debauched population of the river-side shall be able to get a dose of physic, to have their broken heads plastered, and their gonorrhœas and skin diseases cured, that therefore a patient with scrofulous disease of bone, or one requiring lithotomy or ovariotomy, or one with any acute inflammatory or feverish attack requiring confinement to bed,—shall not have the blessing of pure air, and a garden to look at from the window.

But here comes the clinching point. I ask this plain question of M.D. and F.R.S., and the Medical Officers who do not hesitate to appeal to the prejudices of the vulgar through the *Times*,—these men who denounce Mr. Whitfield for his honest desire to have a healthy Hospital,—Have not some of the Medical Officers been coquetting with King's College? Have they not been trying to get the Hospital translated to Lincoln's-inn-fields or Somerset-house, so as to combine the "priceless benefit" of a flourishing Medical School with their Hospital? The attempt failed, as it deserved; but it is rather a bold thing now to fall back, and affect an intense commiseration for the poor of the Borough, whom they would have deserted if they could.

As for distance of the Medical Officers from the Hospital, and impossibility of getting Medical men of "high metropolitan standing" to attend to patients five miles out of town, discretion and common sense must have deserted the authors of such fallacies. Where do the Medical Officers of St. Thomas's now live? Did not Mr. Green, the Senior Surgeon, a most honourable man, live ten miles from the Hospital? Was it ever discovered that he neglected his duty? Do not the Medical and Surgical officers now live near Grosvenor-square, Portman-square, Paddington, and do not some even make a railway journey to the Hospital already? Will they be bold enough to say, that the sick poor of Southwark must not have a healthy Hospital, because it will be too far from Piccadilly? Must the vested interests of a few justly-eminent men, who have attained fashionable practice, and live in broad West-end streets, stand in the way of the poor sick artisan, pining for a breath of fresh air and the sight of green leaves? Let the Governors build a new St. Thomas's Hospital in a healthy site, and let them try whether they cannot get officers of "high metropolitan standing." Their Surgeons may then show the world what averages of recovery after amputations can be realised in pure air; and that ovarian and lithotomy operations need no longer be banished to petty "special" Hospitals.

London, March 31. I am, &c. F.R.C.S.

Mr. Peter Hinckes Bird has proposed a simple mode of admitting fresh air by the window, and avoiding draughts. It is this:—Raise the bottom sash two or three inches, and block up the opening so made with a piece of wood of such a size as to fit it. The air will then enter in an upward current through the chink between the two surfaces of glass which is left when the rails which meet in the middle of the sash are separated. The air which enters is directed upwards towards the ceiling, and is said to carry no blacks with it. The great enemy to ventilation (next to the *blacks*) are draughts, which make candles gutter, and give stiff-necks.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Monday, March 24.

Mr. Coulson, President, in the Chair.

Dr. Anstie read a Paper, in which he proposed to give the results of his own experience in the use of certain

INDIVIDUAL REMEDIES IN EPILEPSY.

These were of two kinds—tonics and sedatives: of the former he had made careful experiments with cod-liver oil, quinine, and phosphorus, and also to a certain extent with iron; but of the effects of this last remedy he had not kept a tabulated record. Cod-liver oil was employed *alone* in twelve cases among the out-patients of Westminster Hospital and Chelsea Dispensary: the disease was in every instance of the simple or "idiopathic" kind; and the following results were obtained:—Three complete failures (patients aged 14, 26, and 32 respectively; in all of them the disease was of long standing); one case in which the patient, a man, aged 44, derived no relief as far as regarded the fits, but his mental condition was improved; two cases (aged 10 and 12) which were improved, the fits being lessened in frequency, but the patients disappeared from the author's supervision while still by no means cured; and, finally, six cases, all still under observation, in which the fits have ceased entirely, and, so far as can be seen, the disease has been cured. Out of these six cases, two were sufficiently grave to put the efficacy of the remedy to a severe test; one of them was that of a girl, aged 17, epileptic from infancy, and in whom the fits had for some time past been happening two or three times every day; the effect upon the facial aspect and upon the intelligence of the patient had been very serious. Cod-liver oil was employed persistently for three months with the effect of inducing an entire cessation of the fits, and a most marked improvement in the intellectual and sensorial functions. The other case was that of a boy, aged 13, in whom the disease, which was hereditary, had come on six months previously. The fits were not very frequent, but were very severe; the memory was a good deal affected, and the shape of the head and the aspect of the face were far from encouraging. Nevertheless, a complete cessation of the fits soon followed the use of cod-liver oil. The remedy was persisted in for six months on account of occasional threatening symptoms; but even these have quite disappeared. The mental condition is much improved, and the boy may be pronounced cured, as far as we dare use that term at all. Quinine had been used singly in six cases: two of them had entirely resisted its influence (both these patients were women), a third had been very much benefited, the fits being much reduced in frequency, and an unpleasant numbness in the leg having disappeared. In the other three the improvement apparently amounted to cure. One of these cases, in which a very marked and peculiar aura was present, was minutely analysed, and the influence of the quinine in stopping the aura, and altogether averting the paroxysms, was plainly shown. Doubtless local measures might have done much in this case, but they were intentionally and successfully dispensed with. All the cases treated by the author with quinine had been distinguished by the presence of some persistent local pain or numbness. Phosphorus had been tried by the author in only two cases of epilepsy, at the suggestion of his friend and colleague Dr. Radcliffe, who has recommended its use in his book, as also that of cod-liver oil. The cases were inveterate ones, in which cod-liver oil had failed to produce any effect. The phosphorus was given in doses of five to ten drops of the phosphoretted oil of the Prussian Pharmacopœia, three times a-day. The fits were not lessened in frequency, but the general condition of the patients was much improved, and the miserable sense of nervous depression greatly relieved. Phosphorus ought to be extensively tried in epilepsy and in other nervous affections. With regard to iron, the author not having kept tabulated reports of its effects, was only able to confirm, in a general way, the popular belief in its great utility. He was in the habit of limiting its employment to cases distinguished by anæmia; and he related one or two instances of its usefulness when given in such cases. The author remarked that all these four tonics, cod-liver oil, steel, quinine, and phosphorus, were distinguished by the fact that they acted as *foods*, either to the nervous system, or the blood that nourishes that system. Looking at the success obtained by himself, and by other observers of larger experience, and also to the fact that the whole group of chronic convulsive diseases, of which epilepsy may be said to form the centre, are curable, if at all so, in nine cases out of ten by a nutrient-tonic regimen,—the author urged that there was the greatest reason for extended experiments with remedies of this class, experiments which should be patiently persisted in for months together, no other medicines being used, except aperients when necessary. The sedatives of which the author had made particular trial were opium, hyoscyamus, belladonna, and sulphate of aniline. With regard to belladonna, he must state that he had not thought it right to push it to the extent of producing wide dilatation of the pupil for a long time together. He had administered it in doses of one-sixth grain of the extract twice or three times a day, a quantity which is usually sufficient to produce the minor effects of the drug, namely, relief of neuralgic pain, and resolution of muscular spasms; and in these doses the results were very equivocal, and by no means encouraging. With regard to the other three sedatives, the author regarded it as proved by his own experience, that in a considerable number of instances they possess the power of delaying the fit, or mitigating its severity; and for this purpose he was at present inclined to give the preference to the sulphate of aniline. This remedy he had tried repeatedly upon six epileptic patients, and also in many other cases of chronic convulsive disease. It was a most serious mistake to administer sulphate of aniline, or indeed any other sedative, in large doses, with a view to arrest or diminish convulsive muscular action. In the only two cases of epilepsy in which the author had pushed it to the extent of large doses, on account of the failure of small quantities, a serious aggravation of the fits occurred. In doses of one grain three times a-day, with an additional grain to be taken immediately on the occurrence of any *prodromata* of a fit, sulphate of aniline seemed to materially benefit four patients to the extent of delaying or mitigating the paroxysm, and in three separate instances the fit seemed to have been altogether averted for a considerable time.

In conclusion, the author desired to state his conviction that future experiments with sedatives should be limited to the use of small doses only, and that they should be employed chiefly in the slighter cases of epilepsy which are not of long standing, or in those in which tonics and nutrition had already done much, but had not quite effected a cure. In short, wherever we could reasonably hope to effect good by the mere fact of breaking through the vicious habit, so to speak, of convulsion; then we might well try experiments with sedatives, and the results obtained by each observer should be numerically noted, and published.

The author thanked the Fellows of the Society for their courteous attention to his paper.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 25.

DR. BABINGTON, President, in the Chair.

A PAPER, by DR. EDWARD SMITH, was read on

A STATISTICAL INQUIRY INTO THE PREVALENCE OF NUMEROUS CONDITIONS AFFECTING THE CONSTITUTION IN ONE THOUSAND PHTHISICAL PERSONS WHEN IN HEALTH.

The Author, after some preliminary remarks, described the method which was pursued in the inquiry, and offered an estimation of the trustworthiness and value of the answers which he had recorded. There were 600 male and 400 female cases, all attending at the Hospital for Consumption, and in the stages of marked consolidation or destruction of the lungs. He then quoted the scheme of inquiry proposed to each patient, consisting of 138 queries, and the following is a summary of the facts obtained:—The average age of the patients was 28·8 years. 30 per cent. had been born in London, 36 per cent. had lived chiefly in London, and 53 per cent. had lived in London during the preceding three years. 8·8 per cent. could not read nor write, and only 14·3 per cent. had been insufficiently nourished. 1. *Parental conditions.*—54 per cent. had lost the father; 46 per cent. the mother; and 28 per cent. had lost both parents. In 25 per cent. only were both parents living. The average age of the parents at death was 50·8 years, with an increased duration of 4·7 years on the part of the fathers. The most frequent age at death was 35 to 55 years; whilst only 11 per cent. died under the age of 35, and some lived upwards of 95 years. 18 per cent. had experienced feeble health before the birth of the patient, and 34 per cent. throughout life. In 22·7 per cent. one or both parents had led unsteady lives. 21·1 per cent. of the parents had died of consumption; whilst in 2·8 per cent. the grandparents, 23·3 per cent. the brothers or sisters, and 9·1 per cent. the uncles or aunts, had died of the same disease. They had suffered from rheumatism in 22 per cent., from asthma in 9·4 per cent., from liver disease and gout in 9· and 7·2 per cent., and from fevers, ague, insanity, and diabetes in 4 and 5 per cent. Presumed scrofulous affections were extremely rare. In only six cases was there consanguinity of the parents. The age of the parents at the birth of the patient was in half of the cases from 25 years to 35 years; and in only 2 per cent. was it less than 20 years. The number of the children was very large—viz., an average of 7·5 to a family, and in some families there were 23 children. The patient was the first child in 20 per cent.; and the first, second, or third child in half of all the cases. 40 per cent. of the parents' children had died. 2. *Personal conditions.*—In only 23 per cent. were the patients under 20, and a few were 60 years of age. 24 per cent. had been feeble at birth, whilst 22 per cent. had suffered from feeble general health and 17 per cent. from generally defective appetite. In 12·6 per cent. the lungs had been always delicate; 2·5 per cent. had been dry nursed; 25·4 per cent. had perspired with unusual freedom; 25 per cent. had never worn flannel next the skin; and 55 per cent. had suffered from coldness of the extremities. 72·5 per cent. had an excitable temperament; 62·1 per cent. had medium brown, or light-coloured hair; 74 per cent. had grey or blue eyes; 60 per cent. had florid complexions; and 46·7 per cent. had a fleshy habit. 16, 65·4, 60, and 41 per cent. had not had measles, scarlet fever, small-pox, and whooping-cough in their order; and the frequency of any long-continued ill-effects from these diseases was insignificant. 12·8 per cent. had suffered from enlarged glands, and 4·5 per cent. from long-continued affections of the eyes; but otherwise the evidences of scrofulous disease scarcely existed. 16·7 per cent. had suffered from inflammation of the lungs, and 14·8 per cent. from rheumatism; whilst typhus fever and frequent diarrhœa had occurred in 8 per cent., ague in 5·6 per cent., and liver disease in 4·3 per cent. of the cases. The menstrual epoch was at the age of 14 and 15 in 36·4 per cent., and in 11 per cent. only was it before the age of 13; 40 per cent. had complained of general irregularity, and in 29 per cent. the quantity was insufficient. Leucorrhœa was considerable in 42·2 per cent. 43·5 per cent. were married; and of these, 13 per cent. were childless at the period of inquiry. Their average age at the birth of their first child was from 20 to 25 years, and in only 9 per cent. were they under 20 years. The number of children per family was 1 and 2 in 44 per cent., and 1, 2, and 3 in 55 per cent. (the patients' average age was 28·8 years.) 38 per cent. of the children had died, and in 43 per cent. the general state of the health of the children was bad. Abortions had occurred in 46·2 per cent. of the child-bearing married women, and some had suffered eight abortions. 11·6 per cent. of the males had committed sexual abuse; 18 2 per cent. had been addicted to masturbation, and 22 per cent. had suffered from involuntary emissions. 16 per cent. had syphilis, and 38·5 per cent. gonorrhœa; one on several occasions. 29·6 per cent. had led a bad life at some period, 24·5 per cent. had drunk to excess, and 48 per cent. had smoked tobacco; 19·3 per cent. of both sexes had submitted to late hours, and 22·2 per cent. had suffered much anxiety. In 70 per cent. there was some complaint as to the injurious influence of their occupations, and of those causes, exposure, long hours, close and hot rooms, bending postures, and dust or fumes, were complained of in 32·1, 28·6, 24·4, 20 and 15·8 per cent. in their order. 9 per cent. had taken mercury largely, and 54·4 per cent. had been bled at the arm from 1 to 12 times. The author then considered some of the most important truths which the inquiry had evoked, and particularly the questions connected with hereditary transmission; the especial liability of the female sex to many of the conditions pointed out, and the state of the system; the diseases and the effects of the immoralities of life upon the patients. With regard to the greater liability of females over males, it was shown, in reference to parents, that more mothers than fathers who had children early, had feeble general health, and had died early. More female than male patients had mothers who died early; had most relatives who had died of phthisis; had parents with one child only; had experienced feeble health and defective appetite throughout life; had had delicacy of the lungs; had married when very young; had feeble children; had lost most children; had suffered from anxiety; had had measles, scarlet fever, and whooping-cough; had not worn flannel next the skin; had a very defective education; were of susceptible temperament; had brown eyes, florid complexion, and fleshy habit, and had suffered from coldness of the extremities.

Dr. Webster said that the Author had bestowed great labour in collecting so great a number of valuable facts; such a paper would tend to establish more firmly conclusions which had been previously arrived at. Some of the conclusions which the Author had deduced were different to those which he (Dr. Webster) had previously held; for instance, he believed that phthisis was more hereditary than would appear from the cases collected by the Author. He conceived, also, that the proportion of persons who had hæmorrhoids was smaller than was generally believed. In reference to the mode of transmission of the hereditary tendency, he wished to ask the Author if he had observed that transmission took place from father to sons, and from mother to daughters, more than to both sons and daughters indiscriminately. This mode of transmission had been well made out in insanity. The Author's facts confirmed the impression previously held, that persons with blue eyes were more liable to consumption. The fact that one-half of the male patients were slaves of tobacco, was very important. He considered that the Author's paper merited close and careful study.

The Author said, in answer to a question by Mr. Charles Hawkins, that the patients had all been under his care, or of that of his colleague, at the Brompton Hospital.

Mr. Charles Hawkins said that in applying the results obtained from these tables, we should remember that the patients are of a particular class, and that they do not represent the community at large. For instance, marriage of consanguinity were more frequent in the higher than in the lower classes of society. Stronger evidence was required to show that the marriage of first cousins does not tend to the development of phthisis in the children. In reference to the history of a tendency to hereditary transmission of phthisis, the evidence seemed to be based more on the fact that persons in the patient's family had had consumption, rather than on the deaths. On such points it is difficult to get accurate information from patients. He differed from the Author as to the difficulty of getting accurate information from Irish patients. He considered that their replies were as accurate as those of other patients. He did not think that smoking had any special influence in phthisis; and the proportion of the smokers in the tables was not greater than that in other diseases. He was surprised at the small number of patients in whom evidence of struma had been found.

Mr. Acton said that there were in the paper many detailed inquiries of very great importance, which would no doubt interest many who had paid attention to special departments of Medical science. He (Mr. Acton) was much interested in the details about sexual excesses. It was, he believed, the first time that this point had been strictly investigated in relation to phthisis. Facts bearing on the subject were here brought forward, instead of the vague notions which had prevailed. Mr. Acton considered that marital excesses, as well as sexual excesses before marriage, were a common source of disease, greater than was supposed. It was also, he said, the first time that any author had brought forward facts bearing on the relation between masturbation and phthisis. Investigations as to its relation to insanity had been made by Dr. Ritchie. Seminal emissions, Mr. Acton said, occurred oftener in persons of an irritable temperament than in others. Phthisical persons were chiefly of this temperament. The Author's table also showed the fallacy of the popular idea that syphilis is a common cause of phthisis. It had been, Mr. Acton said, a prevalent idea that prostitutes die of phthisis. This, he (Mr. Acton) had shown to be an error, and the Author's tables confirmed his opinion.

Dr. Sutro said, in reference to the remarks of Dr. Webster, that in Germany, where hæmorrhoids occur more frequently than in England, the opposite opinion is held, viz., those phthisical patients who are affected with hæmorrhoidal tendency, or with developed piles, are considered to be in a more favourable condition than others. There is even a place of the name of Weilbach, a cold, sulphurous spa, specially renowned for the cure of such cases. A striking instance just occurred to him of a gentleman who had lost his father and brother from phthisis, and who, about five or six years ago, suffered from all the usual symptoms of tuberculosis. He was recommended to resort to the above-named spa. Although the accounts sent home the first week of his sojourn were very alarming, he ultimately recovered. At the place itself, Dr. Sutro said he remembered having spoken with a gentleman of position who had previously suffered from phthisis, and who had been sent by his Physicians for several years successively to Ems, a place generally celebrated as a residence for persons suffering from this disease, without the slightest benefit At last he heard of a patient afflicted like him being cured at Weilbach. This induced him to try the place, and he also was cured. The explanation of these favourable results is to be sought in the circumstances, that sulphur, which acts so favourably in piles, combines with the iron of the effete materials of blood, and becomes excreted as sulphuret of iron. Analysis shows a great proportion of this compound in the blackened fæces of the patients whilst taking the water. The portal system being thus freed from a great amount of obstructing blood, it can more readily relieve the accumulated blood of the thoracic viscera; and thus the congestive condition of the lungs diminishes, respiration becomes facilitated, and a more normal condition is induced. Hence, whenever he is consulted by a phthisical patient, he invariably inquires about hæmorrhoids, and if this ailment is co-existent, he considers the chance of recovery increased.

Dr. Greenhow said that all would agree to thank the Author for this valuable communication. He, Dr. Greenhow, however, considered that the statistics of one thousand cases of phthisis must be received merely as an instalment. This number was not one large enough from which to draw general laws on the subject of phthisis. Dr. Greenhow spoke of the colour of the eyes and hair in reference to phthisis. We should first, he said, consider the race of people who were the patients at this particular Institution. In England there were portions of very different races. In some parts the prevailing colour of the eyes and hair was dark; in others, light. He could not help thinking that the external peculiarities of phthisical patients who lived in one locality ought not to be taken as those of phthisical patients generally. In reference to the transmission of phthisis, he believed that it might pass over one generation and appear again in the next, and though the intermediate generation did not suffer, yet it transmitted it. He also said that the Author's statistics failed to show that peculiarity of hereditary transmission in which the descendants of only one sex were affected with phthisis. Of this, Dr. Greenhow gave the following examples which had come under his own observation: An old couple, who both survived to the age of more than eighty years, lost all their sons by phthisis, while the daughters escaped. In a second case, in which also both parents survived to an advanced age, the five daughters all died of phthisis, while the sons were exempt. In a third case, six out of seven daughters died of phthisis under thirty years of age; the seventh went to India, where she also died about the age of forty years, but the only two sons are alive and well. In none of these cases was either parent phthisical, but it is worthy of note that all the three mothers were asthmatical, the fathers being in each case healthy. On consanguinity little had been brought forward. According to the Author's tables, in a very small per-centage had there been marriages of consanguinity in the parents. He, Dr. Greenhow, felt convinced, however, that consanguinity was an important element in the production of phthisis, tending to produce degeneration of race. Yet that it does not necessarily produce phthisis was shown by a family history well known to himself (Dr. Greenhow). Such a marriage had taken place three generations back, and yet no case of phthisis had occurred among the descendants.

The Author said that three circumstances were particularly to be borne in mind, viz., the class of the patients, the object of the inquiry, and the application of the facts obtained. There are three classes in the community: the very poor, the rich, and those who have sufficient food and shelter. Of the first, extremely few attended the Hospital, and the second form a very inconsiderable section of the community in point of numbers, whilst the third represent the great mass of the people, and were the persons included in his inquiry. The object of the inquiry was not to support any particular views, but simply to ascertain the prevalence of nearly all the circumstances which could influence the constitution of phthisical persons. He had not applied his results to the community as a whole, since, until similar results had been obtained from other large sections, it would be impossible to fully estimate the value of these now given. There is danger in seeking to apply the facts more extensively than they warrant, or than the author had intended. Such questions as the sex, age, and temperament of 1000 persons are not adapted to determine the prevalence of phthisis in such conditions, since the basis is not large enough ; but whilst unwilling to place impressions by the side of statistical facts, he believed that the susceptible temperament was the prevailing one in this country. As to hæmorrhoids, he had inquired into them in reference to hæmorrhage only, as he had done in reference to epistaxis, menorrhagia, and loss in labour. Asthma was commonly believed to be antagonistic to phthisis, but he found the two conditions very frequently conjoined. The relation of struma to phthisis might be different in the cases investigated at childrens' Hospitals or the Margate Infirmary ; but the great infrequence of the connexion in the 1000 cases representing the adult phthisical population, was very striking. He admitted the difficulty of obtaining correct information from patients ; but in this case the patients were intelligent, and the great extent of the inquiry gave an aptitude in reference to the subject which would not otherwise be attainable. The nearest possible approach to truth is all that can be desired. He had not made any inquiries as to marital excess in reference to the prevalence of sexual abuse, and he did not think that such an investigation was practicable. From what he had already stated as to the class of person attending the Hospital, it would be seen that prostitutes were not included in his inquiries. Dr. Greenhow's observations in reference to the transmission of phthisis to the child whilst the parents remained free, could scarcely prove that direct elements of disease were transmitted, but rather that there were general conditions of the constitution and common external causes of disease affecting the children thus afflicted. He did not expect to be able to carry out Dr. Greenhow's suggestions as to further inquiries ; for, having devoted no inconsiderable part of seven years to the present inquiry, he thought he had fulfilled his share of duty.

DUBLIN UNIVERSITY ZOOLOGICAL AND BOTANICAL ASSOCIATION.

A Special General Meeting of the above Association was held on Tuesday, March 25, in the Examination Hall of Trinity College, Professor Harvey, F.R.S., President of the Association, in the chair. The attendance of visitors was unusually large. Among those present were his Excellency the Lord-Lieutenant; the Lord Chancellor; the Lord Justice of Appeal, Vice-Chancellor of the University; Dr. Stokes, F.R.S, Regius Professor of Physic ; the Presidents of the Colleges of Physicians and Surgeons and Queen's College, Cork ; the Right Hon. Joseph Napier, the Dean of the Chapel Royal, etc. etc. The President having in the course of a brief preliminary address stated that it had long been the wish of the Managing Committee of the Association to organise a series of special meetings, at which the opportunity might be afforded of hearing some of the distinguished naturalists numbered among the corresponding members of the Association, introduced to the meeting Professor Huxley, of London, who proceeded to deliver his promised discourse, " On the Method and Results of Palæontology." This science—which the learned Lecturer defined as the application of natural history to fossil remains, or, in other words, as the natural history of extinct forms of life—reckons, he added, little more than half a century of growth, yet the list of fossil remains of animals and plants now includes 40,000 distinct species, or about one-sixth of the species now living. Physical geology finds that these fossil creatures did not live on the globe at once, but succeeded each other in time in the successive geological periods. In each of these great epochs the living creation which existed was not absolutely distinct from, but always had a certain connexion with that which immediately preceded, and that which followed it. There were no great breaks, but everything passed on in regular progression. Such is a summary of what Palæontology certainly knows, but it is commonly assumed that beyond that she can tell something about the commencement of life on the globe. In this the learned Lecturer expressed his disbelief. Professor Huxley then proceeded to show that the nature of the evidence on which the certainties of palæontology depend, is similar to that followed in common life. After adducing some examples illustrative of this point, he next inquired how the facts of palæontology are to be interpreted. Some assert that every living form in the vast series of life has been the result of a distinct and separate creative act. This opinion, in his mind, is incapable of being either proved or disapproved, and, therefore, has no scientific standing ground. He would, therefore, turn to those doctrines which are capable of proof or disproof. Several hypotheses of progressive development exist which assume a gradual change or progression from the lower forms of animals to the higher; but there is only one hypothesis of progressive modification at present which complies with the conditions of the problem, to show how the various forms of life came about. This is the hypothesis put forward by Mr. Darwin. Its peculiar merit is, that it involves no notion of necessary progress ; but, according to it, while advances may have taken place in some of the great chains of descent, others may have remained stationary, and others again have retrograded. Yet Professor Huxley has always held to this hypothesis only as a provisional one, the links of which are here and there wanting. Very few scientific hypotheses are not similarly defective ; but, in his opinion, it is the only view of progressive development which is not entirely inconsistent with the facts of palæontology. Professor Huxley concluded his very able and interesting lecture, of which the foregoing is a very imperfect sketch, by observing that when he had the honour of receiving the invitation to speak before that Association, he imagined that his audience would have consisted only of its members familiar with the subject, and with whom dry and anatomical details would have been appropriate ; and, therefore, he had to remind the judges of his argument that he had a great reserve of facts beyond the few which he had brought forward. The vista which these considerations opened to him in the history of the past was sublime. Through the infinite ages, of which they had record, it appeared to him that chance and disorder were shown by palæontological history to have had no place. The present appeared to be veritably the child of the past and the creator of the future ; and the whole was linked together by an adamantine chain of facts, the soundness of every link of which might be tested by their own intellects. And by the aid of these lines of investigation and these high considerations, that pervading order, and wisdom, and general beneficence, which the mass of mankind took as a matter of faith received from tradition, became to the scientific seer matter of direct intuition and introspection.

The Lord Justice of Appeal, Vice-Chancellor of the University, said that after the very able, comprehensive, and learned discourse that had just been delivered, he was sure he only gave effect to the wishes of the assembly, when he proposed " That the thanks of the Association are due, and are hereby given to Professor Huxley for his very able discourse."

The Lord Lieutenant : I beg to second the proposition ; and in the immediate impression of research so profound, and exposition so lucid, I feel that the only part for ignorance and inexperience to take is to be totally silent. At the same time, I am sure that the proposition of the learned Vice-Chancellor of this University will command that unanimous assent which even sometimes the views of science itself do not allow.

The motion was carried unanimously, and the meeting adjourned.

A Fat Boy.—A paragraph in the *Empire*, a Sydney paper, sets forth that William Abernethy was about to proceed to England by the *Tiptree*, which sailed in February. The said William Abernethy is said to be *facile princeps* among the obese developments of the sub-class Archencephala. "He is but thirteen years of age, and weighs twenty-two stone. He measures round the shoulders 62 inches ; round the waist 57 inches ; calf of leg 24 inches ; thigh 39 inches ; arm at the shoulder, 21 inches ; height, 5 feet 6 inches." The *Empire* describes his mind as well as body, as "expanding." He is to be exhibited at the Egyptian-hall in June, " under the patronage of the chief nobility and gentry of the United Kingdom."

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, March 27, 1862:—

Arhenden, Charles, Sittingbourne, Kent
Pratt, Eustace Henry Lever, Guy's Hospital
Southam, George Thos. Mitchell, Peterborough
Wyman, William Sanderson, St. Thomas's Hospital.

The following gentlemen also on the same days passed their First Examination:—

Meadows, Robert, King's College Hospital
Wearne, Vivian, St. George's Hospital.

APPOINTMENTS.

Dunn.—George Peat Dunn, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed Medical Officer for the Inkberrow District of the Alcester Union, Worcestershire.

Eastlake.—Henry E. Eastlake, M.D. Dub., M.R.C.S., etc., has been appointed Medical Officer to the British Lying-in-Hospital, Endell-street, Long-acre.

Murray.—Gustavus P. Murray, M.D. Edin., M.R.C.S., etc., has been appointed Medical Officer to the British Lying-in-Hospital, Endell-street, Long-acre.

Pocock.—Crawford J. Pocock, M.R.C.S. Eng., and L.A.C., has been appointed House-Surgeon to the Brighton and Hove Dispensary.

Simpson.—Mr. William Simpson, of Dobcross, Saddleworth, has been appointed Dispenser to the Stockport Infirmary.

Watson.—Mr. W. Spencer Watson has been appointed Assistant-Surgeon to King's College Hospital.

DEATHS.

Blandford.—Recently, Silas Blandford, Surgeon, R.N. (seniority March 14, 1805).

Blizard.—March 23, John M'Cance Blizard, of Liverpool, M.D. Edin., M.R.C.S. Eng., L.M. Dub.

Buck.—March 27, Thomas Buck, of No. 11, Princes-place, Kennington-park, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., aged 46.

Cocks.—Recently, John Cocks, Assistant-Surgeon, R.N. (seniority May 14, 1812).

Duigan.—March 27, at Whitworth Hospital, Dublin, of typhoid fever, caught in the performance of his duty as resident pupil, Thomas Duigan, aged 22 (son of the late Samuel A. Duigan, M.D., F.R.C.S. Irel., of Kilbeggan, County Westmeath).

Hawks.—March 19, at Spennymoor, Durham, William Robert Hawks, M.R.C.S. Eng., aged 41.

Jones.—March 24, from fever, caught in the discharge of his duty as Medical Poor-Law Officer of the Upper Deptford District of the Greenwich Union, Kent, Alfred Jones, of Deptford, M.D. King's Coll., Aber., M.R.C.S. Eng., L.S.A. Lond.

Kelly.—March 29, at Leinster-road, Dublin, William Kelly, M.D., F.R.C.S. Eng., Surgeon R.N. (seniority August 17, 1815), aged 69.

MacDiarmid.—March 31, of acute bronchitis, John Duncan MacDiarmid, of Newton-terrace, Rochester, M.D., Staff Surgeon, Army, late of the 71st Regiment Highland Light Infantry, aged 55.

Morris.—March 28, at Craig, Ayrshire, William Pollok Morris, M.D., half-pay, 53rd regiment.

Rusher.—March 24, William Rusher, of High-street, Oxford (in practice prior to 1815), Surgeon to the Oxford City Gaol, aged 70.

Simpson.—Recently, Adam Simpson, Surgeon R.N. (seniority August 23, 1825).

Wade.—Recently, James Wade, M.R.C.S. Eng., L.S.A. Lond., Surgeon, R.N.

The Artificial Production of Ozone.—M. Delahousse suggests that the purification of the wards of Hospitals may be accomplished effectually by the artificial generation of ozone, a substance which by its great oxidizing power secures the rapid destruction of miasmata. A platinum wire, twisted into a close spiral form and placed under a reversed funnel, should be rendered incandescent by Bunsen's pile, and a constant source of ozone is thus provided. The characteristic odour of the ozone is at once perceived, and the test-papers exhibit its presence. The apparatus should be placed high up in the ward.—*Gaz. des Hôp.*, No. 35.

Odontological Society.—March 3, 1862.—The President, Mr. Tomes, F.R.S., in the chair.—Mr. Harrison drew the attention of the Society to a newly-introduced form of stopping for filling teeth of the kind called osteoplastic. A paper, "On the Absorption of Bone and Dentine," was read by Mr. Bridgman, of Norwich. The author considered that absorption of the various tissues was to be explained by regarding them as series in a voltaic circuit where absorption or solution and re-deposition was the result; thus he regarded the newly-forming Haversian canals as positive towards the absorbing canals (or those becoming converted into Haversian spaces, as described by Messrs. Tomes and De Morgan), which were negative. By the electrolytic decomposition of albumen, he had produced a substance which, in its physical and microscopical characters, he stated closely resembled cartilage as formed in the body.

Ethnological Society.—At the last meeting of this Society, on the 1st inst., John Crawfurd, Esq., F.R.S., President, in the chair, a paper was read by the President "On the Antiquity of Man, as proved by the 'Evidence of Language.'" The argument of this paper was, that as various nations had languages constructed upon wholly different types; and the languages of the existing races of men had been maintained in many cases in the same state for many centuries during the historical epoch, so a long period of time was necessary to be pre-supposed in order, *e.g.*, that the Greek tongue should have increased by ascensive development from the state of barbarism in which it, like all other languages, originated, to the improved condition of the cultivated language in which Homer wrote. Man was originally created without language; his first utterances were the simplest sounds, and he did not attain to the expression of abstract ideas, and substantives signifying number until a late period of his existence in time. An animated discussion supervened, which was joined in by Mr. Poole, Mr. Damouney, a native of Assyria, Mr. Smith of Jordanhill, Dr. Hodgkin, Dr. Hunt, Mr. Burke, Sir Roderick Murchison, Mr. S. J. Mackie, and the President. Ultimately a vote of thanks was accorded to the President for his paper, which was moved by Mr. Warner, and seconded by Dr. Conolly. The meeting adjourned till the 15th inst.

Utility of Coffee in Soldiers' Diet.—M. Larrey, having been called upon by the Council of Health of the Department of the Seine for his opinion as to the desirableness of an extensive employment of coffee in the soldier's diet, speaks in his reply in the warmest terms concerning its use. He states that upon his father's recommendation it was employed freely in Algeria, with the best effects upon the soldier's health, as a substitute for brandy. It has also seemed to act in some measure as a prophylactic to intermittent fever, and to counteract some of the ill effects resulting from the general use of *absinthe.* He disapproves, however, of the addition of chicory, the laxative properties of which tend to counteract the good effects of coffee as an article of military diet. One of the most incontestible effects of coffee is the neutralising the debilitating influence of heat, for which, indeed, the Orientals regard it as a specific; thirst is thus appeased, and the pernicious consequences from drinking cold water during transpiration avoided. M. Larrey is disposed to attribute in some degree to the regular employment of coffee, the absence of epidemic disease during the Italian campaign of 1859. During long marches the soldiers' spirits are quite as well raised by coffee as by brandy, while the effect is much less fugacious.

The Zoological Import of the Nucleus of the Red Corpuscle of the Blood of Vertebrata.—Professor Gulliver, in his lectures at the College of Surgeons, gave a notice of the history and zoological relations of this Nucleus, which is briefly abridged as follows:—The errors which so long prevailed on the subject arose chiefly from the different observers having confounded two really different things, namely, the red corpuscle of oviparous vertebrata and that of mammalia. Those who contended for the general existence of the nucleus erroneously applying what they truly saw in oviparous vertebrata to mammalia, while those who denied the nucleus judged only from an examination—equally true as far as it went—of the human or other mammalian corpuscle. Hewson and Dr. Hodgkin were the chiefs of these two parties. But the error of considering the red corpuscle of man, like that of oviparous vertebrata, as containing a nucleus, prevailed still, from other causes partly, among the most eminent physiologists, such as Prevost and Dumas, Professors M. Edwards, Müller, Krause, and Gerber; and supported, lastly, by Drs. Martin Barry and Rees, and Mr. Lane, and in Todd's Cyclopædia of Anatomy, about the time when the Lecturer had proved the difference in question (*Med. Ch. Trans.* vol. xxiii. pp. 24-5; *Lancet*, 1840-41, p. 101; *App. to Gerber's Anat.*, p. 13), between the oviparous vertebrata and mammalia, and that even the oval corpuscles of the camelidæ are no exception. In the *Phil. Trans.* of February 27, 1845, Mr. Wharton Jones, while mentioning the subject as "this vexed question of a nucleus," admitted the accuracy of Mr. Gulliver's conclusion, and gave a very interesting and unexpected extension of it; for Mr. Jones proved that there is a like difference of development,—an important fact which never seems to have been understood abroad, especially by Professor Kölliker, whose observations on this subject need not have been imported into this country, as they are quite subordinate to those of Mr. Jones. And even now, though the point in question as to the presence or absence of a nucleus has been generally admitted, the importance of the fact, as a central difference between the two great subdivisions of the vertebrata, has never been estimated or understood, much less realised and enlisted into the service of systematic zoology. After an examination of the blood of many hundreds of species of different classes and orders, the lecturer finds no exception to the rule of the red corpuscle of oviparous vertebrata having a nucleus while the red corpuscle of mammalia is destitute of a nucleus;—of course, excepting the temporary set of red corpuscles in early intra-uterine life, which he had long since shown (*Phil. Mag.* for August, 1842, p. 107) to be the true analogues of the permanent red corpuscles of oviparous vertebrata. Hence, as there is no other character so universal or comprehensive, he proposes this as the true basis of the two great divisions of the vertebrata,—*πυρην* nucleus, *αιμα* sanguis; 1. *Vertebrata pyrenæmata;* 2. *Vertebrata apyrenæmata.*

We are glad to learn that Mr. Lockhart, F.R.C.S., who has worked for above twenty years as a Medical Missionary in China, has again gone out, and has established himself in large premises, which he is now fitting up as a Hospital, near to the British Legation in Peking. We may congratulate ourselves that the first opportunity which the inhabitants of the Chinese capital have had of knowing Europeans as residents in their city, has evinced also the benevolence and skill of an English Surgeon, and that Mr. Lockhart's noble efforts to relieve their sufferings are well appreciated by all classes of the Chinese in Peking. This is well illustrated by a brief sketch of Mr. Lockhart's labours in the London Missionary Society's Hospital at Peking, which a friend has just received from that city. During the nine weeks between October 23 and December 31, 1861, he attended no less than 6815 individual cases, of which about one-third were pulmonary affections; one-third diseases of the eye; and the remainder, affections of the skin, liver, etc. On Mr. Lockhart's arrival at Peking he was hospitably received by the Hon. Mr. Bruce, our Ambassador to the Court of Peking, and was enabled to rent large premises near the Legation, which he is now adapting to the purposes of an Hospital, at an expense of nearly £200. As soon as Mr. Lockhart had established himself in these premises, and it became known that the famous English Surgeon who had established the flourishing and useful Hospital at Shanghae would see sick Chinese without any fee, but from pure beneficence, patients began to come, at first two or three in a day, gradually twenty or thirty, until on several fine sunny days in December last he actually saw and attended to about six or seven hundred persons in the day. One of the earliest and most impressive contrasts between Chinese and European treatment was in the case of a woman who had long suffered from a deep-seated and very painful palmar abscess. After a free incision it soon healed. She subsequently came in holiday dress, with all her children, to express her deep gratitude to Mr. Lockhart. A deep thecal abscess, with a similar history, excited no less interest. A man had got the eyelids of one side united and closed in consequence of an injury. Mr. Lockhart passed a probe through the small opening, which allowed tears to escape, and divided the cicatrix in the normal line, upon which a sound eye was revealed, and the man exclaimed that he actually regained an eye, the sight of which he had so long lost. Another man had suffered for years from death of the right ramus of the lower jaw, and from Chinese probings, etc. His deformity was great, and the stench disgusting. The necrosed bone was removed, and the man's sufferings speedily overcome. A very large polypus distended the nostril and obstructed the fauces of a man. With two grasps of the larger polypus-forceps it was entirely removed, and all deformity and distress also. An old abscess in the upper jaw of another Chinaman had produced great deformity and difficulty in eating. A simple incision soon cured him. Not only do men seek the benefits of Medical Science, but many women and children, officers of the Government of all ranks, degrees, and "buttons," with their wives, sisters, mothers, and children, merchants and shopkeepers, villagers from distant or near places, and beggars of every variety, attend the Dispensary; so that the court-yard and adjoining streets are often filled with "Chinese carriages," *i. e.*, carts and other vehicles, and mules. From September to November last, jaundice prevailed as an epidemic. 370 cases fell under notice, most of a slight character, but others were severe and accompanied by anasarca. The rapid changes of temperature from frosty nights to sunny days apparently caused this epidemic in Peking and the neighbouring districts. The thermometer varied in December at 2 p.m., by day, from 24° to 50°; by night, from 27° to 5°. Wintry weather had induced Mr. Lockhart to defer operating on many cases of cataract. Amaurosis is also prevalent. Chloroform has been used on Chinamen with safety and success during important operations.

The Rklitzki Prize.—The Collegiate Councillor Rklitzki, Senior Assistant-Surgeon of the Novogeorgievsk Military Hospital, bequeathed, in 1857, to the Imperial Academy of Science of St. Petersburg a capital of 3000 silver roubles, the interest of which he desired should be awarded every fourth year to the author of the best work on Microscopico-Anatomical Researches in the Central Parts of the Nervous System, with their Relations to Physiology and Pathology. This sum has accumulated since then, and the first award (about 540 roubles) will take place in 1864, candidates to forward their works to the Academy by the 1st of June of that year. Printed original works, written in the Russian, Latin, German, French, and English languages, may compete; and to such as may not gain the prize, the Academy may, if it think fit, award premiums. The prize will be awarded, every fourth year, for a work published during the four years preceding.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 29, 1862.

BIRTHS.

Births of Boys, 1041; Girls, 1083; Total, 2124.
Average of 10 corresponding weeks, 1852–61, 1900·6.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	683	677	1360
Average of the ten years 1852–61	728·7	689 4	1418·1
Average corrected to increased population..	..	..	1560
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	..	8	3	7	6	3
North ..	618,210	2	3	6	1	11	25	..
Central ..	378,058	1	2	6	2	14	11	1
East	571,158	2	19	9	6	6	22	3
South ..	773,175	1	2	14	9	10	25	1
Total.. ..	2,803,989	6	26	43	21	48	89	8

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 284 in.
Mean temperature	47·9
Highest point of thermometer	63·6
Lowest point of thermometer	34·9
Mean dew-point temperature	45·7
General direction of wind	Variable.
Whole amount of rain in the week	0·84 in.

NOTES, QUERIES, AND REPLIES.

He that questioneth much shall learn much.—*Bacon.*

Glaucoma.—Inquire of M. Pillischer, the Optician, of New Bond-street.

F. T. R.—It would be considered very improper.

Will the Author of a case of *Idiopathic Hæmaturia* be good enough to send us his name?

M. S.—Write to Mr. Belfour, Secretary to the College, Lincoln's-inn-fields. He will give the required information.

Liverpool.—Hodson v. Weir.—As soon as circumstances will allow, the case of Dr. Hodson will, if necessary, be brought before the notice of our readers.

Axion.—If the Surgeon to whom you are articled is a member of one of the Royal Colleges of Surgeons of the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow, you will not have to pass the preliminary examination, but will come under the former regulations.

A recommendatory advertisement has been sent us of Messrs. Bryant and May's patent safety matches. It states that these matches cannot be ignited by friction, except on the prepared surface of the box. They are also said to contain no phosphorus; the persons employed in the manufacture are, therefore, not exposed to the danger of necrosis of the jaw.

Fairplay.—The Jena degree, if obtained since October 1, 1858, does not confer the right of registration or practice. Persons who obtained the degree before that time may apply to be registered, but stringent inquiries as to the method in which they acquired the degree would be instituted. Unless residence at the University and examination were proved, registration would be refused. If the person referred to is registered, he can legally practise medicine, and can ask what fees he chooses.

Amicus.—More than one letter has reached us on the subject of our correspondent's communication. We do not think it right to publish any statement which may affect the character and professional standing of a Medical Practitioner without giving him an opportunity of explanation. We have therefore written to the gentleman referred to, stating the charges that have been brought against him, and asking him to furnish us with an answer to them, that, if need be, his letter of explanation may appear at the same time as the rest of the correspondence.

One Word for my Friend and Two for Myself.—A correspondent forwards the *Little Grumpington Observer and Gossipbury Chronicle*, in which we are pleased to find an *éloge* of our humble selves. "The new number of the *Medical Times and Gazette*," it says, "is replete with brilliant articles and useful reports, and well sustains the high character of that ornament to Medical periodical literature. Not one of the least remarkable cases it contains is that of ———, contributed by our eminent townsman, —— ———, Esq., M.D., F.R.C.S., L.S.A. It is gratifying to notice that Mr. ———'s practice does not suffer by contrast with that of his most eminent metropolitan confrères, and that Grumpington contains such solid Professional skill as is evinced by Mr. ———'s able contributions." Such things are harmless; they please "*he*" and hurt nobody.

The *Assault of Arms*, held on Friday evening, the 28th ult., at the Coal Exchange in the City, by the Members of the School of Arms attached to the London Rifle Volunteer Brigade, was well attended, and afforded great pleasure to every one present. Matches at single-stick and fencing were intermixed with boxing, and with trials of skill between one combatant armed with the Enfield rifle and bayonet, and another armed with a sabre. Much of the play exhibited was very fine, and gave the spectators a vivid impression of the single combats in which our men fought for their lives at Inkermann. We were most favourably impressed with the athletic bearing and activity of the gentlemen who took part in the various contests, and more particularly of Mr. Thewenoti, the Messrs. Cuthbert, Captain Maclachlan, and Mr. Hughes. We have always warmly commended the Volunteer Movement, not only for its beneficial influence on the political position of our country, but because of its tendency to early develope healthy habits amongst our young men. The School of Arms has done wonders for its pupils, and we hope will be warmly supported.

There was the faintest possible approach to a *scene* at the meeting of the Obstetrical Society on Wednesday. At the preceding meeting, it is alleged that Mr. Baker Brown stated that Mr. Spencer Wells had operated in a case of ovarian disease which Mr. Brown had condemned as totally unfit for operation. Such statement might be worth much or little, according to circumstances; it might show that Mr. Wells had exhibited great rashness, and Mr. Brown the acutest foresight; but, at any rate, whatever offensive or personal imputation it was capable of should have been apologised for in cool blood, even if it had not been checked by the President on the spot. Moreover, it seems that Mr. Brown had, in the heat of the debate, clean forgotten all respecting the case which he made the observation about; for it really turned out that Mr. Brown not only had not condemned the case as unfit for operation, but had himself offered to operate! At the meeting on Wednesday, a paper was read by Mr. Wells, giving an account of the case in question, which seems to have terminated fatally, through the quantity of ovarian liquid left in the peritoneal cavity. It was left to avoid the risk of protrusion of the bowels. At the same time, letters were read which showed that Mr. Brown had himself offered to operate. The latter gentleman "protested" against the reading of the paper; but the protest was overruled by the good sense of the meeting, which felt evidently that as a quasi-imputation had been uttered, the whole truth ought, in justice to the parties, to be brought to light. People who are ready with imputations, ought not to be squeamish at having the case fully discussed. It is to be wished that personal questions were avoided at all scientific Societies.

Teetotallers at Bath.—We think that members of our Profession are not sufficiently cautious when they ally themselves with persons who propagate extravagant, though well-meaning, notions, such as teetotalism. We have repeatedly analysed the principles and practice of teetotalism, and shown that, great as are the abuses committed with respect to fermented drinks, they are no excuse for the slanders and the false physiology in which teetotallers delight. We find from the *Bath Chronicle* that a meeting was held at Bath on the 20th March, on behalf of the United Kingdom Alliance. The chair was occupied by a Medical Practitioner in the place. Dr. Lees, whose learning and earnestness entitle him to respect, was one of the speakers, and a silly clergyman another. The latter was not ashamed to accuse Medical men of discountenancing teetotalism, lest it should cause "almost universal healthiness." Of course we do not pretend to say what influence such a statement would have on an audience of teetotallers; they may possibly have been led to believe by this Christian-minded priest, that we are a set of ghouls who delight in the misery and death of our fellow-creatures, and do all we can to promote them; but if this Bath audience was not quite so blinded by fanaticism as to believe this, we can imagine that they must have thought the learned Doctor in the chair a very poor creature, for sitting and hearing his own Profession slandered without rebuking the slanderer.

A correspondent requests us to notice a quiet village convalescent establishment for women and children, called "The House of Rest," at Hurstpierpoint, 1¼ mile from Hassock's Gate Station. A prospectus tells us that—"This Institution, destined originally for the poor only, now opens its doors to all classes. The lowest weekly payment is 6s. Those whose circumstances can afford it are expected to pay a higher sum. Ladies in reduced circumstances pay from half a guinea to a guinea a week. Incurables are admitted at the rate of £18 or £20 a year. Thus any who are bowed down by sickness and suffering, may avail themselves of the repose and comfort afforded by the House of Rest, and of the privilege of attending the Daily Services of the Church, when they are strong enough to do so. To some, who have known better days, it has been a refuge when the only alternative appeared to be that melancholy one—the workhouse. The Lord Bishop of the Diocese has given his support to the House of Rest from the beginning. Treasurer:—Lieut.-Col. Moorsom. Further particulars may be had by applying to Miss Knollys, or to the Lady Resident, House of Rest, Hurstpierpoint."

PROVIDENT DISPENSARIES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I should feel much obliged if you would kindly allow me, through the medium of your Journal, to respectfully request any one connected with a Provident or Self-Supporting Dispensary to send me a copy of their rules, etc., for which I should feel much indebted. I am, &c.

25, Foregate-street, Worcester, March 29. W. WOODWARD, M.D.

THE DISCUSSION ON ANCHYLOSIS AT THE MEDICO-CHIRURGICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I request that you will allow me to correct an error which appears in your last Number relative to my paper on Anchylosis, which was read before the Royal Medical and Chirurgical Society on March 11.

In the discussion which followed the reading, I did not state that there was no lateral motion; but, in answer to Mr. Holthouse, I stated that whatever motion existed was regulated muscular motion, and that it was not swinging motion. I further stated that instead of having too much motion, I hoped yet to increase the lateral motion. I am, &c.

20, Grosvenor-street, W., March 31. BERNARD BRODHURST.

EMPLOYMENT OF TINTED GLASS FOR DEEP CONCAVE GLASSES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—All persons who have had occasion to adapt concave glasses to extreme cases of short sight, must have observed that when they apply such ones as completely neutralise the myopia, the patients declare their vision of distant objects is perfect, but attended with such a sensation of "dazzling" to the eyes, that they are obliged to content themselves with lower-power glasses at the expense of definition. I have lately had a patient who for perfect vision of distant objects required three-inch concaves, but was obliged to put up with a five-inch on account of their dazzling. It struck me that a diminution of the intensity of the light might benefit the case, and I accordingly had a pair of three-inch concaves constructed out of a deeply neutral tinted glass, with these the patient sees with perfect definition—which the five-inch concaves were destitute of—without the slightest "dazzling." In the hope that those of your numerous readers who may meet with similar cases may be induced to try this simple expedient, I have ventured to intrude on your valuable space. I am, &c.

London, March 30. J. ZACHARIAH LAURENCE.

TREATMENT OF PTYRIASIS CAPITIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number for March 15, J. R. W. asked his fellow readers of the *Medical Times and Gazette* for a more successful mode of treating ptyriasis capitis than those he had been trying in a distressingly severe case then under his care.

No reply having been elicited, either this week or last, I venture to suggest the free and constant use of a pomade consisting of any simple ingredient, such as unsalted hog's lard with very finely triturated nitric-oxide of mercury, in the proportions of ten to fifteen grains to the ounce, a proportion which is sufficient for the purpose, without giving an unsightly appearance. The scalp must on no account be irritated by friction with hair brushes or small-tooth combs.

This is not a remedy, as it does not prevent the almost certain return of the disease after its disuse, but J. R. W.'s patient will be quite satisfied with this simple expedient alone if he will give it a fair trial.

I am, &c.

Boundary-road, N.W., March 31. JAMES TURLE.

THE LATE MR. PITTARD.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The kindly remarks which have appeared in your columns relative to the late Mr. Pittard, and the generous appeal on behalf of his widow and children made by Professor Owen, render it desirable that I should trespass on your kindness to state briefly some circumstances attending his decease.

Mr. Pittard arrived in Sydney early in 1860, and by the genial kindness of his disposition, and energy of his mind, soon made many friends. The duties of the Curatorship of the Museum appeared agreeable to him, and he thoroughly revelled in this climate. After a few months, however, he was induced to consult me for diarrhœa, from which he had then suffered some weeks. This was the commencement of the active symptoms of the disease to which he finally succumbed He died in August, 1861, leaving a widow and eight children (of whom five are girls) unprovided for. I regret to say that the state of Mrs. Pittard's health rendered it undesirable for her to remain in New South Wales, and she consequently sailed for England in November last. Prior to her departure, some ladies in Sydney entered into a private subscription, and presented her a few days before she left with a box containing 500 sovereigns. Since then I have received from His Excellency Sir William Denison, K.C.B., late Governor-General of New South Wales, a donation of twenty pounds, and finally the Government here presented Mrs. Pittard, at the request of the Trustees of the Australian Museum, with the sum of £263.

The balance of this fund, after paying the passage to England and other necessary expenses, amounts to £700, and has been handed over to two trustees for investment. Under this arrangement it is hoped that about seven per cent. per annum may be realized, which will be transmitted to Mrs. Pittard half-yearly.

I think you will agree with me, that the inhabitants of Sydney have set a good example in thus assisting the stranger's widow, and I earnestly hope that those *at home* who knew Mr. Pittard as a man of science, kind teacher, and warm friend, will zealously complete the good work.

Allow me to add that I received, by the December mail, £5 from Professor Owen, and a similar sum from Sir Daniel Cooper, towards the Pittard Fund. I am, &c.

ALFRED ROBERTS.

WHAT WAS IT?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The *Times* of the 27th ult. contains a report of the case of "Temple v. Temple and Laing." It is there stated that "Dr. Alfred Taylor proved he had analysed the contents of the bottle handed to him by Dr. Temple." He said that "the mixture was calculated to procure abortion, although it might also be used to aid delivery. A teaspoonful was a full dose, and the mixture was twice the strength of the ordinary preparation." "In answer to a question by the Judge, Dr. Taylor described some other female disorders in which the mixture might be used, but said that it ought not to be administered in any of them in such a quantity and such strength. The usual dose would be half a teaspoonful two or three times a day."

It may be well conceived that the columns of a daily paper are not held by the reporters to be a proper place for a description, or even a mention of the substance which they have thus kept shrouded in mystery. But I trust, Sir, for the benefit of toxicologists, that the Professor will tell the Profession what it was he detected in the mixture, how he detected it, and in what way he arrived at so exact an estimation of its strength. If it were a solution of one of the vegetable poisons used for the purpose of producing abortion, *e.g.*, the active principle of ergot, so instructive an analysis should surely be published. The ordinary books on Forensic Medicine throw little light on the subject, and although I have studied toxicology for some years, I must own I know of no mode of examination which would yield reliable results. I am, &c.

A PHYSICIAN.

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As the following letters have only been forwarded to the Committee, perhaps you will be good enough to give them insertion in your Journal, in order that all the Poor-Law Medical Officers may know what is going on. I am, &c.

12, Royal-terrace, Weymouth, March 29. RICHARD GRIFFIN.

"Dear Sirs,—Many months have now elapsed since I addressed you as a Committee, and my object in now doing so is to lay before you such information as I possess, and to obtain your opinions as to the best course to be pursued. I would gladly call you together for this purpose, but I am aware the great distance many of you reside from each other renders such a course very undesirable unless important measures are to be discussed, but still I will do this if you wish it; should, however, this not be the case, I hope you will oblige me by writing any suggestions you have to offer. The circular letter each of you received this month has informed you that I have made an appeal to all the Poor-Law Medical Officers, asking them 'if they approve in the main of the evidence already furnished by me that they should send their subscriptions.' Up to the present time this letter has been responded to by upwards of 230 Medical men,—a number sufficient to justify us in continuing the course we have hitherto pursued. The amount received up to the present time is £102 16s., the greater part of which is paid into the Bank, to the account of the Association, less the expenditure, £29; so that we have funds to go on with, but I should be better pleased if the amount were greater, as an affair of this magnitude, to be carried on with vigour, requires extensive funds. By the annexed copies of letters, it will be seen I have addressed the Presidents of the Colleges of Physicians and Surgeons of England, Scotland, and Ireland, the Faculty of Physicians and Surgeons of Glasgow, and the Master and Wardens of the Society of Apothecaries, soliciting their aid; and I have sent a letter to the Select Committee now sitting. I have also been in correspondence with Sir Charles Hastings, the President, and Dr. Williams, the Secretary of the British Medical Association, and I have little doubt the Council will memorialise the Select Committee. Should any of you, or any gentlemen you know, wish to tender evidence before the Select Committee, I hope you will inform me of it, as it is very desirable we should, if possible, act in unison, as nothing tends so much to injure our cause as conflicting opinions on essential points—the payment clause, for instance—which the three witnesses examined last Session recommended should be carried out in three different ways, and one of those witnesses, Dr. Fowler, has since propounded a new plan in the *Medical Circular* of this month, which if adopted would, as well as that recommended previously by him, and also the one by Dr. Rogers,(a) be most injurious to many of the country Medical men; whereas the plan recommended by me on behalf of the Association, is well calculated for both town and country, and is just to the rate-payers as well as the Medical Officers, it being a payment for work actually performed.—I am, dear Sirs, sincerely yours, Richard Griffin – Poor-Law Medical Reform Association, 12, Royal Terrace, Weymouth, March 29, 1862.—The Committee of the Poor-Law Medical Officers (52 in No.)"

"To the Honourable the Select Committee, Poor Relief (England), House of Commons.

"My Lords and Gentlemen,—On the last day of your receiving evidence in the Session of 1861, I was requested to appear before you touching the question of the Medical Relief of the Poor, and at the same time two other Medical Officers also attended for a like purpose. Our evidence commenced at about three o'clock and closed at four—a period totally insufficient for the calm consideration of so important a question as the Medical Relief of upwards of one million and a-quarter of the labouring classes of England and Wales. I was, as you are aware, first examined, and, at the end of about half an hour, the room was cleared, and on my re-admission I was informed no further evidence would then be received from me, but I was subsequently permitted to put in certain documents, some of which were printed and the others returned to me. My object in now addressing you is to say I am prepared to attend your Honourable Committee whenever you may think fit to summon me for the purpose of being examined on the documents put in by me, as they reveal a large mass of information of a most important character, compiled by me on behalf of an Association of Poor-Law Medical Officers, of whom I have the honour to be Chairman. In addition to the documents already delivered in by me, I desire to tender evidence relative to other branches of Medical Relief, and especially to that of the Vaccination of the Poor, which is a subject intimately connected with this inquiry, as the poor rates are the source from whence the cost of it comes. By judicious arrangements I believe the rates may be lessened, the vaccination of all classes ensured, and at the same time the Medical Officer relieved of much of his labour, and yet be better remunerated for the legitimate work he has to perform. Should I be again summoned before you, I sincerely trust the entire subject of Medical Relief may be gone into, as I feel confident I shall be enabled to satisfy your Honourable Committee that every proposition made by me on behalf of the Association can be satisfactorily sustained, and that the amelioration I advocate will be of essential benefit to the poor, and the rate-payers as well as the Poor-Law Medical Officers.—I have the honour to be, my Lords and Gentlemen, your obedient servant, Richard Griffin, 12, Royal-terrace, Weymouth, March 24, 1862."

"Copy of letter addressed to each of the Presidents of the Royal Colleges of Physicians and Surgeons of England, Scotland, and Ireland; the Faculty of Physicians and Surgeons of Glasgow, and the Master and Wardens of the Society of Apothecaries.

"Sir,—At a meeting of Poor-Law Medical Officers held in London a year or two since, a Member of Parliament, who is also a Member of the Medical Profession (Mr. Brady), stated we ought to get the heads of the Profession to assist us in this agitation, I therefore, in my public capacity as Chairman of the Poor-Law Medical Reform Association, now venture to ask you, as the head of your College, to render us your aid, and request the favour of your sending a memorial or petition to the Select Committee on Poor Relief (England) now sitting, pointing out to them the desirableness, in your opinion, of a searching inquiry into the existing system of the Medical Relief of the Poor, who in 1857 numbered 1,349,452, in order that they may be ensured good Medical and Surgical advice, and the Poor-Law Medical Officers, upwards of 3000 in number, that remuneration which their important services to the nation so imperatively demand. I enclose you copies of Petitions that you may see what has been done by public bodies on former occasions.—I have the honour to be, Sir, your obedient servant, Richard Griffin, 12, Royal-terrace, Weymouth, March 26, 1862."

COMMUNICATIONS have been received from—

Professor BUSK; Mr. A. ROBERTS; Dr. FLETCHER; Mr. SMYLY; Dr. MOORE; Dr. RAMSBOTHAM; Dr. HILLIER, Mr. COOKE; Mr. E. PHILIPS; Dr. ANSTIE; Dr. G. R. PLAYFAIR; M. S.; Dr. MONARTY; F. T R.; Dr. GRAY; Dr. A. E. SANSOM; Dr. WOODWARD; Mr. GERRAUS; AXION; Messrs. BRYANT and MAY; GLAUCOMA; Dr. MOORE; Dr. CHAMBERS; Mr. POCOCK; Mr. B. BRODHURST; FAIRPLAY; J. M.; Mr. ZACHARIAH LAURENCE; Dr. R. WESTLEY; Dr. TURLE; Mr. W. SPENCER WATSON.

APPOINTMENTS FOR THE WEEK.

April 5. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Professor H. E. Roscoe, F.R.S., "On Spectrum Analysis."

7. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Dr. Greenhow, "On the History of an Outbreak of Fever at Over Darwen in the Autumn of 1861."

MEDICAL SOCIETY OF LONDON, 8½ p.m. Ordinary Meeting.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

8. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. John Marshall, Esq., "On the Physiology of the Senses."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. Murray Humphry, "On the Effects of Excision of the Knee, Rickets, etc., upon Growth." Mr. Thomas Bryant's "Analysis of 230 Cases of Lithotomy."

9. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY (Council 7½ p.m.), 8 p.m. Dr. Barnes, "On the New Method of Bringing on and Completing Labour at an Appointed Time."

NORTH LONDON MEDICAL SOCIETY, 8 p.m. Dr. Cockle, "On Cystico-Cutaneous Fistula."

SOCIETY OF ARTS, 8 p.m. Meeting.

10. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall, Esq., F.R.S., "On Heat."

11. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Dr. Hofmann, "On Mauve and Magenta, and the Colouring Matters Derived from Coal."

(a) Average indoor maintenance in Strand Union is 64 days.
" " Weymouth ditto 95½ "

CHLORODYNE Ver. of DR. J. COLLIS BROWNE'S.

THE ORIGINAL AND ONLY GENUINE.

DR. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering in 1848 a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT; for this new Remedial Agent he was obliged to find a name, and named the appellate CHLORODYNE, as specifically indicating this remedy—a word unheard of and unknown until 1851, when he introduced it for public use through myself, *J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London*, to whom he confided THE RECIPE AND THE MODE OF MANUFACTURE, NEVER HAVING DIVULGED OR PUBLISHED THE SECRET OF THE FORMULA.

The Medical Profession are cautioned CHLORODYNE to reject the false, unscrupulous, and untruthful statements of certain persons, who, to their shame and disgrace, unblushingly claim the term, and attach it to compounds in imitation, speciously pretending that they "prepare it properly and uniformly," well knowing that they have neither authority or warrant for so doing, as they are ignorant of Dr. Browne's Formula.

The only Authorised Formula is in my sole possession, and I give an unhesitating denial that it has ever been published. The *fictitious and pretended* analyses of Chlorodyne only deceive, and are altogether different from Dr. Browne's invaluable preparation.

NOTE.—*One great feature of success in employing efficient remedies depends on their fidelity and genuineness*; if spurious compounds are administered, the patient suffers and the Physician loses confidence, and it is known to many Pharmaceutists and Chemists to their cost, that the patronage of Physician and patient have been immediately withdrawn on their learning of spurious compounds having been substituted when Chlorodyne was ordered.

The extraordinary success attending the use of Chlorodyne has given rise to a series of imitations; it is, therefore, doubly incumbent on Physicians and Surgeons when prescribing this preparation to write "*Chlorodyne, Dr. J. C. B.'s.*"

Each Genuine Bottle has the words DR. J. COLLIS BROWNE'S CHLORODYNE engraved in White Letters on a Red Ground.

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SAVORY and MOORE'S EFFERVESCING CARBONATE and CITRATE of LITHIA. The former is in small glass tubes each containing a dose equivalent to four grains of Carbonate of Lithia. This salt is capable of neutralising the uric acid in the system. The advantages it possesses over Lithia Water consist in being extremely portable, more economical, and easily tested. The latter is adapted for more ordinary use as a beverage. Each drachm contains the equivalent to four grains of Lithia.

"Both salts dissolve rapidly in water with lively effervescence and furnish clear sparkling solutions as pleasant as soda water."—*Lancet*, February 22, 1862.

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EFFERVESCING CITRATE of QUININE, and

EFFERVESCING CITRATE of IRON and QUININE.

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THE HYPOPHOSPHITE of QUININE, of IRON, and of QUININE and IRON, in scales.

SYRUP of HYPOPHOSPHITE of QUININE, of IRON, and of QUININE and IRON.

CONCENTRATED ESSENCE of SUMBUL, *for* Nervous Disorders, Epilepsy, Spasms, Cramp, &c., &c.

AERATED PROTOCARBONATE of IRON WATER.

"Its combination appears to me to be perfect, and it is a good substitute for the natural carbonated chalybeate."—*Professor Letheby.*

COD-LIVER OIL with QUININE, COD LIVER OIL with IODIDE of IRON, and other genuine Medicated Cod-Liver Oils.

DATURA TATULA *for* ASTHMA, prepared in the most convenient forms for general use.

THE EYE DOUCHE, *or* FOUNTAIN, *for* applying cold water or Lotions to the Eyes.

"The principle and application of which are highly approved."—The Lancet.

"We have tried one of these Douches, and can express our approval of it."—Medical Times and Gazette.

THE EAR DOUCHE: an efficient substitute for ordinary Syringes.

"They are most useful instruments."—Medical Times and Gazette

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GRANULATED CITRO-TARTRATE of SODA.
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Dissolved in water or wine, these salts make a perfectly clear, sparkling solution.

SYRUP SUPERPHOSPHATE of IRON and QUININE.
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and STRYCHNINE.

Both these Syrups have been extensively prescribed for the last twelve months, with marked success.

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CONCENTRATED ESSENCE of SUMBUL.
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" BANEBERRY (ACTÆA RACEMOSA).

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1, 1859 (*vide* "The Lancet," June 11, 1859).

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Vide "*Medical Times and Gazette*," Dec. 14, 1861.
Vide "*British Association Journal*," Feb. 22, 1862.
Vide "*Dublin Medical Press*," Jan. 29, 1862.

Dr. Snow's Chloroform Inhalers, as

originally made for him, and other forms of the most approved and safe kind, to be had of W. MATTHEWS, Surgical Instrument Maker to King's College Hospital, 8, Portugal street, Lincoln's-inn, W.C.

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ORIGINAL LECTURES.

◆

ON THE PHYSICAL GROWTH
OF THE
RECRUIT AND THE YOUNG SOLDIER.

A LECTURE INTRODUCTORY TO THE COURSES OF INSTRUCTION AT THE
Army Medical School, at Fort Pitt, Chatham.

By WILLIAM AITKEN, M.D.
Professor of Pathology.

COLLEAGUES AND GENTLEMEN,—I am about to address myself to those young men who are candidates for commissions in the Medical Service of her Majesty's British and Indian Armies; and to those Medical Officers who have joined the courses of instruction here.

Some of you have but recently left the schools of Medicine, where you have studied and acquired a competent knowledge of the principles of your Profession, and some experience of its practice. It has been ordained, nevertheless, that you should attend certain courses of instruction here, in order that you may become practically acquainted with your special duties as Army Surgeons.

Although we thus stand to each other, therefore, in the relations of the "teacher" to "those taught;" yet on my part, and I am sure also on the part of my colleagues, we desire to meet you here as brethren in the same Profession, to work together in the same field of labour, as earnest students ought to work, whose common object is to observe and to study the diseases incident to military life in every region of the world. We desire to investigate together, according to the best methods, the *nature* and the *causes* of those diseases, so that we may learn to put in practice the most *efficient means* for their *prevention* and *cure*.

The objects contemplated by Government in thus providing courses of instruction for you at this place are, not only to give you a practical acquaintance with the specialities of Military Medical life, but to teach you more especially all that relates to the prevention of disease amongst soldiers.

In this respect, the routine business of your Professional duties as Military Medical Officers will differ somewhat from that of your Professional brethren in civil life. The laborious and benevolent vocation of the latter is to cure the diseased, and to heal the sick; for "they that be whole need not a physician, but they that are sick."

On the other hand, the great aim and object of your life as Military Medical Officers, is to prevent sickness and loss of strength amongst the soldiers committed to your care; and, to carry out a little further this view of regarding your special functions, it may be held that every case of *preventible disease* among soldiers which is brought to you for treatment, is a living witness that you have failed in the special object of your vocation. If, unfortunately, indeed, the soldier should die, he may not justify the proverb, that "dead men tell no tales"; for the records of the post-mortem examination may suggest to you, and to others after you, that death left upon that soldier a "stamp" of the existence of preventible disease —such "stamps" as you see upon this table, and in our Museum. The post-mortem record may also show that the *preventible* disease which killed your patient was not the only one from which he had suffered during a lengthened period of service. It may be that the "stamps" of diseases contracted years before his death were still apparent, and accorded with the Medical history of his life. These diseases may have impaired his constitution, and rendered him a more easy victim to the disease from which he died.

On the other hand, again, you are fairly entitled to reason from the converse view of all this, and to claim for yourself the merit of success if the sickness, the loss of strength to the service, the invaliding and mortality, are below the average, and continue to diminish or to disappear altogether amongst the troops while under your care. You have at once an instance of this form of argument, and an authority for its use, in the speech of the Right Hon. the Secretary of State for War in moving the Army Estimates for the current year in the House of Commons:—

"Improvements," he remarks, "have been introduced with a view to ameliorate the social, moral, and sanitary condition of the private soldier. Much expenditure has been incurred for the sake of enlarging and improving Barracks, and in carrying out various recommendations of the House of Commons, with respect to Barracks and the Hospitals connected with them. I am happy to say," continues the Right Hon. gentleman, "that these efforts have not been unattended with important results, as will appear from authentic returns of the mortality in the service. These returns have been prepared by the Director-General of the Army Medical Department, and I believe they are perfectly authentic, though it is certainly difficult to believe that so great a change can have taken place in so limited a period. It is possible that the greater youth of some portions of the Army may, to a certain extent, affect the returns, but I believe the difference is mainly to be explained by improvements in the sanitary conditions under which they are now called on to serve.

Deaths among the Troops serving in the United Kingdom Annually per 1000 *of men.*

	From 1830 to 1836.	1859 to 1860.
Generally throughout	14	5
Cavalry of the Line	15	6
Royal Artillery	15	7
Foot Guards	21	9
	From 1836 to 1846.	1859 to 1860.
Infantry of the Line	17	8

Similar Returns for the Colonies are as follows:—

	From 1837 to 1856.	1859 to 1861.
Gibraltar	22	9
Malta	18	14
Ionian Islands	27	9
Bermuda	35	11
Canada	20	10
Jamaica	128	17
Ceylon	74	27

"I have other returns from other colonies," continues the right honourable gentleman, "and I believe that these returns are authentic, and certainly they show how very considerable a diminution has taken place in the mortality of the Army, and these results are very encouraging for future attempts in the same line of improvement." (See *Times*, March 4, 1862.)

But, while we thus take so strict and rigid a view of the special functions of the Medical Officer to whom the health of armies is entrusted, it must, at the same time, be generously remembered that we can only aim at a perfect success, which we may never reach even with our best endeavours.

We know that the sphere of our Professional exertions is limited, and surrounded by insurmountable barriers; and death will eventually come alike to all, sooner or later—to the Surgeon as well as to the soldier, "reminding us that we ourselves must become victims to the incompetency of our art."—(Biglow.)

The practical view which you are here required to take of your Profession is, that "Medicine is the art of understanding the nature of diseases, so as to appreciate their causes, and to prevent their occurrence when possible; to promote their cure, or to relieve them when they occur."

At one end, therefore, of the scheme of study chalked out for you during the short period of your residence here, the Science of Hygiene stands pre-eminent and paramount; at the other extreme is the Science of Pathology. Between these two extremes you have the clinical study of diseases which have been contracted in all parts of the world, as well as of wounds and injuries. The cases of these diseased, wounded, and injured soldiers are most instructive, and are treated in the wards of the Hospital, under the directions of the Professors of Military Medicine and of Surgery; who will instruct you also in the specialities of Military Surgical practice, and in the peculiar characters, course, and treatment of tropical diseases.

I will not further occupy your time by any attempt to explain in detail the plan and the scope of the special instructions which my colleagues have prepared for you in the discharge of their several duties as Professors. They will each do this when they meet you for the first time in this room. Let me rather proceed at once to open up the subject with which we are together more immediately concerned, namely:—

PATHOLOGY.

The short duration of our courses of instruction permits me to accompany you but a very little way in this great field, and, ultimately indeed, I can only indicate the road through which it is most reasonable to believe that the greatest advances in the science of Medicine are to be effected. The belief is now rapidly gaining ground, and acquiring even a hold on the popular mind, that advances in the science of Medicine in future years will be mainly due to "a better appreciation of the causes of disease." And, just in proportion as our knowledge of physiology and pathology becomes more exact and extended, so will the "causes of disease" be appreciated, and the "occurrence of diseases" on a large scale will be prevented.

An amiable and large minded Physician, who but recently has taken his place among "the great ones of the Past,"—I mean Sir John Forbes—observed and emphatically recorded more than fifteen years ago, that "here the surest and most glorious triumphs of Medical science are achieving and are to be achieved." He himself lived to see great and good results, which continue to be realised.

The science of physiology, however, has immeasurably outstripped that of pathology in the comprehensiveness of its views and in the value of its results. Pathology, in its turn again, has always been and ought to be in advance of therapeutics.

The best physiologists have distinctly recognized, that the basis of their science must include not only a knowledge of animals below man, but a knowledge of the entire vegetable kingdom. They recognize that without such an extensive survey of the whole realm of organic nature, we cannot possibly understand human physiology, and far less comparative physiology. Our science, therefore,—*that of Pathology*,—which deals with "the nature of diseases," must be still very far behind.

The diseases of the lower animals, for instance, rarely form any part of our study. The diseases of plants are almost entirely neglected by us. Yet it is clear, that until all these have been studied, and some steps taken to generalise them, every conclusion in pathology, regarding the nature of diseases, must be the result of a limited experience from a limited field of observation. How do we know that the blights of plants, or the causes of them, are not communicable to animals and to man? We know how intimately related the diseases of man and animals are with famines and unwholesome food; and of famines with the diseases of vegetable and animal life, as much as with the destruction and loss of food.

To physiology, therefore, in its most comprehensive sense, and to a knowledge of the natural and normal development of animal and vegetable beings, we must look for future progress in pathology; while the means and the instruments which advance physiology will simultaneously advance our knowledge regarding the "nature of diseases;" and a true knowledge of the nature of diseases can alone enable us to "appreciate their causes," and so arrange "*measures for their 'prevention,'*" based on the great truths of science. Let me now give you an example to show how the science of physiology, and a knowledge of the development of the human body, may enable you to appreciate the "nature and the causes" of some of those diseases to which the loss of strength of a very large proportion of our soldiers may be traced.

Let me commence with the *physical growth of the recruit*; and when we enter at next lecture more fully into the details to which I am about to direct your attention only for a moment, you may, perhaps, appreciate better the instructions which will be given you by the Professor of Hygiene, regarding the *physical training* most proper for the young soldier,—a training such that while it tends to develope his strength commensurate with his growth and with his years, it tends also to preserve him from disease, and fits him most efficiently to learn and to endure the labour of military duties and drill.

In the Statistical Report of the Army Medical Department for 1859, it appears that there were 16,553 soldiers *under* twenty years of age, and that there were 40,389 men under twenty-five years of age, and 52,041 soldiers under thirty years of age. These numbers include home and foreign stations. Now, if you look to the loss of strength in the army as represented by the number of invalids passing through this Hospital in any one year, it has been found that upwards of 16 per cent. are recruits under *two* years' service; and that the greater portion of that time had probably been passed in Hospital. The diseases for which these young men were discharged the service were chiefly (1) pulmonary disease, and (2) heart diseases, (3) epilepsy and diseases of the nervous system, and (4) diseases of the bones and joints. Dr. Balfour's Report also shows us that the deaths among newly-raised men (as in the dépôt battalions and the second battalions) are greatly in excess of those in the older regiments; an excess of mortality chiefly owing to pulmonary diseases, diseases of the circulation and of the nervous system.

To appreciate some of the causes which may be producing and maintaining such losses of strength and mortality, I would call your attention to the *physical growth of the recruit and the young soldier* as demonstrated to you by the tables on the wall, and by the four skeletons before you, which very fairly represent the frame-work of the human body at ages under thirty years,—namely, at the age of sixteen; at the age of more than seventeen, but less than twenty; at the age of more than twenty, but less than twenty-five; at twenty-five.

Now, *physical growth* and *development* are in the greatest perfection when there is a due concurrence between *age*, *weight* and *stature*. The due concurrence of these three conditions is the best evidence we yet possess of normal and healthy physical development and growth.

Now, the elements of *stature* and the *age* of recruits fall peculiarly under the superintendence of the *military authorities*. They may form an army composed of men at any age and at any height which can be obtained, while questions concerned with the maintenance of *health* and of *general physical efficiency* of the soldier, both individually and collectively, are for the decision and consideration of the *Medical Officer*.

According to the existing regulations, soldiers are not entitled to reckon service under 18 years of age as a claim for pension; consequently, recruits have some inducement to state that they are 18 years of age when they are not. (Marshall.) Provided then that a young man has attained the *minimum* height authorised by the military department as the stature at which he may be enlisted, if he is seen to be a "growing lad," however young he may be, the recruiting officer rejoices to get him. In fact, the term "growing lads" characterises the article which is advertised for, when recruits are in demand, and the recruiting officer has been known to enlist them when they were even under the required stature. At one time (1804), indeed, a premium of £2 2s. was allowed to parents who brought a boy under 16 years, but who was then five feet two inches in height. (Marshall.)

Now, we know that age, weight, development, and strength are very closely co-related, and their due proportions are absolutely necessary to be maintained to enable a soldier, or any other living being, to go through the fatigues and the hardships incident to a military life. *Age* is only one of three most important elements, and when I show you from these skeletons and from these tables, that up to the age of 30 years of life, the skeleton frame-work of the body is still growing, and that the whole man is only arriving at maturity, you must be convinced of the necessity of great care and caution in handling young men or young animals, in order that they may be trained with success without inducing disease. At 18 years of age many recruits are but slim lads, who have not yet attained their full height, bulk, or development, and whose bones have not nearly completed their growth. To load him, therefore, with weights, and to expect him to go through the same work as a soldier of 30 years of age, is to expect more than human nature can endure with impunity.

(To be continued.)

Health of King Leopold.—A good deal of contradictory statement has been published in the foreign journals as to an operation said to have been performed on King Leopold. The *Pays* lately made the announcement that several of the Parisian Medical celebrities had been to Brussels, that there was good reason to believe that an operation for stone had been decided on, and that, in consequence, the Duke de Brabant had given up his journey from Alicant, and had embarked at Cadiz to return to Belgium. The *Nord* contradicts the latter part of this assertion. It declares that the operation took place the day after the departure of the Duke de Brabant—a proof that no fears were entertained of the result,—that the operation was perfectly successful, and that the health of the King is now excellent. As to the Prince Royal, it states that he has not suspended his journey, has not been recalled, and has not any idea of returning to Belgium for the present.

ORIGINAL COMMUNICATIONS.

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CLINICAL NOTES ON SOME COMMON DISEASES.

By ROBERT DRUITT, M.R.C.P. Lond.

No. I.—INTEMPERANCE AND ITS PREVENTION.

(Continued from page 31.)

Nervousness—Grief—Mental Anxiety and Stagnation—Hallucinations and Minor Mental Affections in Common Life—Hypochondriasis—Primary Hysteria—Moral Insanity—Periodic and Occasional Intoxication—Dipsomania.

I HAVE hitherto spoken of the bodily sensations which lead to intemperance; but the mental are of infinitely greater consequence. And here let me notice the most cruel and unreasonable neglect with which minor mental affections are treated. I speak not of what is formally called "insanity," but of the nervous wretchedness, the bad spirits, the dejection and groundless fears of the feeble and hypochondriacal. If a woman have a pain in the side, or a spot on the skin, her husband will immediately seek Medical relief for her; though her bodily sufferings be but slight, and her mental none at all. She may be essentially as cheerful and happy as ever, spite of a little pain, which she readily bears. But let the same woman be ill in that which constitutes her very inner self; let her thoughts be gloomy, hopeless, and self-tormenting, so that her life is as miserable as if she were a prey to remorse for the most grievous crimes, and then what is done for her? Either she is despised as a fool, and told so. Or she is argued with; just as if any one would entertain irrational fears if they were capable of being argued away. Or she is scolded for sinful despondency, and told that she is wicked to despair. Or she is told to drink; to have a glass of port wine when she feels low,—or all these things may happen to her in turn, till, at last, the husband coming home unexpectedly some day, finds his wife drunk! Christian friends then wonder how a lady could so degrade herself; all the blame is laid on the victim's head, and not one word said about those who have so cruelly neglected her, through utter ignorance of mental physiology, and blindness to the things going on under their eyes.

A man lately brought his wife to me, saying, "Really, Sir, I don't know if it is of any use to ask you to see her; there is absolutely nothing the matter with her, but she is such a fool. She is moping and crying all day, with nothing on earth to cry about. She has every comfort that a woman can have, and yet is never happy, though I keep telling her how wicked and foolish she is."

I once saw a lady who had been found out in a drunken fit. Her relatives were sent for. Her mother and an aunt came; the former thrashed her with her fists; the latter pounded her with texts of Scripture, such as, "The wicked shall be turned into hell," and about "a lake of fire reserved for liars and drunkards," etc., and this to a poor wretch, who fled to the gin bottle for relief from inward misery that was uncared for by those about her, and so timid, as she told me, that she had scarcely courage to give an order to her own maid. From what I have seen of the secret solitary drinkers, it is in vain to attempt to terrify them with notions of punishment, present or future; there is no state that they can conceive of more wretched than that which exists within them, and for which they seek a short respite in drunkenness.

Mental suffering is far worse to bear than bodily, and it is almost as common, especially amongst the educated classes. It is really the source of that disposition on the part of educated and refined persons to encourage quacks, of which regular Practitioners complain. When regular Practitioners cease to utter the formula, "Madam, I assure you your complaints are purely nervous," and with that formula to dismiss the case as unworthy of notice, then they will have a right to complain that their patient seeks from a quack the solace which they will not stoop to administer.

Of the forms of mental suffering, short of what is called "insanity," yet frightfully common, more distressing than any bodily illness, more incurable, and most pernicious,—in tempting women to drink, I have already mentioned *nervousness*. The best description of it was given by Charles Lamb. "Business," he says, "which I once used to enter upon with some degree of alacrity, now wearies, affrights, and perplexes me. I fancy all sorts of discouragements, and am ready to give up an occupation which gives me bread, from a harassing conceit of incapacity. The slightest commission given me by a friend, or any small duty which I have to perform for myself, as giving orders to a tradesman, haunts me as a labour impossible to be got through." To the mental are added bodily symptoms of the same sort, as the shaking hand and unsteady sight. These symptoms may be caused by bodily weakness alone, by worry of mind, by use of narcotics, and more especially of alcohol, by green tea, and equally by too much sleep. The hours during which they are most tormenting, are between early morning and the mid-day meal. The difficulty in relieving them arises from the difficulty of coercing a feeble stomach, reeking with the dregs of yesterday's malassimilation, to receive and digest food early in the day. Hence, wine and spirits are fatally tempting. Of this again, when I speak of treatment.

Whoever lives without risk of suicide, has passing through his brain during waking hours an easily flowing succession of thoughts, the result of which is a comfortable degree of self-reliance, self-satisfaction, and self-respect. But illness, anxiety of mind, and self-reproach at misfortunes unavoidable or not, may enfeeble the brain, and produce a train of thought which is positively painful, and requires effort to bear patiently. They next enfeeble those powers by which we distinguish between matter of fact and matter of imagination. There is many a case of ill-nourished brain seen in daily practice, between which and melancholia the line of demarcation is not well marked.

In May, 1854, a Medical friend called on me, bringing with him the last volume of the Medico-Chirurgical *Transactions*, which he opened, and asked me to look at a paper by Dr. S. W. J. Merriman "On Inversion of the Womb." He looked as wretched as possible, and told me that a very important patient of his, whom he had recently attended, and whose good word was of the highest consequence, had met with this accident, and that he was afraid to reveal it, but that out it must come soon, and that the patient would die and himself be ruined. Of course I condoled with him, and asked particulars. But the odd thing was that I could get no particulars; the inversion had been taken for granted. So I advised my friend, instead of going and confessing to the husband, to take an opportunity of examining the patient, to find whether the womb were really inverted or no. He did so, and found that he had been disquieting himself about a mere fiction of the imagination. He had been suffering from loss of rest, irregular meals, and great anxiety of mind, and had got his brain into so feeble a state that it was enslaved by an hallucination. Rest, good living, and wine speedily cured him; but it is a singular fact, that two years later he got the same crotchet into his head respecting another patient about whom he had been much harassed.

This case may be an example of the morbid fancies which haunt the brain of the wretched hypochondriac, unable to weigh and dismiss them with a clear judgment. The commonest is the notion that other persons' words and actions are intentionally offensive. In such cases, whether the evil be great or little, alcoholic liquids strengthen the judgment, change the current of thought and render it agreeable, beget a comfortable sense of self-respect, and enable the patient to bear his woes. Hence, the use of them may be, first, a dangerous remedy; next, an inveterate aggravation of the original malady.

The process by which *grief* leads to drinking is short and easy as the path to Avernus. There is no doubt but that grief—the condition caused by the news of some great calamity—produces effects on the brain of a physical character. The sufferer feels a sudden rush of blood to the head; a faintness; a dull pain; a sense as if the head would burst and the eyes start from their sockets; a stunned feeling, followed by a soreness; and inability to control the thoughts, which roll round and round in one distressing circle, without the power to dismiss them and entertain others. Between a man who receives shocking news and one who receives a blow from a stick, there is this difference, the physical injury is over at once; the mental persists and may grow in virulence. To the mental torture is soon superadded bodily illness; and the effects of grief which I have seen have been in one of these forms.

There may be, first, the effects of exhaustion,—of the great wear and tear of the brain. This was well described to me some time ago by a widow. Intense occupation in nursing a sick husband had ceased suddenly with his death. "When the house is shut at night," she said, "and everything quiet around me, then my sad thoughts come pouring down upon me, and go on, round and round, and over and over again. After a time, as I lie tossing about, a most horrible faint sinking comes over me, as if my heart and inside were clean gone, and I was sinking into the earth, bed and all. Then I must have brandy. I get out and take it, and sleep and feel better; if I do not, I am good for nothing the next day."

The second effect of grief is shown in those disorders of the blood which seem to result from admixture with it of destroyed organic matter, the result of nervous wear and tear. The usual symptom is sick headache; stunning headache, with vomiting of bile, or of acid stuff, or both, and large elimination of uric acid by the kidneys. Boils notoriously may be induced by grief; so may gout. I once was told by a man that a fit of vexation from disappointed love had settled in his nose and produced carbuncle there. It was quite true. There is much reason, too, for believing that grief may conduce to cancer.

Thirdly, there are more or less permanent disorders of the nervous system. There is a form of hysteria in which pains are, as is vulgarly said, "simulated." I recollect seeing a young lady bathed in tears, and complaining of violent pain in the side. She expanded her chest in such a way as to show that the cause of pain was not seated in the side; but the mind was deeply wounded; she was ill; sympathy was a necessity to her; the pain was but a reflex effect of a broken heart. This, as I humbly conceive, is the key to the obstinate, inscrutable, and apparently utterly abnormal pains and local complaints of hysteric young women. As a sailor will feel pain in the legs which were cut off years ago, as disease of the nervous centres may cause pain in the extreme nervous branches, so a mind deeply wounded, especially with a grief that must be hidden, produces some outward local pain.

Hence the obstinate pain in the knee, or ankle, or spine, the spasms, and other symptoms of severe hysteria. I have seen cases, from long-hidden grief, of utter fatal atrophy of body and imbecility of mind; such patients might have been saved by a greater use of wine, under Medical direction; but yet might probably have become confirmed intemperates. Many a man lives as an intemperate, who, but for alcohol, would have died. In counting up the evils of alcohol, it is but fair to subtract from them those which it finds and alleviates.

Grief fills the mind with images which are positively noisome. *Stagnation*, in which the mind is simply not supplied by any images at all, is as bad or worse. Such is the condition of persons of middle age who have lost hope; whose schemes of life are blighted, who have failed in their calling, and are too old to choose another. Such are the Physicians at sixty who hate the profession, and wish they had gone to the bar; such the barristers who "always felt that they had a taste for physic;" and the soldiers who say that the service is clearly going to the devil, and that only incompetent fools get promotion. Such are too many of the inmates of almshouses, refuges, and colleges for decayed professional men or their widows. Such are many of the single women of limited income who live in those Protestant Convents, the boarding-houses that abound in the suburbs of London; such are the shepherds in the Australian bush, who after months of monotony, must go and get drunk to save their lives by a little excitement.

Of the effects of anxiety of mind, the following may be an example:—A patient writes, "I received intelligence which caused me intense anxiety, which lasted several days. Absorbed though I was, I could not help noticing my bodily sensations. After a fit of more anxious musing than usual, I had such singing in my ears, giddiness, etc., feeling as if all my flesh was asleep. My feet felt partly as if they had 'pins and needles,' and partly as if there were wool inside the soles of my feet. And such a craving for food and drink!"

But there are certain perturbed states of the nervous system which directly lead to drinking, and which seem not to be engendered by outward circumstances, but by some congenital defect in the original formation or in the development of the nervous system. Such are the cases which may be called "primary hysteria," and (with certain reservations) "moral insanity." There are young persons of either sex, whose nervous system is in such a state that the ordinary occupations and surroundings which give happiness to others, give none to them. They are wretched and dissatisfied, and seek for some additional means of excitement. That excitement is found in two modes—in tormenting others, and indulging themselves. There are children who from tender age do the most malicious and mischievous acts, merely to gratify themselves. Such was a young lady who, when on a visit, hid the dressing-case of another visitor; such are the girls who set fire to houses; and others, of whom a good example may be cited—the unfortunate and notorious girl to whom the name of the "Female Jesuit" was ignorantly and slanderously given, and whose history was published with ludicrous simplicity by a miserable preacher upon whom she had quartered herself, and whom she deluded and tormented for months. Not long ago, I was consulted about a young lady, rich and good-looking, but restless, always craving for excitement; able to have almost every indulgence that money could procure, and to travel wherever she liked, yet secretly a drinker.

Here I must stop for the present. Let me sum up by saying, that as of bodily ailments, so of the minor mental perturbations met with in common life, there is a vast amount whose natural tendency is to seduce into intemperate habits, because alcoholic liquors give temporary relief. Such mental ailments are too often treated by scolding, argument, or *le prêche*. They ought to receive the most refined and careful Medical attention; and if they did, many a case of suicide, insanity, and drunkenness would be prevented.

(To be continued.)

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART II.

No. IV.—*Juvenile Insanity*—(*Continued.*)

By JOHN CONOLLY, M.D.

The particular class of juvenile cases which formed the subject of my last paper (March 8), can scarcely be too earnestly recommended to the Medical Practitioner's attention. They occasion early anxiety in the hearts of mothers, and this is usually long concealed, and then confessed to the family Medical attendant alone, on whose advice it thenceforth depends whether the little girl's peculiar temperament receives timely attention and undergoes improvement, or she grows up a cause of affliction to her relatives, and, if she becomes married, a curse to her future husband and to her children, and transmits variously-blended infirmities of mind to her descendants for three or four generations. Those who are acquainted with what are called temper-cases in asylums will know that this statement is not exaggerated. It is this which makes the early treatment of such consequence. If the young and wayward patient is punished, or her violence merely put down by greater violence, every year will increase the malady. Good-tempered nurses and patient teachers may train up the child more happily; and where, as is often the case, there are talents and strong feelings, they may be successfully cultivated and directed, and, in better intervals, so improved as to lead to the formation of a valuable character. The fatal mistake is to conclude of such early malady that it is only temper, and that the child, unassisted, will grow out of it.

The management of the child in its paroxysms of insanity must be conducted on the same principles as those of pure mania. Forbearance, and composure of manner, united with the firmness necessary on the occasion, but entirely without expressions of severity or anger, are indispensable. Temporary seclusion, but not in the dark, and entire tranquillity, are alone for a time of any kind of service, and active interference of any sort is always in some way or other hurtful. The old practice of mechanical restraint and stripes, was not more hurtful in the case of the adult lunatic than the degrading whippings continue to be to children whose violent passions are a disease. The patient, in both cases, is for a time best left alone. In the unhappy child the maniacal paroxysms will, if thus treated, soon subside. Persuasions and affectionate remonstrances may be applicable and efficacious when the paroxysm is passed; but sometimes the child, and the older patient also, is more impressed by no subsequent reference being made to the outbreak; as if it was too painful and disgraceful a subject to be spoken of. After any occurrence of this kind, the bodily health and general state of the child should be minutely attended to; and this also is what is done, or what ought to be done in the case of an insane patient of any age.

The appearance of symptoms allied to Hysteria has been observable in several of the cases of mental disorder in female children about whom I have happened to be consulted. In one instance, a little girl had been subject from about two years of age to seizures, which were at first apprehended to be epileptic. These had continued to occur up to the time when I first saw her, when she was eleven years old: they were convulsive, and followed by drowsiness, but no cry preceded them, the muscles of the face were not convulsed, and the tongue was not bitten. The patient was tall for her age, of fair complexion, with grey eyes; the expression of the face was restless; there were fidgetty movements of her hands, and she often rubbed her eyes with great force. She was capable of certain mental acquirements, but scarcely could be taught anything of others,—an inequality often remarkable in juvenile cases. There was great general excitability, and the temper was capricious and violent. The general bodily health was not particularly disturbed. When seen three years later, when she was fourteen years of age, great improvement had taken place as respected what had seemed to be the hysteric seizures, and also the nervous habit mentioned, but there was much eccentricity of character. In this case, as in some others which I have met with, there either were symptoms actually felt by the patient which enabled her to fortell an aggravation of insubordination when it was approaching, or she had become accustomed to predetermine on being more than usually troublesome, and to resolve on and predict the number of days she should continue so; which were generally three. I did not see this case after the patient had attained the age of puberty, as her friends removed to a distant part of England. The following case had some points of resemblance to this:—

C. C., aged 10, tall and well-formed, fair complexion, brown hair, grey eyes, expression of countenance pleasing, head well-developed. Second dentition not completed. A child possessing good mental faculties, but liable to very frequent nervous disturbance of short continuance. Without any particular warning, or any discoverable cause, fits of screaming occur, as if she was alarmed; the head then becomes strongly drawn to one side, and the hands become clenched. These attacks generally occur at intervals of four or five days, and they leave her in a confused state which lasts for some hours. Occasionally several attacks follow in the course of one day, after which she does not appear to know what is said to her, and has almost an idiotic appearance, the mind remaining confused for a longer period. There is a probability that these attacks are connected with tedious and irregular dentition, and it is remembered that in the first dentition a prolonged fit took place, after which there was temporary loss of power of one side. Her appetite is regular; the tongue is clean, and, with the exception of a liability to severe pain in the epigastrium, the general bodily health is not disturbed. Some indications of early uterine action have been observed by her mother. There is at present no fixed impairment of the mind; the child is fond of reading, of music, of active exercises and amusements, and for her age may be pronounced intellectual.

In some children born in India, of English parents, early symptoms of an hysterical character are seen, and generally associated with peculiar irritability of temper, and with moderate powers of mental application and acquirement. Symptoms of the same character arise in cases in which the existence of considerable talent and great sensibility have tempted parents to encourage educational efforts productive of morbid excitement. Long and impressive musical performances, lectures, sermons, and books too sensational or too serious for young minds, have at length produced warnings of actual mental disturbance impending; and failing vivacity, listlessness, alternate excitement and languor, aversion to ordinary pleasures, and even a dislike to musical sounds, with hysterical commotion and capricious outbreaks of temper, have unmistakeably declared that the nervous system was much over-wrought. In families of an emotional temperament, and where epileptiform and hysterical attacks have already occurred, these warnings cannot be neglected without great danger. But if the warnings are not neglected, a reasonable hope may still be entertained of a great or even of a complete amendment in these forms of early mental disturbance when the patient arrives at the critical age of puberty. The cases appear very discouraging; there has often existed some peculiarity from infancy, and there may be an hereditary taint; and yet on the attainment of womanhood the mind may acquire perfect health. I believe it to be important that Medical men should be impressed with the truth of this prognostic observation, and should not despair about such patients. In the slighter cases it will more readily be imagined how much threatened evil may be averted by proper care of the bodily health, and by refraining from undue exercise and excitement of the mind. In the following instance there was an illustration of some of these remarks:—

D. D., aged 11, tall for her age; good complexion, hazel eyes, brown hair; stubborn expression; the forehead perpendicular and high, the anterior head generally narrow, the vertex lofty, and the back head large. Has lately grown rapidly. Her natural temper described as being cheerful, and her disposition affectionate; although shy, and even timid, she was dutiful and cheerful. A few months before I saw her, she lost her usual spirits, and appeared to be habitually uneasy without cause; she was sometimes silent for a long time together although in company with children of her own age, and loved to be quite alone, when she would talk much to herself in an agitated manner. She seemed to be under the influence of delusions as to the propriety of speaking to other people, but occasionally she would ask many questions about the merest trifles, and repeat the same questions many times. There were days on which her general agitation was expressed in sobs, and by other hysterical symptoms, but she never complained of pain, or seemed to have any distinct suffering. The child did not appear to be deficient in intelligence, and, although not fond of her studies, could attend steadily to any needlework which interested her, and she could ride well on a pony; but the mental character of several relatives on the father's side caused the circumstances to be regarded with considerable anxiety. In this case, it was recommended that the patient should not be stimulated to much intellectual exertion, and that she should take much and varied exercise out of doors. The daily use of the tepid shower-bath was advised, and for a time the tinctura hyoscyami was given in small doses. It was especially advised that she should be educated from home, where she had been much indulged, and placed under the charge of some perfectly competent instructress. For three or four months, although there was some improvement, it was not great, although the advice was carefully acted upon. She became able to write letters on subjects in which she took an interest, and could retain historical facts in her memory, and answer questions concerning them correctly; but she would seldom reply when spoken to, and for a time asked every question three times over, a habit which was only gradually discontinued. Her education seemed to be very judiciously proceeded with, and the improvement, although slow, was progressive for about two years, when the uterine periodical functions became established rather earlier than usual, and a very marked change for the better took place, which proceeded to complete recovery. For four years after this I had an opportunity of ascertaining that the young lady continued perfectly well in every respect.

Among the various moral irregularities incident to early manifestations of unsoundness of mind, a disregard of honesty has occasionally been recognized; and instances of this obliquity are not unfrequently brought under public attention, in which either so little other mental irregularity exists, or is palpable to observation, as to dispose medical authors to consider it a distinct form of malady, and almost as a matter of course to give it a compound name derived from a language now neither written nor spoken, nor commonly read. But the propensity to theft, or *kleptomania*, is not more distinct than the singular propensity to falsehood, or to cruelty, seen quite as commonly in persons partially insane, and very generally without intelligible motive. I have myself never seen kleptomania in children, except in connexion with several other signs of mental disorder. It has appeared together with the other indications at an early period of life, and continued until the children grew up, and probably in some cases has never been wholly overcome. When most vigorously resisted, and successfully, there has sometimes supervened an excess of conscientiousness or of scrupulousness associated with melancholy, and even leading to despair. As far as my own observation has extended, in every case of this kind in the young, and, perhaps, I might extend the same remark to every case of juvenile insanity which I have seen, there has been an inherited tendency to mental derangement.

E. E., when at school was a nervous, sullen, wayward girl, and among other inconvenient peculiarities of character was addicted to stealing. She grew rapidly, and at puberty the uterine functions were healthily established. At sixteen she was a tall, fine-looking young lady, but had a very pale complexion, and the general demeanour of a girl of ten or eleven years old. She was restless, fidgetty, and seemed to be affected with a mild form of chorea, chiefly in the muscles of the arms and neck. There was general timidity; she was afraid to go to bed; her sleep was usually disturbed, and she almost always awoke with pain in the lower part of the forehead. Now and then she complained of temporary impairment, or suspension of consciousness, and she was afflicted with a dread of becoming deranged. Benefit appeared to arise in this case, after some perseverance in a tonic plan of treatment, with generous diet, and from the use of the tepid shower-bath. When the patient was last seen, the kleptomania scarcely occasioned anxiety; but as the young lady went to reside abroad the case was lost sight of.

F. F. was the daughter of an officer in the army; her mother extremely eccentric; her grandmother a half-caste. She was of good stature, of fair complexion, but not of a healthy aspect; her head was ill-shaped, the forehead ill-developed, the vertex and lateral and posterior portions of the head disproportionately large. From early childhood she was wayward and violent, regardless of truth, indelicate in behaviour, dishonest both at home and in shops, and apparently without affection. Thus she grew up. At fifteen years of age she remained in some respects childish in manner, and was restless, cunning, sudden and capricious in her expressions and in her movements, and would still conceal toys and various trifling articles, and carry them upstairs to her room when she went to bed. Careful attempts were made to improve this young lady, but she did not appear to be capable of being improved.

The propensity to theft perhaps more frequently appears about or after the age of puberty. Its temporary existence has been observed among the mental disturbances of women when pregnant.

Among the constitutional peculiarities in several of these forms of juvenile irregularity, sexual precocity has been mentioned as often occurring. There is probably not so often an actual prematurity, ovarian or uterine, in these instances, as an absence of the delicate reserve usually possessed or acquired at an early age by children of healthy faculties. With improving strength of body and mind, the peculiarity generally ceases after a few years. When this does not happen, the infirmity too often leads to mischievous and even unsafe interference: applications of more than doubtful propriety are resorted to, and even operations equally cruel and inefficacious. Recourse to these outrageous measures are, unfortunately, generally urged by the mothers of the juvenile patients, whom a residence abroad has rendered insensible to what our English Physicians regard as assaults on the modesty of woman; and the defenceless daughters are removed from London to capitals where they find more professional subservience can be commanded. Whoever gives reasonable consideration to this distressing subject, must arrive at the conclusion that the sexual manifestations when in excess, are generally, if not always, the result, and not the primary cause, of mental and bodily disorder; and that if the general health improves, and the mind acquires vigour, the sexual manifestations will become less and less conspicuous; and further, that if the mind and body unfortunately become weaker, and the manifestations more frequently perceptible, there is a diseased condition of the whole system,—a feebleness of bodily functions, combined with imbecility of mind, with which it is frivolous to contend by means of local applications, or by surgical operations, however varied, or by mechanical restraints and other possible barbarities. The only rational hope must be on a wise and patient direction of bodily and mental hygiene.

The Seventy-fourth Anniversary Dinner of the Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, will be held at Willis's Rooms, King-street, St. James's, on Saturday, April 26 next, at half-past six o'clock precisely. It is found that out of about every six persons who have ceased to be members of the Society from any cause, one has left a widow, children, or both, dependent on its funds.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

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THE LONDON HOSPITAL.

CLINICAL LECTURE ON TWO CASES OF OBSTRUCTED BOWEL REQUIRING OPERATION.

Delivered by JOHN ADAMS, Surgeon to the Hospital.

Gentlemen,—We have lately had under our observation two cases of obstruction in the bowels, which, in some respects, are similar, but in others are dissimilar. In one case, the operation of Amussat was performed in the left loin; in the other, the cæcum was opened in the right iliac fossa (a modification of the operation of Littre).

The first case is that of a man, 60 years old, of a remarkably healthy aspect, and who had never suffered any inconvenience from disordered bowel until the attack to which allusion is now made. He was admitted into the London Hospital, under Dr. Fraser, and his history is simply this:—Suddenly, some days before his admission, he found himself unable to empty his bowels. He tried various means to procure relief, but finding these unavailing he applied at the Hospital. Dr. Fraser ordered various mild tonic purgatives, as aloes, etc.; calomel and opium, turpentine, and other injections were used also without effect. Vomiting had occurred, but not to any severe extent, and the abdomen became excessively distended, without any decided local pain, though with a great deal of necessary distress. I was requested to see him on the fifteenth day after admission, as the Doctor thought some surgical interference was now called for.

I can add little or nothing to the description just given. The abdomen was greatly distended; still there was no local pain, nor was there any extraordinary distress indicated by the man's countenance; the vomiting had entirely ceased for three days; his water had been passed freely, and exhibited nothing peculiar either as to quantity or quality. I carefully examined the belly, and found nothing locally demanding remark, but I was very solicitous to see the condition of both loins, and I found them both equally tense, as if the ascending and descending colon were distended. I was induced by the comparatively favourable state of the patient, as indicated by his aspect, his tongue, and his pulse, to temporise, and see if injections thrown up in various positions of the patient could be serviceable. On the following day, everything remained in *statu quo*. I therefore called a consultation of my colleagues, amongst whom the only trifling difference of opinion existed in reference to the necessity of an immediate resort to the operation, or the propriety of twenty-four hours' delay. I ought not to omit to mention that the rectum-tube could not be passed up more than five inches. I counselled delay, myself, under the idea, founded on experience, that occasionally, when the patient is almost *in extremis*, the bowels will act of themselves. I grant that to take up this position is hazardous, unless a very close observation can be maintained, as in the case before us.

On the eighteenth day from the beginning of the attack, finding all other means unavailing, the operation of Amussat was performed, and the left loin was opened in the usual manner, and a large quantity of semi-fluid fæces passed, to the complete relief of the patient.

I have no remark to offer on the operation: it is one easily performed if the colon is distended as in the case before us. Some sloughing occurred three or four days after the operation, but this was soon arrested, and as perfect a cure as can be attained with an artificial anus was effected in this case. The man has left the Hospital, still discharging his fæces through the wound, although wind has on more than one occasion escaped per anum.

The second case is that of a gentleman, 25 years old, who consulted me on January 10, under the following circumstances. He was emaciated, and although not looking very ill, yet the anxiety of his countenance, gave me the idea of severe chronic disease. He told me, and his account was fully borne out by an excellent epitome of his case drawn up by Mr. Mason, of Burton-on-Trent, that he had been occasionally subject to attacks of constipation and vomiting; that these attacks were always attended with pain in the right iliac region, whence it radiated in all directions. He himself gave me no further history of his case, but this has been supplied me by the report of his Medical attendant, and I will relate it presently. I examined his abdomen carefully, and found on deep pressure much pain in the right iliac region; the small intestines could be seen distended and cramped in this region, and I thought I could feel a swelling hereabouts; but I could come to no satisfactory conclusion on the subject. I advised the young man to go to Hastings to try what effect towards the restoration of his health could thus be obtained. He had previously had directions given him about the general management of his bowels, and careful attention to his diet was enjoined; nutritive food in a semi-fluid state was ordered, with beer, etc., and I prescribed occasional doses of cod-liver oil.

I heard once from him afterwards, and his progress appeared satisfactory.

However, at the end of a month from the time when I first saw him, he had a very severe attack, and his Medical attendants, finding they could procure no relief for his bowels, sent him to London, and he came under my care at the Hospital.

His condition, which you witnessed, was simply this:—He had been seized with pain in the right iliac region, which extended to the left side; he had repeatedly vomited, and had passed no satisfactory evacuation for four or five days. His countenance was anxious, pulse quick, tongue furred, and abdomen in front universally distended and tympanitic; but not only was there no distension in the lumbar regions, but the loins were actually and distinctly flattened. Injections were ordered, and opium was given with no satisfactory result; after waiting, therefore, about six hours, and finding him worse in all respects, with the aid of Mr. Hutchinson, who quite coincided with me as to the probable seat of the disease, I opened with the usual precautions the peritoneum, drew out a portion of the cæcum, and opened it after carefully stitching it to the abdominal walls. An incision through the skin and abdominal muscles of about four inches in extent, beginning opposite the umbilicus on the right side and carried down half an inch internal to the anterior superior spine of the ileum, was quite sufficient to expose the cæcum. A quantity, probably two or more ounces, of straw-coloured serum escaped from the peritoneal cavity, and an immense amount of liquid fæces passed through the opening in the cæcum. Opium was ordered, and he was quite comfortable the next morning, but an attack of peritonitis terminated his life fifty-six hours after the operation. His body was examined, and all the evidences of acute peritonitis were found. During the operation I tried to make out the cause of his complaint, and by my forefinger I fancied I could feel a thickening of a part of the intestine in the iliac fossa, but I confess I could not quite satisfy myself upon this point. The colon was found quite empty after death, and at its very commencement a dense organic structure (of the nature of which there is some doubt) occupied the colon, so that a moderate sized lead-pencil could be scarcely passed through it. The seat of the disease was therefore apparent, and it is clear that no other operation would have availed to relieve the distended bowels. The cæcum was large and its coats were thickened, and a similar condition existed in the small intestines towards the termination of the ileum. Dr. Andrew Clark reports the following as the result of his microscopical examination of the thickened gut:—"The thickening consists of nucleated fibrous tissue, and is not in my opinion carcinomatous. The glands are enlarged and infiltrated with fibrous tissue."

I bring these two cases before you, as they are of recent occurrence and fresh in your recollections, and because, although analogous, they are by no means parallel. In the first case there has been no opportunity to ascertain the cause of obstruction. From the aspect of the man and history of the case, I am not inclined to regard his case as one of cancer of the intestine; from the same circumstances there can be no doubt that the disease was in the large intestine, for, independent of the fact that vomiting was by no means a prominent symptom, the rectum-tube could not be passed beyond five inches, and this leads to the impression that either a stricture existed at the upper part of this gut, or, what I think is more probable, there has been a twisting or some displacement of the sigmoid flexure of the colon which was the cause of the obstruction. The subject is still involved in mystery. However, be the cause what it may, there could not be the slightest doubt about the propriety of opening the descending colon.

In the second case, the analogy is maintained by the obstinate nature of the constipation, and by the absence of vomiting as a persistent symptom. These signs, with the healthy state of the urine, led me also to the inference that the disease was seated in the large rather than in the small intestine. But the analogy ceases here, and the parallelism is destroyed; for in the latter case a clear history, which I shall give you in the words of his own Medical attendant, and a part of which I gathered myself, pointed out the right iliac region as the seat of the obstruction. I candidly admit that I could neither ascertain in what intestine the disease existed, nor could I divine its true character. The most important part of the diagnosis, in a surgical point of view, was unquestionably deduced from the remarkably flattened condition of both lumbar regions, clearly pointing out to me the fact that the colon was empty. In this the case is so forcibly contrasted with the first case I have mentioned, where both lumbar regions were excessively distended, and could be easily defined, notwithstanding the general abdominal distension.

I ought not to attach too much importance to the vomiting, for I find, from the history furnished by his Surgeon, that at an early stage of his complaint, which had commenced about fourteen months ago, the disease was ushered in by a severe attack of vomiting and constipation, which lasted ten days, and was relieved by enemata of soap and water and turpentine. A quantity of fæces, of a vermiform appearance, escaped, followed by several pints of semi-fluid secretion.

Now, mark the early history of the case as given by his Surgeon, whose letter to me I will read:—

"Dear Sir,—I cannot express to you the extent of the obligation you have conferred upon me by the report of the operation and post-mortem in Mr. Hodson's case. He had a fall when skating last year, and severely hurt the right side of his abdomen, but the effects wore off in a few days without any Medical treatment; but in seven or eight weeks he began to complain, and has gone on gradually getting worse ever since, having always previously enjoyed excellent health. I believe this to have been the origin of his complaint.—Faithfully yours, "W. Mason.

"Burton-on-Trent."

The history is important, and, however much some may feel disposed to disregard the original injury as the cause of the disease in question, in my opinion it clearly points the importance of the rule that we should never neglect to investigate most closely the history of every case submitted to us for examination; and, further, that we should never disregard fixed local pain as a very important element in our calculations in endeavouring to ascertain the seat of obscure disease.

HOSPITAL FOR SICK CHILDREN.

CASES OF CHOREA.

(Under the care of Dr. HILLIER.)

Chorea Complicated with Organic Valvular Disease of the Heart.

R. D., aged 10, came to the Hospital for Sick Children in June, 1860. Her mother stated she had never been strong; subject to a peculiar barking cough. For the past twelve months, when cold, her lips, nails, and feet have become livid. Of late she has been more irritable and excitable than usual. Her mother is subject to pain and swelling of her joints. About two months ago her mother observed her fidgetting, and knocking her elbows to her side in an irregular manner. A day or two before this she had been frightened by a carriage which came suddenly round a corner, and nearly ran over her. She has during the last two months suffered from palpitation of the heart and shortness of breath on quick movement.

On coming to the Hospital (June 14) there was a loud systolic murmur audible both over the base and apex of the heart. She was also complaining of headache, as if her head was tied up with a cord and her hair being pulled. She was ordered ℞ Tr. ferri. mur. ♏x., digitalis ♏iv., aquæ ℥ss., ter die. This was continued till July 26 with but little improvement. Was then ordered ol. morrhuæ, which appeared to do her good, for on August 14 there was much less choreic movement. Sometimes the movements are now quite absent for many hours. They have been throughout most marked in the arms, and in both about equally.

Examination of Heart.—Impulse too visible, and over a large extent of surface. There is a peculiar tremulousness about the chest walls in fifth and sixth spaces below and outside of nipple. A loud, rather rough, systolic murmur heard at apex, loudly transmitted outwards, and very distinct behind at angle of scapula. Over the third left cartilage there is also a systolic murmur, more flapping in character than that heard at apex. It is heard at second right, but not at second left, cartilage. A venous hum is heard in the neck. Treatment continued.

August 27.—Choreic movements almost quite gone. Heart sounds the same. Palpitation and dyspnœa on the least exertion.

November 10.—Has continued the same mixture and oil. General health has improved. There are at times slight choreic movements of arms and hands. Signs of heart disease same as before.

In this case there appears to have been distinct organic disease of the heart, probably aortic constriction, and mitral regurgitation, with some suspicion of adhesion of the pericardium. The origin of this disease is not at all apparent; it seems to have dated from about the same period as the chorea. The mother appears to have been a rheumatic subject.

Another Case of Chorea, at First without any Cardiac Complication, but Speedily Followed by an Attack of Rheumatism, with Cardiac Murmur.

W. P., a fair-haired boy, aged 7 years. His mother is subject to rheumatic pains, and her mother was very rheumatic. He had not been very strong since October, 1859, (twelve months ago,) when he had an attack of scarlatina, ushered in by convulsions. He came to the Children's Hospital on October 18, 1860. Six months before this, he had been observed to be rather restless about the shoulders and head, and for four months past has had a spasmodic twitching of the left angle of his mouth; when excited his head is tossed about very much; heart's action rather forcible, unattended with murmur; perspires rather freely at night. He was ordered tinct. ferri. mur. ♏x., magn. sulph. gr. xv., aquæ ℥ss., ter die, and pulv. calomel c. jalape gr. x., bis hebdom.

On November 1, tinct. digitalis ♏viij. added to his mixture.

December 7.—There is now but little choreic movement of mouth, but some of head and shoulders. His appetite and general health have improved. Has occasionally walked in his sleep. After this time he soon got well of his chorea.

On February 22, he was again brought to the Hospital, on account of pains in his back, legs, and arms, with loss of appetite and copious perspirations. Pulse 120; no morbid sound heard over heart, except a reduplication of second sound at the base. Ordered pot. bicarb. gr. xv., aquæ ℥ss. 4tis hôris, and calomel quâque nocte, gr. j., P. ipecac. co. gr. iv.

24th.—Pains worse, especially in right leg, where it was so severe as to make him scream. No swelling of the limb, but extreme pain on movement. Pulse in bed 96; tongue coated with a white fur; no palpitation of heart or dyspnœa; no tenderness of intercostal spaces; the first sound at apex accompanied by a distinct blowing murmur. The medicine every two hours, and Dover's powder increased to six grains. From this time he improved, and on March 8 was able to walk to Hospital. Heart's sounds then free from murmur.

March 26.—Pains in head and chest.

April 2.—Pains in neck, back, and shoulders. Was ordered steel and iodide of potassium.

June 26.—General health now good; has no chorea except that when excited, there is a little irregular movement of the head; heart's sounds now normal.

This case is incomplete, but presents one or two points of interest.

Chorea Recurring Three Times with Cardiac Murmur.

E. B., a sallow-complexioned, brown-haired, dark-eyed boy, aged 11 years, came to me on April 25, 1859, suffering from a third attack of chorea. The first attack came on two years before, suddenly and severely, and lasted four or five months. It could not be traced to any distinct cause. The second attack occurred ten months ago, was not so severe, and lasted two months. The present attack dates from two months ago. The muscles of face jerk very irregularly at intervals, and both arms. In his former attack he had pain in his left leg and arm. None at the present time. There was a loud systolic murmur at the apex of the heart. He was treated with zinci oxidi gr. jss. ter. die., and slowly improved; but the duration of the case was not noted.

Chorea very Obstinate, Resisting the Action of Drugs, Cured by Country Air—Musical Cardiac Murmur.

R. S., the son of a sailor, aged 9 years, a strongly-built, healthy, but dull-looking boy. Three years before he had an attack called "brain fever," since which his mother thinks his intelligence and energy have been deficient. He has occasionally had pains in his bones, but has never been laid up with them. His present symptoms date from about a fortnight ago. His mother ascribes them to his having a day or two before exerted himself very much to catch his father. For several nights past he had awaked screaming and apparently frightened.

October 20.—Irregular twitching of muscles of face, also irregular movements of arms and legs, and heaving action of muscles on respiration. Skin moist; tongue large, pale, coated with white fur; bowels open twice daily; heart irregular in its action; a systolic murmur of varying character is heard for several consecutive beats, and then the heart's action is more regular and without murmur. Warm baths every night for an hour, containing potassii sulphureti ℥vj. Meat diet.

November 7.—As there was no improvement, the baths were discontinued, and he was ordered vin. ferri, decoct. aloes co., āā ʒij. ter die.

11th.—Slight improvement. Can just manage to button some of his clothes. Systolic murmur now heard with every beat of the heart, which beats more regularly.

23rd.—Distinct improvement in choreic movement; heart sounds as at last report.

December 5.—He does not seem to be improving since November 11. Omittat medic. ℞ Liq. arsens. ♏ij. aquæ ʒij., ter die.

18th.—Chorea as before; systolic murmur with every beat of heart, but louder with some beats than others. Ange dosem liq. arsens. ad ♏iij. To have shower-baths.

23rd.—Not so well. Heart murmur louder. Omit arsenical mixture. ℞ Zinci sulph. gr. jss. ex aquæ, ter die.

26th.—Ange dosem zinci sulph. ad. gr. iij.

29th.—Tongue furred; a distinctly musical systolic murmur heard at apex with every beat of heart. Omit zinci sulph. ℞ Pot. iodid. gr. ss. pot. bicarb. gr. xij. syrupi ʒj. aquæ ad ℥ss. ter die. ℞ Hydr. chlor. gr. ij., P. ipecac. co. gr., v., h. et cras. nocte.

January 4.—No better. Tongue cannot be protruded steadily; systolic murmur loud and whistling at times; at other times it is rough blowing.

5th.—Murmur to-day continuously whistling.

13th.—Much in the same state. Sent to the Convalescent Institution at Mitcham. In a month he returned cured of his chorea, and much improved in health. There was still a systolic blowing murmur heard over the heart's apex, not at all musical now, and less distinct.

This would appear to have been mainly, if not entirely a dynamic murmur of the heart, due to irregular action of the musculi papillares, as proved especially by its very different character with different beats of the heart. Drugs appeared to do little good, but country air effected a cure. Some benefit was derived whilst taking steel and aloes, and these, I think, should have been steadily continued, having regard to his pale flabby tongue, and pallid mucous membranes generally, and to the improvement which took place under their employment.

The baths containing sulphuret of potassium were given in consequence of the strong recommendation of M. Sée, who says that this method has cured fifty out of fifty-seven cases. The treatment is disagreeable to the patient and attendants.

Chorea Treated with Baths of Sulphuret of Potassium—Speedy Recovery.

A. K., aged 11, a delicate girl, who has been in a weak state of health since an attack of whooping-cough five years ago. She came to London from the country six weeks ago, with a certain amount of irregular jerking of the limbs, which has been much increased within the last ten days, apparently by a severe fright from seeing a child run over. When admitted on October 10, both arms were affected, and there was an unsteady walk with dragging of legs. Heart sounds healthy. To have an aperient twice a week of scammony and calomel, and to take the sulphuret of potassium baths every night.

14th.—Choreic movements less marked.

21st.—Much better.

25th—Baths omitted. Chorea much less marked. Vin. ferri. ʒij. ter die.

November 5.—Movements now nearly quite normal. Discharged.

A Recurrence of Chorea about Two Months after a First Attack which had Lasted Four Months.

L. W., a delicate girl, aged 5, one of eleven children, seven of whom were dead, two of consumption, five in infancy. The parents were both intemperate in their habits, not known to be rheumatic. Her first attack of chorea came on in July, 1860, after a fright caused by seeing her father beat her mother. She came to the Hospital for Sick Children on August 14, 1861, and was under the care of Dr. Jenner until December 13.

She was treated during that time with sulphate of zinc, commencing with 1 grain and increased to 8 grains daily. Whilst under this treatment there was no improvement.

On August 27, she had liq. arsen., 2 minims three times a day, instead of the zinc. This did not produce any improvement.

On September 3, she was treated with a drachm of antimonial wine every evening, followed by a warm bath till the 15th. Under this treatment she somewhat improved.

On August 31 her condition was thus described: Whilst lying in bed is very restless, especially with left hand and arm. (On admission the movements of right arm were worse than those of left.) Protrudes her tongue straight just beyond the teeth when asked to do so, at the same time puts back her head with a silly look. When asked her name, tells it with some hesitation and then bursts out crying. She cries on the least occasion; is at times very passionate. Walks with great difficulty, dragging the left leg especially, keeping it straight and bringing it forward with a jerk, at the same time throwing her arms about in the air. Can with difficulty feed herself. Bowels act once a day, motions natural in appearance. Appetite good. Heart sounds normal.

On October 16, she was treated with strychnia, commencing with $\frac{1}{70}$ grain three times a day, which was gradually increased, reaching, on December 7, $\frac{1}{28}$ of a grain, and on the 11th, $\frac{1}{18}$ of a grain.

On December 13, she was discharged much improved. Her choreic movements were slight, but there is a want of power to control the limbs on the left side. Her mental faculties are low; when asked how old she is, says two years.

On February 26, she was brought back to the Hospital, her mother stating that she had remained well from Christmas till fourteen days ago, when the choreic symptoms returned. She was not so much affected as in the first attack; was now treated with baths containing the sulphuret of potassium for a few nights, and on March 10 was discharged convalescent.

In this case, I am inclined to think the chorea was brought on almost entirely from excitement and fear caused by the intemperance and violence of her parents, and was cured not so much by drugs as by the quiet and regular living of the Hospital. There is no doubt that very many cases of chorea may be thus cured without any drugs, as stated recently by Dr. Wilks; and I have no doubt indeed that, even if left to themselves, without the advantage of Hospital regimen, most cases of chorea will get well after a certain time. We can only, therefore, judge of the value of remedies in chorea by getting a number of cases of about equal severity treated on different methods, and comparing the average durations of the cases on the different plans.

The next case which I shall report, shows that a second attack of this disease may be developed, and go on from bad to worse, whilst having all the advantages of Hospital regimen and superintendence. This must be reserved for a future Number.

WEST LONDON HOSPITAL.

CYSTS AT THE BACK OF THE KNEE-JOINT, SIMULATING ANEURISM—DIAGNOSIS—TREATMENT BY INJECTION—CURE.

(Under the care of Mr. ERNEST HART.)

A male, aged 43, was recently admitted an out-patient at this Hospital, under the care of Mr. Hart, having at the back of the knee-joint a swelling which caused him much pain, and gave rise to a limping gait and want of sleep at night. This tumour had many of the characters of a popliteal aneurism, and the patient had been sent to the care of Mr. Hart, at the Hospital, for the treatment of that disease by flexion of the knee-joint, under the impression which a rapid examination had given to a Surgeon to whom he applied that the disease was aneurismal. It was in the position and of the size which belongs to so many popliteal aneurisms when first seen, occupying the central and lower part of the ham, and projecting to the magnitude of a goose's egg. There was some œdema of the leg, and distension of the superficial veins. The hand, placed upon the tumour, recognized distinct pulsations, which were easily arrested by pressure on the femoral above. A closer examination showed that it was irreducible, and neither the eye nor hand could detect any general expansion. Moreover, on complete and firm extension of the leg the pulsation was extinguished, but the tumour did not on that account become smaller in size. An arterial *bruit* could be heard on applying the stethoscope, but not of that rough and harsh character which belongs to the true aneurismal sound. Mr. Hart concluded that this was one of those hygromatous sacs overlying and pressing upon the popliteal artery, which are occasionally met with in this situation.

He introduced a fine needle-trocar, and there issued nearly four ounces of slightly-coloured albuminous fluid. He then injected into the sac three drachms of sulphuric ether, and flexed the knee, applying a firm pressure by a pad over the cyst. Some inflammatory action followed this injection, but not enough to prevent the re-collection of fluid. The process had, therefore, to be repeated, and was ultimately followed by cure. As often happens in Hospital practice, this case was followed by a group of three other very similar cysts at the back of the knee-joint. Two of them were apparently of just the same character as the foregoing, and followed the same course. The third was an interesting case, in the person of George H., a painter, aged 25, who presented himself with a cyst of this kind projecting at the outer side of the ham, and evidently connected with the conjoined tendon of the vein, membranous and semitendinosus. This large and superficial sac Mr. Hart treated by introducing a silver wire seton, thus procuring its obliteration.

Remarks.—Mr. Hart remarked that the diagnosis of aneurism involved in some of these cases, especially the first, was a matter of much interest. The ordinary signs of an aneurism were well known, and commonly enabled the diagnosis to be effected with facility; but in cases such as these of cysts overlying the artery, many errors had arisen. Cooper mentions a case where the radial artery was tied, from a ganglion overlying it having simulated aneurism. In thirty-eight cases collected by Norris, in which the great arteries of the neck had been tied for supposed aneurisms, in seven there had been no aneurism. The great Russian Surgeon, Pirogoff, in an instructive paper on the difficulties of Surgical diagnosis, mentions with singular candour a number of instances of error, of some of which he is himself the hero. The general result of this form of experience he summed up in four axioms:—1. There are many pulsating tumours which are nevertheless not aneurismal. 2. There are aneurisms which do not pulsate. 3. There are fluctuating tumours which contain no fluid. 4. There are fluid tumours which present no signs of fluctuation. Mr. Hart observed that the records of Surgery in every capital of Europe bore testimony to the occurrence of these exceptional conditions, and especially in their relation to the diagnosis of aneurism. The four Surgeons-in-chief of the Hôtel Dieu Ferrand, Desault, Pelletan, and Dupuytren, were all so unfortunate as each in his turn to have opened an aneurism believing it to be an abscess. Roux was the witness of a similar accident in the hands of Cullerier. Pirogoff relates how he plunged a bistoury into a crural aneurism believing it to be an abscess, the final result being fatal, and mentions other cases in which the main artery narrowly escaped being ligatured, as in the cases above-mentioned from Norris, for a disease, which was really only cystic tumour overlying a large artery. In the Museums of London were two preparations from cases in which the lower limb had been amputated for large tumours, which were, in fact, cured and consolidated aneurisms; and a third showing an aneurismal sac, which had been lanced before admission; the artery was tied by Mr. Callaway. The first case of popliteal aneurism which Mr. Hart had the opportunity of treating by flexion was in the person of a man who had been under treatment for some time as an out-patient at a metropolitan Hospital, and been dosed with colchicum and sulphate of magnesia, as for rheumatism of the knee-joint. In another case, which he had seen with Mr. Moore at the Middlesex Hospital, the swelling had for some time been poulticed out of doors. Some time since, in the country an inflamed sac of an aortic aneurism projecting through the sternum had been lanced incautiously; and, of course, with rapidly fatal result. These cases, a few out of many, call to mind the clinical facts which bear on the diagnosis of aneurism, and the propriety of eliminating possible sources of error even in establishing the diagnosis of tumours, which, on the face of them, seem not very obscure in nature. The complete diagnosis of pulsating cysts in the ham from popliteal aneurism in any doubtful cases is best effected, Mr. Hart thinks, by causing the limb to be rigidly extended. In the case of a popliteal aneurism the pulsation will be unaffected or easily felt, but in the case of a cyst overlying the artery the swelling will often become more prominent at the same time that the pulsation wholly ceases, from the fact that the artery is then strongly pressed upon and its beating arrested. In addition to this sign is the want of expansion simultaneous with pulsation.

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Medical Times and Gazette.

SATURDAY, APRIL 12.

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THE INTERNATIONAL EXHIBITION OF 1862.

On the forthcoming 1st of May, the International Exhibition will be opened to all such of the public as happen to be the fortunate possessors of season-tickets, or of invitations from Her Majesty's Commissioners; on that day those who have indulged in favourable or in adverse criticism on the merits of the exterior of the building, will also have full opportunity of giving their opinion of the interior, both as regards its proportions and ornamentation, as well as its fitness for the purpose for which it was designed, viz., for the successful exhibition of the natural and industrial products of all countries. The greater number of the public journals which have touched on the architectural qualities of Captain Fowke's design seem entirely to have ignored two important facts; firstly, that it was intended simply for the exhibition of its contents, and not as a specimen of the designer's art; and secondly, that even Captain Fowke's plan was originally so expensive that the lowest contract for it exceeded the sum which the Commissioners thought fit to expend by nearly two hundred thousand pounds. Hence it was of necessity shorn of nearly all the ornament which it possessed, and the present building really represents, with the exception of the domes, only the practically useful part of the original design; so much so, as to impart to the exterior a very unfinished appearance. Indeed, no one who has seen the domes and the long shed-like roof connecting them, can conscientiously say that he approves of their general effect or relative proportions; and there can be but one opinion as to the miserable colour employed in the external painting, that used for the woodwork on which the domes seem to rest being of a sickly clay tint, while the roof of the nave is covered with a prepared felt of a dingy and very unpleasant brownish black. These are matters which have probably resulted from pecuniary considerations, and we can well understand that an innocent guarantor would little like to be called upon to pay his share of a deficit which was caused by a reckless outlay; yet still to outsiders, who look upon the Exhibition as a means of profit or amusement, or, perhaps, both, it does seem that more than a necessary amount of ugliness meets the eye of a wanderer through South Kensington. That a dome is at times a very fine architectural form, we admit,—for instance, that of our noble Cathedral of St. Paul,—but its good effect very much depends on what supports it, and it really must be clear to any unprejudiced person, that in this respect the offsprings of Captain Fowke's genius are singularly unfortunate. However, as we previously implied, it is not quite fair to heap odium on the devoted head of this highly talented engineer officer, because the Exhibition building, as it now stands, is but a portion of that which he originally intended to exist; nor to forget that his task was not to erect a splendid edifice, but to provide for the exhibitors of all nations such a building as would be best suited for the efficient display of their various contributions.

We are glad to be able to praise the general appearance of the interior, and its entire suitableness for the purposes for which it has been constructed. That great desideratum, general and thorough illumination, has been fully attained, all parts of the building being very light; so that there will be every facility for the perfect examination of the goods exhibited; while the effect of Mr. Crace's decorations is singularly happy. It may not be out of place, before concluding our necessarily brief notice of the building itself, to express a few words of regret for the loss of life which has attended the construction of this immense edifice(a). We cannot precisely state the number of the fatal accidents which have occurred, but it is very great; and it is but fair to the contractors, Messrs. Kelk and Lucas, to add that the majority of casualties have resulted from recklessness on the part of the workmen, and that every precaution has been taken by the last-mentioned gentlemen and their assistants to diminish the chances of accident.

After these few observations, we will proceed to the consideration of the bearing which the approaching Exhibition has on matters connected with the Medical Profession, and convey to our readers such information as we think will interest them. In 1851, Surgical instruments were embodied in a class which comprised philosophical, musical, and horological instruments, in addition to those employed by the Surgeon, and we think that it is evident that this arrangement was far from being an advisable one. Surgery is at once a science and an art, and as such should form a class by itself, as indeed it will in the ensuing exhibition. Its own importance, and its influence on the health and comfort of the human race, are more than sufficient to elevate it to a special position of its own, and therefore the Profession and the public will be pleased to find that all instruments and appliances invented for the cure and relief of disease will be arranged and exhibited in a class especially devoted to the purpose.

(a) Four patients have died in St. George's Hospital during the present year from these accidents.

It would not be uninteresting to describe the different steps by which the official machinery was got into working order; but we may state that when the organisation of the various classes had been sufficiently developed, the chief manufacturers of Surgical instruments in the metropolis were invited to attend a meeting, at which the views of her Majesty's Commissioners were explained, and at which their co-operation was requested, with a view to render the exhibition of their manufactures as complete and important as possible; and that at this meeting a certain number of Surgical instrument-makers were elected to form a Metropolitan Trade Committee, whose duties were to watch over their own interests as well as over those of the other exhibitors. Her Majesty's Commissioners also requested the assistance of a certain number of Physicians and Surgeons to advise them on matters relating to Medical and Surgical science. These gentlemen met and formed themselves into the National Committee of Class 17, that being the number appropriated in the present classification to the class which embraces instruments used by our Profession. For the information of our readers, we insert the names of those who were called upon:—J. Moncrieff Arnott, Esq., F.R.C.S.; Dr. Bryson; F. S. Haden, Esq., F.R.C.S.; Cæsar Hawkins, Esq., F.R.C.S.; W. Lawrence, Esq., F.R.C.S.; Thomas Longmore, Esq., F.R.C.S.; James Luke, Esq., F.R.C.S.; James Paget, Esq., F.R.C.S.; J. F. South, Esq., F.R.C.S.; Dr. Arthur Farre; and Thos. Bell, Esq., F.R.C.S.; and we venture to say that none more competent could have been chosen. In addition to this staff, Mr. J. Reeves Traer, F.R.C.S., was appointed Superintendent of the Class; this gentleman has acted, on the one hand, as Secretary to the National Committee, and on the other, as an organ of communication with the exhibitors. The National Committee considered all the applications for space, accepted those which fairly justified an allotment, and declined to entertain a few demands which would have admitted a certain number of articles which could hardly be considered as possessing a Surgical interest. When the number of successful applications had been determined, it became necessary to scrutinise with care the amount of space demanded by each exhibitor; and here the Superintendent was met by a great difficulty, viz., to discover whether the applicant had only asked for just as much space as he could fill, or whether an excessive demand had been sent in which when cut down, as it inevitably must be, it would leave the exhibitor with just the space that he really required and was able to use. As the National Committee had reserved to themselves, under authority from Her Majesty's Commissioners, the right of distribution of space to each exhibitor, all such cases as have been just referred to were submitted to them, and decided upon with strict reference to the just claims of the applicant, and the interest or importance of the article to be exhibited.

Our space forbids a longer notice in the present Number, but we purpose to return to this subject in our next.

THE CASE OF RICH AND WIFE v. PIERPOINT.

That the practice of Medicine is not, under the best circumstances, the most flowery path by which success in life may be attained, all who have tried it will be ready to acknowledge. The Doctor must be prepared to encounter from the public occasional slights and rebuffs, occasional misconstruction of his purest motives, and misapprehension of his best-directed endeavours. These things are of such every-day occurrence as to pass without notice. It is not often that such a case occurs as that of Rich and Wife v. Pierpoint, which we have reported in our Legal Intelligence. Here is an instance of a respectable Medical man dragged before a public tribunal to answer charges implicating, not only his professional skill, but also his moral character, not one of which could be substantiated by the slightest tittle of real evidence, but which, on the contrary, were proved to be utterly without foundation. Of course, the verdict of the jury entirely acquitted the defendant; had it been otherwise, to practice midwifery in this country would have been no longer safe. But the cruelty and injustice of this proceeding does not rest here. The expenses of the defence must necessarily fall heavily on the injured party. The plaintiff in the case, a journeyman tobacconist, earning about a pound a-week, knew well enough that he had nothing to lose. When he engaged Mr. Pierpoint to attend his wife, he absolutely urged his limited means as a reason why a small sum should be charged, and, in consequence of his representations, Mr. Pierpoint agreed to give certain extra attendance and medicines for the fee of one guinea. No doubt, in bringing the action, the plaintiff imagined that the Doctor would have compromised the matter by the payment of a round sum, rather than permit his character and skill to be canvassed in a Court of Justice. Fortunately, Mr. Pierpoint was too wise and too courageous to be intimidated. The whole details of the case redound to his credit; and his professional and private character have emerged from the ordeal unsullied. But surely it is monstrous that Medical men should be exposed to charges of malpraxis, and when the charges are proved to be unfounded, that they should have no redress against their accusers,—no means of punishing people who bring vexatious and damaging imputations,—but, if the opponents cannot pay, should have to bear all the expenses of the defence, and, under any circumstances, all the charges of their own lawyers which are not allowed by the Master who taxes the costs.

Our report will be found to detail the various points of Professional interest in this case, which were omitted in the daily journals. The patient was a *primipara* of twenty-five or more years of age. The case was one, in the first instance, of spurious labour pains, and afterwards of undilatable os uteri, with failure of uterine contractions. Mr. Pierpoint was first called to Mrs. Rich on Tuesday night, December 17, when he found her suffering from false pains. It was not until the Thursday morning that the os uteri began to dilate. At five o'clock on that morning the os uteri was about the size of half-a-crown, there was little or no pain, and the membranes were unruptured. At 11 o'clock that night the os uteri was somewhat more dilated, the membranes were ruptured, but again the pains had left. It was on this occasion that Mr. Pierpoint recommended that a little spirits and water should be given as a stimulant, on which recommendation a small quantity of tartaric acid and water was administered in mistake for gin and water by the nurse,—a blunder which was accounted for by the fact, that either the patient's mother or the nurse had, in spite of the teetotal husband, smuggled into the room some gin in a medicine bottle of the same character as that in which a tartaric acid mixture, intended to be taken with carbonate of soda for the purpose of relieving sickness, had been sent from Mr. Pierpoint's surgery. This harmless mistake on the part of the nurse figured in the counts of accusation as the improper administration of "certain drugs and acids." On the Friday, when Mr. Pierpoint proposed a consultation with Dr. Ramsbotham, he was informed that another Doctor had been sent for, and at 1 o'clock on that day Dr. Peter Charles Duncan arrived, who, without proposing a consultation, or making any inquiries of Mr. Pierpoint, proceeded, at the request of the plaintiff, to take charge of the case. On this Mr. Pierpoint very properly retired. The woman was ultimately delivered by Dr. Hall Davis, who performed the operation of craniotomy, the child having been ascertained to be dead.

Four Medical witnesses, Dr. Peter Charles Duncan, Dr. Gustavus Charles Murray, Dr. Hall Davis, and Dr. Robert Lee, appeared for the plaintiffs. Dr. Hall Davis, we are informed, was subpœnaed by both parties; and as he had performed the operation which delivered the woman, his evidence, which completely exculpated Mr. Pierpoint from blame, was absolutely necessary at the trial. The evidence given by the two former of these witnesses brought down on them the just rebuke of the judge, Chief Justice Erle, who said that it was "a pity that one Medical man should be ready to come forward and condemn the treatment of a brother in the Profession, and say that *they* would have done this or that, when, probably, had they been in a position to judge of the case from the first they would have done no better." The conduct of Dr. Duncan throughout the matter, and the evidence given by himself and Dr. Murray, appear to us to require a full explanation. Until this is given, we leave these gentlemen to the pleasant reflections which the Judge's censure, and the universally-expressed disapproval of their Professional brethren, may suggest. But we must say we regret that the Physician-Accoucheur to St. George's Hospital, should even by his presence have sanctioned the proceedings of the prosecution. Dr. Lee's evidence certainly helped the side on which he was called but little, yet there can be no doubt that the fact of his appearing at all as a witness for the plaintiffs must have conveyed to the minds of the jury an impression that there was a *primâ facie* case for the prosecution, and so far it tended to prejudice the cause of an innocent and wantonly injured Medical man.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Williams, in his second Lecture, resumed the subject of Pneumonia; observing that the chief special sources of danger in this disease are,—a rapid coagulation of the blood in the pulmonary vessels, producing asphyxia; or an attack of pyæmia, as a result of the third or suppurative stage of the inflammation. Residual deposits are also usually left in the lungs, as the foundations of future disease. He referred to the numerous cases of double pneumonia in which the patient has escaped with life by reason of the clearing-up of the disease in one lung before it has obtained any serious hold on the other. In speaking of gangrenous abscess of the lung, the Lecturer affirmed that it is at least allied to, if it be not actually in itself, an inflammatory process; and that it probably arises from the obstruction to the circulation caused by local congestion. Very few cases of pulmonary abscess occur without the very characteristic gangrenous fœtor, which, though horribly offensive when the matter is first coughed up, merges gradually into a not unpleasant odour, somewhat resembling that of cowslips. This change is interesting, both as affording a diagnostic sign of the disease, and as illustrating the curious alliance which undeniably exists between foul and agreeable smells. The cough by which this hideous poison is removed from the chest is more violent and convulsive than any except whooping-cough; and by the force with which it shakes and almost rends the unfortunate patient, aided by the fœtor of the pus and fragments of lung-tissue which are sometimes brought up, exhausts his strength often to a very alarming degree. The similarity in the character of the cough induces Dr. Williams to think that whooping-cough also is an effort of Nature to get rid of some irritating poison from the lungs and bronchi; and dysentery, with its violent straining and sloughing of pieces of intestine, may be an analogous disease. All these disorders are best treated by means which modify the poison at the surfaces where it is accessible. The treatment of abscess of the lung should be mainly antiseptic, and the best agent, Dr. Williams believes, is the nitro-muriatic acid, which may be given in doses of thirty, forty, or sixty minims several times a day with safety, when combined with glycerine. Creasote and chloroform should be inhaled, and the former should be taken internally combined with morphia. The room also should be fumigated. All this time the nutrition must be carefully attended to, and the strength supported in all possible ways; for what is now going on is not inflammation, but a simply exhaustive process. Though, however, the disease is so severe, the result is not unfavourable. Of eleven cases which Dr Williams finds among his notes from 1849 to 1855, seven recovered completely, one imperfectly (but in this case diabetes was also present), and three died. In one case there was pneumothorax, in consequence of rupture of the lung, which was followed by a spontaneous opening in the wall of the chest. A frequent cause of protracted recovery is the sudden bursting out afresh of the abscess, which may occur long after the mischief is apparently healed. This depends principally on the position of the abscess, which, if situated low down in the lung, is seldom completely evacuated; the upper part heals and closes up the outlet, and a fresh accumulation of pus takes place below, to run the same course as the first abscess. Pleurisy, to which Dr. Williams next adverted, is strongly distinguished from the preceding disease by its local character, and by its being dangerous only from the mechanical effect of the adhesions which it leaves, and of the effusions which accompany it. The presence of a large quantity of fluid, whether serous or purulent, in the chest, naturally causes obstruction of the circulation, and displacement and compression of the organs adjacent to it; and tapping is the remedy in either case. If the effusion is purulent, the blood may be secondarily affected; or the toughness and contractile power of the lymph may compress the vessels and tissues so as to render them useless. But usually the adhesions are sufficiently supple, and recovery is not prevented. In one fatal case related by Dr. Williams, the adhesions were so extensive that it was difficult to find a place where a trocar could be introduced with safety. Many extremely unpromising cases, even when the pus is very offensive, ultimately recover; and the symptom of œdema of the integuments is declared by Dr. Williams to be of no weight whatever, either as indicating the presence of pus, or of an amount of serum not to be removed without tapping. At the first onset of this disease, as in pneumonia, blood-letting is sometimes of great benefit; then diuretics and mercury should be given, the latter to be used as a cholagogue, but not to affect the system. Tapping should be resorted to as a means of relieving mechanical pressure when there is no prospect of the removal of the effusion by natural means. If the lung is perforated, and decomposed pus finds its way into the bronchi, the odour of the sputa may easily be distinguished from that produced by abscess of the lung, by the absence of the peculiar gangrenous smell. The chronic results of pleurisy and pneumonia combined often remain fixed in the lung, and cause permanent damage. They most commonly consist of deposits and consolidated tissue, which degenerate into tubercle. Often, however, the effect of the condensation of the vesicular structure, and consequent exclusion of air, is a dilatation of the bronchial tubes. The lungs in these cases are dense and dull, and the amount of tubular breathing, pectoriloquy, and other signs may easily induce the belief that phthisis is present. The chief means of distinguishing between the two states are the absence of progress in the disease, and the comparatively healthy appearance of the patient. In some cases the expectoration is slightly purulent and even offensive, from the retention of mucus in the widened extremities of the tubes; but the apparent signs of phthisis are usually confined to the central and lower portions of the lung. Some cases, however, end in phthisis; others in dropsy, produced by the increasing consolidation and contraction of the lung tissue, and the obstruction to the circulation. The fœtid expectoration just referred to may be compared to that very common form of ozæna, which does not arise from the presence of diseased bone, but from the decomposition of a mucous plug. Asthma and emphysema occur so frequently in connexion with each other that they are best considered together.

Spasmodic asthma, as Dr. Williams believes, and considers that he has proved by experiment, is caused by a sudden and powerful muscular contraction of the bronchial tubes; which can lessen their calibre sufficiently to offer great obstruction to the passage of air. Such a contraction is excited in some persons by the smell of a stable, of new-mown hay, or of ipecacuanha, or by dust in the air; and certainly is a frequent complication of bronchitis. The breathing is effected with a peculiar wheeze, not so much with panting and gasping. In subjects of spasmodic asthma the disorder is frequently complicated with partial consolidation of the lung, or with phthisis, or deposits of calculous or other matter in the bronchial glands, especially near the apex of the lung; and it frequently accompanies, or alternates with, eczema infantile; or is followed and relieved by an attack of gout. But this difficulty in the entrance and exit of air cannot continue long without producing ulterior effects, which are usually a congestion and thickening of the bronchial tubes, and permanent bronchitis; the more permanent the longer the original attack has been. Then the expiration, to which at first there was little hindrance, becomes more difficult than the inspiration, and emphysema is the result. The air-cells are distended, and burst one into the other, and it has to be explained to the patient that he is reduced to the condition of a reptile, and must accommodate his mode of life to his new organisation. The presence of arcus senilis may be a useful sign in aiding us to guess whether a degenerative process is going on in the lungs, but is not infallible. When emphysema is thoroughly established, it stuffs out the chest, compresses the heart, diminishes the blood supply, pushes down the diaphragm, and causes distension of the veins of the neck and chest, and enlargement of the liver, becoming ultimately a blood-disease. On the other hand, it supersedes other diseases in the lung, and puts a stop to the deposit of tubercle. At this Lecture Dr. Williams exhibited the proofs of some diagrams not yet published, which have been prepared by Dr. Farre to show the vast preponderance of zymotic diseases, such as dysentery, cholera, and fever, among the causes of mortality which affect our Indian Army. It appears that at many stations the water used for drinking is far worse than any that the Thames could furnish; and that foul cesspits and similar abominations are tolerated to an extent almost incredible. The terrible energy with which such agencies must work in an Indian climate may lead us to hope that sanitary regulations may produce the same proportional effect on the rate of mortality there as at home.

THE SYPHILISED MOTHERS AND CHILDREN AT RIVALTA.

OUR commentary upon the Rivalta series of cases of alleged communication of syphilis by vaccination, appeared in our Number for March 15, and we stated that at that moment the cases were undergoing a further inquiry by a Commission of the Medical Congress of the Sardinian States. A recent Number of *l'Union Médicale* contains a letter from Dr. Pacchiotti, the reporter of the Commission, accompanied by a commentary by M. Cerise. It will be recollected that from the *vaccinifer* Chiabrera—who had been vaccinated on May 23, 1861,—on the tenth day forty-six children were vaccinated, of whom thirty-seven were infected with syphilis, and that from Manzone, who was one of the thirty-seven, seventeen others were vaccinated on the tenth day, of whom seven became infected. There were certain gaps in the history of the transmission, however, which it was essential to fill up, and this is attempted in the communication of Dr. Pacchiotti. 1. Were the syphilised children really vaccinated with true vaccine lymph, or had some mistake been made as to the real character of the vesicles upon Chiabrera? This has been set at rest not only by the examination of the cicatrices on Chiabrera's arm, but by revaccination of several of the children vaccinated from him. They had become protected, the revaccinations did not succeed. 2. Whence did Chiabrera acquire his syphilis? Was it from the lymph with which he was vaccinated? About this no information has up to the present time been obtained; and if Dr. Pacchiotti's explanation of the matter be the true one, we need not ask this question at all. But is Dr. Pacchiotti's explanation satisfactory? To our mind it is not. This is it,—A year and a-half ago there was at Rivalta a young woman named Libérate Pavone, who contracted syphilis. She subsequently had a child who died (some say syphilitic) when three months old. Wanting a nurse child, she applied to Chiabrera's mother, who lent Chiabrera to her, and also performed for her the friendly office of drawing her breasts, and as a recompense for all this Pavone gave Chiabrera the clothing of her deceased infant, and this is all that has been further ascertained about Chiabrera. Dr. Pacchiotti does not appear to have discovered that Chiabrera received any primary affections from Pavone, not does it appear that Chiabrera's mother got into any mischief from drawing Pavone's breast. But there was another child that Pavone suckled, and that was her little niece, the daughter of her sister Marie, with whom she went to reside. It is said that she infected this child so well, that after a lapse of a certain time Marie herself was infected from her own child. Dr. Pacchiotti concludes that if Pavone infected her little niece she must also have infected Chiabrera, and thinks the evidence fully established that Chiabrera was infected by being suckled by Pavone. If Dr. Pacchiotti means through the medium of the milk, as we gather that he does, we must say that this is a mode of transmission of syphilis open to very grave dispute. If he means that Chiabrera acquired a primary syphilis from a sore on Pavone's breast, we say that the history does not attempt to show that such a sore existed, or that Chiabrera had even at any time a primary attack or any affection of the mouth. Nor does it appear that Marie's infant was infected from any sore on the breast, or that Chiabrera's mother suffered, as she probably would have done had such a sore existed. Besides, Dr. Pacchiotti tells us nothing about the seat or characters of the syphilis on Marie's infant; only that she was infected from Pavone. As Pavone was constantly with Marie and her child, there must have been plenty of other ways in which these two might have acquired the syphilis from her. If by the milk, which is the turning point of Pacchiotti's argument, this should have been clearly brought out. We cannot, then, agree with Dr. Pacchiotti that the source of syphilis in Chiabrera is yet "*perfectly* known." M. Cerise appears also disinclined to receive the offered explanation. He puts his doubts thus:—"If a syphilised nurse has upon her breast no suspicious ulceration by means of which she could infect her nursling; if the nursling has not in the mouth any ulceration indicative of contact with a morbid surface, a diseased condition acquired by direct communication; have we any right to conclude that the nurse can infect her nursling through her milk, and that the nursling can, without any contact of ulcerated surfaces, primary or secondary, infect, by its blood or by humours derived from the blood, infants to whom it furnishes vaccine lymph? In other words, can transmission from one person to another take place in a way analogous to that in which parents impart syphilis to the products of conception through the medium of the blood and of nutrition?" Since February 27, all the syphilised mothers and infants have been in the *Sifilicomio* of Turin, under the care of Dr. Sperind, who has been consulted by the Italian Government in his quality of Inspector-in-Chief of Public Hygiene. He doubted the origin of the syphilitic infection of the Rivalta children. Further researches and experiments will be forthcoming.

CASE OF DEATH FROM STARVATION.

A SCOTCHMAN, named Alexander Birnie, aged 36, who had been formerly editor and proprietor of a penny journal, called the *Falkirk Liberal*, was lately discovered in a stack near Morpeth, dying from starvation. All attempts to rally him failed, and he ultimately died. A diary was found in his possession, containing entries of his condition from the 8th to the 25th of February, from which it appeared that during seventeen days he had twice tasted bread, but for the last thirteen of the time he had been entirely without food. During the first ten days of the thirteen, he was able to get out to obtain water, but after the eleventh day he lost all motor power in the lower extremities. He had been robbed of his money in Edinburgh; he had then endeavoured to commit suicide by poison; but the report in the *Guardian*, from which we take the account, does not state whether the starvation was supposed to be voluntary. In a medico-legal point of view the case is of interest, as showing the length of time during which life can be maintained if water alone be taken. The diary found, from which we append some extracts, afforded no proof of that condition of maniacal delirium which has been observed to supervene in cases of starvation:—

"Sabbath, 16th.—Another day without food or drink; cold. When will the trial be over? Monday, 17th.—O God, grant me patience! Tuesday, 18th.—Alone, without a soul to see or speak to, a bit of bread or a drop of drink, for six days and nights. How long can it be? Wednesday, 19th.—This cannot hold out long. Help, O Lord! Friday, 21st.—The ninth day without food. Got a drink of water last night. Sabbath, 23rd.—Eleven days. My legs are useless. O God, when will it end? Monday, 24th.—Oh, I am weary. One part of my body appears to be dead. I cannot go for a drink now. Feb. 24.—Seventeen days' suffering; during that time had twice a piece of bread,—twelve days without a morsel. Tuesday, 25th.—Death comes on; I wait. I meet him without fear. . . . Some kind hand may make a selection of my articles and speeches, in this and in another at Chester-le-street, in the *Chester-le-street Liberal* and *Falkirk Advertiser and Liberal*, and publish them on behalf of my widow and family."

THE NEW PERIODICALS.

We have done wrong in not having ere this commended to our readers the *Intellectual Observer*, a new "Review of natural history, microscopic research, and recreative science." It contains original articles, by competent hands, on most of the topics which interest that class in society which finds its pleasure in intellectual pursuits. Dr. Spencer Cobbold communicates an Essay on Flukes, and other Entozoa; Mr. Gosse describes a New Rotifer; Mr. Webb gives an account of the behaviour of the Earth in the Comet's Tail; and Mr. Wright, of the Excavations at Wroxeter; Mr. Noel Humphreys, of the Cuneatic Inscriptions of Babylon, and the History of the Deciphering; Mr. Hill, on Insect Vision and Sleep. These, with original papers, and scientific news of a similar stamp, make a good monthly shilling's-worth, in which every man with a head on his shoulders will find something to his taste. We often hope that our own Journal may appear as fresh and vigorous in the eyes of our Colonial friends, as theirs do to us. The *Madras Quarterly Journal of Medical Science* is full of valuable and original articles, showing that the Medical mind suffers no torpor from the hot climate. Papers on Beriberi, by Mr. Evezard; and on the Medical Topography of various parts of India, by Day, Kellie, Foote, Bidie, and others, are well worth reading. "The Case of Variola Supposed to have Arisen from Vaccination," is one more of those instances which show how little we know really of the nature and relations of these morbid poisons; whether they be allotropic modifications of one poison, or be two antagonistic entities. Mr. Short's "Contribution to Ethnology," is one which we should gladly transfer to our own pages if we could. He shows the relative weight, height, and dimensions of the various races met with in India, and the general superiority of the European to all. The *West India Quarterly Magazine*, edited by Mr. Croskery, published at Kingston, Jamaica, is another sample of vigorous colonial literature. Mr. Hill's "Jottings by the Sea-shore" are worthy the attention of the naturalist; and Mr. Kennion's observations on the evil effects of too luxurious and artistic a style of education for women, though exaggerated, are founded on fact. The *Medical Record* of Australia, edited by Dr. Reeves, of Melbourne, is a thoroughly good periodical, displaying abundance of material, and the results of original investigations as to peculiarities of the colony, both towards the healthy and the diseased. The attention given to vital statistics argues well for the future welfare of the colony. If in reading these Colonial Journals we feel how wide is the field of fact for Medical observation, how little a man can be said to know *disease* who merely can boast acquaintance, however perfect, with the disorders of one climate, equally do we feel what a vast field of auxiliary matter is contained in the Veterinary Journals. The *Edinburgh Veterinary Review and Annals of Comparative Pathology*, besides those articles which specially concern the Zoiatrist, always contains much that concerns ourselves. The *Edinburgh Medical Journal* opens with a case of Cæsarian Section, by Professor Dyer, of Aberdeen. The patient, a dwarf, four feet in height; the antero-posterior diameter of the pelvis shown by the post-mortem to be two inches. Attempts at turning and at perforation were made before the Cæsarian section was resorted to. The child had died previously. The Notes from the Parisian Hospitals, by Dr. W. Turner, are unusually good. The *Westminster*, which is now published by Trübner and Co., is, as always, full of articles which give a wholesome shake to persons accustomed to a lazy acquiescence in the doctrine that what is, is right. The article on "Endowed Schools," and the evidence it gives of the enormous waste and the pauperising tendencies of charitable foundations, may have its application to ourselves. Medical charities are not free from either vice.

REVIEWS.

Die Volkskrankheiten in ihrer Abhaengigkeit von den Witterungs Verhaeltnissen. Von Dr. Karl Haller. 4to. Pp. 40. Wein: 1860.

The Common Diseases in their Dependence on the Meteorological Conditions. By Dr. Karl Haller.

Dr. Haller, of Vienna, is already well known by his valuable communications to Medical statistics. In the work before us, which is a reprint from the *Transactions* of the Imperial Academy of Science of Vienna, he endeavours to trace the connexion between the principal diseases and the prevailing meteorological conditions. He has the great advantage of being one of the Physicians of the General Hospital of Vienna, which admits annually about 23,000 in-patients, and of having access to the statistics of the central Meteorological Institution of Vienna. His observations are based on an analysis of the diseases treated in the Hospital in the course of ten years, viz., from the beginning of 1846 to the end of 1855, and the meteorological phenomena noted during the same space of time at the Meteorological Institution just mentioned.

In order to allow the reader to form his own conclusions, Dr. Haller has annexed carefully prepared tables, ten of which represent the meteorological phenomena, viz., the temperature, the atmospheric pressure, the degree of atmospheric moisture, the fall of rain and moisture in general, the direction of the wind, and the amount of ozone. The relative frequency of the different diseases is demonstrated in twenty-eight other tables.

The author has arranged the diseases under consideration into five groups, viz.:—1. Diseases of the respiratory organs, including pneumonia, catarrhal affections of the air-tubes, tuberculosis, and hæmoptysis. 2. Diseases of the digestive organs, including gastric and intestinal catarrh, acute icterus, dysentery, and cholera. 3. Diseases of altered blood-crasis, with scurvy, ague, and typhus. 4. Erysipelas, rheumatic and gouty affections, cerebral hæmorrhage, and puerperal processes.

5. Acute cutaneous eruptions, viz., small-pox, measles, and scarlet fever. This classification cannot perhaps claim any particular merit, but as each of the principal diseases is treated separately, it does not interfere with the value of the author's observations.

A short account of the manner in which Dr. Haller treats the subject of *catarrhal affections of the air-passages*, will convey some idea of the work. The term includes all the catarrhal affections of the respiratory organs, from the nostrils downwards to the smallest ramifications of the tubes. Of the 223,328 patients treated during the ten years, 14,985 were admitted on account of the affections in question. The largest number belonged to January, with an average of 192 cases; February shows a decrease to 141; March another increase to 160; April falls to 153; May to 143; June exhibits a rapid decrease to 107; July to 101; August to 91; and in September we find the lowest figure, 79. After which we again remark a rise to 92·5 in October; to 111 in November; and to 122·5 in December.

In comparing the table of catarrh with that of pneumonia, yielding 2·7 per cent. of all admissions into the Hospital, we remark that both have in common the low figures in the later part of summer and in autumn, that, however, the catarrhal affections begin sooner to increase (*i.e.*, in October), and culminate already in January, while pneumonia shows the first considerable rise in November (from 29 in October to 43), and reaches its climax in May (83), falling suddenly in June to 47, in July to 33, and in August to 24, its lowest figure.

The meteorological tables show that September,—the month most free from respiratory catarrhs,—has the average, and at the same time the most equable temperature of the year. The catarrhal affections increase in an almost inverse proportion to the decrease of the temperature, and exhibit their greatest frequency in the coldest month (January), from which they descend in February with the rising temperature, increase, however, again in March, in spite of the further decrease of cold, but become much rarer with the setting in of the summer warmth. The colder years exhibit a more than average number of catarrhs,—as 1847, with a mean temperature of 48·09° F., and 2503 cases, *i.e.*, 9·5 per cent.; the warmer years a smaller number, as 1848, with a mean temperature of 50·11° F. and 1154 cases, *i.e.*, 5·3 per cent.; and 1854, with a mean temperature of 50·29° F., and 1170 cases, *i.e.*, 5·1 per cent. The influence of atmospheric pressure is not so easily recognised, and that of atmospheric humidity is scarcely more prominent, at least if considered without the temperature. With regard to the winds, the north winds appear, at Vienna, decidedly to increase the frequency of catarrhs, while the south winds have the opposite effect. The ozone maximum appears to coincide with the colder and more humid months, the minimum with the autumn months; but the author considers as yet the time of observation on the amount of ozone too limited (two and a-half years), and the method of examination too imperfect.

A few remarks on "*typhus*" may not be without interest. It is a frequent disease at the Vienna Hospital, counting 12·105 cases (five per cent. of all admissions). The author does not state whether he understands by the term "typhus" the *real typhus* or the *typhoid fever*, or whether he comprises both diseases under this term, as we formerly did by "continued fever;" we are, however, inclined to think that the "typhus" of the Vienna Hospital is our typhoid fever, or the German "Abdominal-Typhus." This affection is always prevalent at Vienna, but it has its greatest frequency in December and January (1312 and 1259 cases), the frequency diminishes in the spring months, remains rather low in summer, slightly increases again in September, and sinks to its minimum in October and November (856 and 802 cases). The author reminds us that, besides the low temperature in winter, other circumstances might perhaps contribute to the increased frequency of the disease, as the diminished purification of rooms, the more general restriction of people to their houses, and the increased contact of the healthy with their sick relatives. The high temperature of summer appears, however, to Dr. Haller to be an important agent in the diminution of the typhus epidemics during that season; and he points to Mühry's observation, that typhus does not seem to extend southwards beyond the isothermal line of 74°F.

Although, as yet, the material on which these observations are based, is limited, and the inferences arrived at have only an approximate value, as allowed by Dr. Haller himself, yet we cannot help acknowledging that he has rendered us a great service, that his example ought to be imitated wherever the material to such researches is offered, and that his name deserves to rank high among the pioneers of Meteorological Pathology.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON AN EPIDEMIC OF PUERPERAL PHLEGMONOUS ERYSIPELAS AT STOCKHOLM.

By Professor RETZIUS.

The new Lying-in-Hospital of Stockholm was opened in May, 1858, and six months had scarcely elapsed when some cases of puerperal fever occurred, although not in rapid succession. At the commencement of 1859, the cases became more and more frequent, until they constituted 40 per cent. of the admissions, and furnished a mortality of 16 per cent. The health of the Hospital improved during the summer, so that the puerperal cases only constituted 3 per cent., and the mortality was reduced to 6·62 per cent. During the months of November and December the cases rose again to 37 per cent., but the mortality kept as low as 6·9 per cent. At the commencement of 1860, the weather was very mild, and the number of admissions to the Hospital were far beyond its means of accommodating. As a consequence, erysipelatous inflammations soon manifested themselves, although no analogous form of disease prevailed in the town. At the end of February and beginning of March, phlegmonous erysipelas attacked the upper or lower extremities of several of the patients, little or no pain of the abdomen existing, although the whole surface of the body was exceedingly sensitive to the slightest pressure. The patients' powers became more and more depressed from the commencement to the fatal termination of the affection. The lochial secretion was very fetid and excoriative. Neither constitutional condition, prior disease, present debility, or the prolonged duration of labour, seemed to exert the slightest influence on the disposition to become affected by this disease. Until the end of March, only the under-floor of the establishment furnished the cases, this being the part where the midwives are instructed. No woman who occupied a room alone, having a space of 2000 cubic feet, became the subject of the disease. In a room intended for three women, with 1500 cubic feet for each, there were placed, on account of the influx, four women, and therefore with not more than 866 feet. Seeing the impropriety of keeping women long in such a room, with insufficient means for keeping it cleaned and ventilated, it was closed against these cases. Still there were sometimes placed in it cases of the ordinary peritoneal forms of disease, which all terminated favourably. It was hoped by this closure the further spread of the erysipelas would be prevented, but towards the end of April it broke out again in quite another part of the establishment. Fortunately, the pressure of admissions became slighter, and an effectual cleansing of the rooms and material arrested its further progress. It is a curious fact that during the residence of the infants in the establishment, not one of them suffered from erysipelas, although this is of so common an occurrence when the mother is the subject of puerperal fever. The author was, however, informed that bad erysipelas did attack several children who had been removed to the Foundling Hospital in consequence of the deaths of their mothers from this disease.

At the autopsies, nothing very remarkable was observed with respect to the abdominal viscera, or their peritoneal covering. The uterus was found in a relaxed condition, its inner surface being lined with a fetid, purulent fluid, mixed with coagula, the walls of the organ, on removal of this, being of an ash-grey colour. The substance of the organ was, to two lines depth, loose and pulpous, with the mouths of the vessels gaping. The heart was pale and flabby, coagula being contained in its cavities. There was much stasis of blood, with œdema of the lungs. On making incisions into the diseased extremities, much red serum was discharged from the infiltrated cellular tissue, to which, however, the mortification which had affected the skin had spread only in a slight extent. The muscles were of a pappy softness. The blood-vessels contained no coagula, nor did the walls of the veins exhibit any signs of inflammation, and pus was found only in the spermatic veins. The microscope showed that the colourless corpuscles of the blood existed in an unusually large quantity.—*Monatsschrift für Gebürtskunde*, vol. xvii. pp. 191—197.

EXCERPTA MINORA.

Supposed Necrosis from Phosphorous Vapours in a Child.—Dr. Grandidier was called to a child, six weeks old, apparently suffering from erysipelas of the face, but which soon proved indicative of periostitis of the right superior maxilla, that rapidly went on to necrosis. The child died in a fortnight, and it was found after death that the diseased process had spread from the alveolar processes to the body and other processes of the maxilla. The child had appeared completely healthy before the attack, as were three other children of the same parents, who themselves suffered from no disease. The only circumstance the author could detect as explanatory of the occurrence, was the fact of the infant having inhabited a a close, narrow room, with its head in immediate proximity to a large open box of phosphorous matches, which imparted an unpleasant smell to the room. The only analogous case known to the author is one related by Wünderlich in his "Handbook of Pathology," in which the frequent lighting of matches gave rise to necrosis of the jaw in a child seven years of age. Pappenheim suggests that the ill effects of the matches might be prevented by covering every boxful with a thin paper dipped in turpentine.—*Journal für Kinderkrank*, vol. xxxvi. p. 364.

Loss of Substance of the Brain.—M. Broca exhibited at the Anatomical Society of Paris an example of loss of the substance of the brain observed in an old man, eighty-nine years of age, who during life had manifested neither intellectual disturbance or paralytic phenomena. He worked as a tailor to within six months of his death, trembling of his hands, with which he had been before affected, then having become too considerable to allow of his holding the needle. At the autopsy there was found at the posterior part of the right cerebral hemisphere, at the union of the sphenoidal, parietal, and occipital lobes, a slight depression of the pia mater, which corresponded to a very deep cavity filled with serosity. This did not communicate with the ventricle, but so deeply had the resorption extended that a mere thin layer separated the sac of serum from the ventricle. There was no trace of hæmatine. This, then, was one of those cases of localised chronic ramollissement developed in the cortical layer of the convolutions, immediately below the pia mater, the latter having secreted the fluid which distended this true cavern. In cases of this kind the serosity accumulates in proportion as the loss of substance makes progress.—*Bull. de la Soc. Anat.*, August, p. 378.

Effects of Carbonic Acid on the Cicatrization of Wounds.—In pursuing their investigations on the effects of various gaseous substances upon the cicatrization of wounds, MM. Demarquay and Leconte have come to the conclusion that carbonic acid is a very powerful agent for the healing of wounds, which, from local or constitutional causes, have resisted all the ordinary means of treatment.—*Gaz. des Hôp.*, No. 38.

Emetics in Diphtheria. — During the last two years, Dr. Benedict has treated this affection with great success in the camp Cayuga, Auburn, N.Y., where it extensively prevailed. As soon as the characteristic exudation appeared he gave a thorough emetic of sulphate of zinc, and in a few hours afterwards the growth began to disappear, convalescence rapidly succeeding. Little after treatment was required, although in the worst cases chlorate of potash and quinine were sometimes given.—*Boston Journal*, February, p. 32.

Caoutchouc Stoppers for Bottles.—A correspondent of the *Boston Journal* strongly recommends the employment of the new vulcanised india-rubber stoppers for bottles and phials. By this means, bottles containing the strongest acids may be carried in the pocket without inconvenience. For alcohol, solutions of nitrate of silver, and the mineral acids, they are of invaluable service. In the sick-room, too, these stoppers are of great utility, as by their means bottles containing effervescing fluids, as champagne, soda-water, etc., may be again securely corked, so as to allow of small quantities being used without detriment to the remainder. Another correspondent, however, states that pure ether, nitric ether, naphtha, volatile oils, kerosolene, and turpentine, destroy the corks or are spoiled.

FOREIGN CORRESPONDENCE.

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GERMANY.

Berlin, March 31.

ON RETINITIS LEUKÆMICA.

Dr Liebreich, one of the most distinguished pupils of Professor A. Von Graefe, and of whose researches on retinitis pigmentosa in the offspring of marriages of consanguinity I gave you an account in a former letter, has recently discovered that in patients suffering from leukæmia, a peculiar form of retinitis occurs, which has just as characteristic features as that form of retinitis which is observed in cases of syphilis and Bright's disease. Idiopathic retinitis is, according to Dr. Liebreich, exceedingly rare, and it is a curious fact that, while idiopathic diseases of the choroidea are much more frequent than those due to constitutional distempers, the disorders of the retina are either of local origin, and consequent upon wounds or diseases of the adjacent choroidea, or produced by disturbances of general circulation, as in cases of heart-disease and Bright's disease, and by diseases of the blood, such as syphilis and leukæmia.

In retinitis consequent upon Bright's disease, the ophthalmoscopic examination shows that the optic nerve is encircled by an opaque, whitish zone; between the nerve and the zone a greyish-looking part of the retina is visible, which is scarcely to be distinguished from the papilla, which latter has also a greyish appearance. Outside of the opaque zone just mentioned, small and fine points may be generally noticed, which are due to extravasation, and are chiefly frequent in the neighbourhood of the macula lutea. In retinitis syphilitica, on the contrary, the opacity extends from the papilla along the course of the large blood-vessels, and towards the periphery, where it gradually ceases. Extravasations, which are very frequent in retinitis coupled with Bright's disease, are exceedingly rare in syphilitic retinitis; and if present, they are totally different from those observed in the former affection. In leukæmic retinitis it is especially the colour of the blood-vessels and of the extravasated blood, which presents striking peculiarities. The blood and the veins, which are very much dilated, are of a pale pink; the arteries are contracted, and of a bright orange colour, and the vessels of the choroidea of a pale yellow.

ON EMBOLISM OF THE ARTERIA CENTRALIS RETINÆ.

The chief symptoms of this disease, of which Dr. Liebreich has hitherto observed six cases, are the following:—The patient suddenly perceives dimness of vision in one eye, as if a thick cloud was passing. He then generally closes the other eye, and finds that, after a few minutes, the whole field becomes so obscured that not even the faintest perception of light is possible. This condition either remains stationary, or a slight perception of light gradually returns in a limited part of the field. The ophthalmoscopic examination of the eye shows that the circulation in all or several of the arteries of the retina has altogether ceased; the vessels are thin, and partly filled with thick and dark coagula. The central artery of the retina is quite empty, and the veins are also much thinner. A few days after the commencement of the illness, an opacity of part of the papilla, macula lutea, and its neighbourhood, is visible; and between the macula and the optic nerve, small red points are to be perceived, which are owing to extravasated blood. Although there is no blood in the arteries, the venous circulation is not entirely stopped, but it is retarded and irregular. After some time, however, this is, in a measure, re-established; while the arteries either remain empty, or again contain a little blood. The opacities in the macula lutea undergo various changes as to colour, size, etc.; and, finally, the optic nerve is completely atrophied.

In five out of six cases of this affection there was heart-disease. In one case considerable insufficiency of the aortic valves, with consecutive hypertrophy and dilatation of the left ventricle, was found to exist. The compensation afforded for the valvular disease by the hypertrophied muscular substance of the heart was so complete, that the patient was not even aware of having heart-disease, and which was only discovered by Dr. Liebreich after, by the embolism of the arteria centralis retinæ, he was led to make the physical examination of the chest. In the same patient, an embolus was sometime afterwards lodged in the brain, and produced hemiplegia.

MUNICH, March 30.

AMAUROSIS AND THE OPHTHALMOSCOPE.

AN interesting case of amaurosis was recently observed in the ophthalmological clinique of this University. A country girl, aged 18, while at her work, suddenly felt that her sight became diminished. All objects appeared to her as in a haze, and on the next day she was scarcely able to distinguish anything. The day after she went to church, but had to be carried home, as she had then lost her sight altogether. Leeches, ice, and purgatives were used, but without success; and six days after the vision had first became impaired the patient came to Munich, and was received into the University Hospital. The pupils were immensely dilated, and did not contract even if very strong light was used. By means of the ophthalmoscope it was then observed that the arteria centralis retinæ was unusually narrow, and its ramifications did not contain any blood. The vein appeared very dark and narrow, but not to the same degree as the artery; on slightly pressing the eyeball no pulsation could be felt. The choroidea was normal, and its vessels were clearly visible. Otherwise there were no traces of oligæmia; on the contrary, the complexion was ruddy, the pulse full, and the sounds of the heart were normal. The patient complained of noises in the ear, and of heat in the head. At the time when she had become blind, she had just had her courses, but they had been more scanty and shorter than usual. The treatment in the Hospital consisted of leeches to the temples; foot-baths, and sinapisms to the thighs. On the second day, calomel, in refracta dosi, was added to this medication. On the third day the patient said that if a hand was passed before her face she could see it with the left eye; while the right continued to be completely amaurotic. After nineteen days there was no further improvement; on the contrary, the ophthalmoscope showed that the arteria centralis retinæ had become still narrower than it had been at first, and that the chief branch of the same artery on the right side did not contain any blood. It was, therefore, feared that the retina might become atrophied in consequence of anæmia of its vessels; and paracentesis of the anterior chamber of the right eye was then performed by the Surgeon, Mr. Rothmund, with the view of inducing congestion by the vacuum thus caused in the eye. Immediately after the operation the pupil appeared contracted, as is always the case after paracentesis; but on the next day the patient was able, with the eye upon which the operation had been performed, to count the fingers held at a distance of six inches from the eye; and on the fourth day after the operation she could see the fingers at a distance of one foot and a-half. The pupil had, by that time, also again become sensitive to light and dark. As the left eye did not improve in the meantime, it was operated upon in the same manner. The vision then likewise improved in this eye, and on the ninth day the patient was again able to read large type. She was discharged cured, as after some time she could read the very smallest type, and the ophthalmoscopic examination showed that both retinæ were perfectly normal. A similar case has been published by Dr. A. Von Graefe, who by excising a piece of the iris of the right, and making the paracentesis of the anterior chamber of the left eye, also completely cured his patient.

MEDICAL SOCIETY OF LONDON.—The subjects of the Lettsomian Lectures selected for next year are—"Public Hygiene," and the "Diseases of Children;" to deliver which the Council of the Society have appointed Dr. James Bird, F.R.C.P., and Thomas Bryant, Esq., F.R.C.S.

AT the Cavan Quarter Sessions on Saturday, a Medical gentleman was sued by a labourer for £1, a fee charged by him for a certificate as to the state of health of the plaintiff's son, then a prisoner in the county gaol, and whom he was attending in his capacity of Dispensary Physician. The certificate was required to support an application for mitigation of punishment, and the plaintiff contended that the Doctor should have given it without fee, as part of his ordinary duty. The defendant proved that it was the professional practice to charge a fee in such cases, and the Bench decided in his favour.

GENERAL CORRESPONDENCE.

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ON PREVALENT CARELESSNESS IN THE PERFORMANCE OF VACCINATION.

LETTER FROM MR. J. G. GERRANS.

[To the Editor of the Medical Times and Gazette.]

SIR,—It was my decided impression soon after my investment with the management of a large vaccination district, that a reform was much wanted in certain particulars connected with the execution of the present system; that although the Compulsory Act was well devised in its provisions, yet something was further required to make it work well.

On referring to the registration papers, we find an injunction to the parents of children to get them vaccinated by the time they are three months old, and on the eighth day of vaccination to take them to the vaccinator for inspection. Now, I will take upon myself to assert that the first order is avoided in a vast number of cases, while the second is too often altogether neglected.

There are two substantial reasons for requiring the attendance of vaccinated children on the eighth day; one, of course, is to see if the vaccination has succeeded properly, and the other, to take, if required, a supply of lymph for further vaccination. If an appeal were made to public vaccinators on this point, I believe their replies would abound with complaints of the non-attendance of the people whose business it was to come again on the eighth day. I have had the room nearly filled with applicants for vaccination, and not one vaccinated child in attendance, and this three-quarters of an hour after the time, the women grumbling and impatient to get home for the purpose of preparing their husbands' dinners. We will, however, waive these minor considerations, and see the evil effect this non-attendance produces on the cause of vaccination. Suppose there has been a dozen cases the preceding week, the vaccinator may consider himself fortunate if half of them come on the eighth day. Well, two or three come creeping in after numbers, as aforesaid, have been waiting; but on examining these cases, not one is what the vaccinator (if he knows his duty) will like to vaccinate from. He is obliged, therefore, to wait longer, to the further vexation of himself and patients, till the remainder arrive, when from them he must obtain his supply for the whole lot, with most likely a strong disinclination, if not a positive refusal, on the part of the mothers to give to so many. Thus, we often find that the benefit of supply derivable from a dozen cases is limited to one-fourth of the number.

And this is not the only evil accruing to failure in the attendance of vaccinated patients. How many vaccinators, wishing to get rid of importunities, may have cut matters short, and vaccinated anyhow, taking the first which came, perhaps, instead of carefully choosing their supply cases, to secure thereby good results in their vaccinations, and a constant stream of good lymph? In a given number of vaccinations, say a score, you will not have them all fit for operating from. A few will not be sufficiently developed; some weakly children will never show well at all; and others, on the contrary, will be too maturated; the lymph, which was in its prime on the sixth day, now contains pus globules more distinctly. The chance is if you vaccinate with the latter you will have but a poor result, or, perhaps, a bad one. I mean by a poor result an imperfect vaccination. Having an imperfect result, or, on the contrary, a dead one, may seem paradoxical; but I can believe that puriform lymph inserted in the arms of some children would be attended with bad consequences. Who knows but there may have been something of the kind in the Italian children's cases? Here, be it remembered, the matter (I will not call it lymph) was taken on the tenth day. Only fancy, the tenth day, and in a climate somewhat warmer than our own! If an English vaccinator used matter of the tenth day, I should certainly vote him to be unfit for his office. With all these facts, how necessary it is to have, on the eighth day, an attendance of the whole cases.

This most essential point connected with the practice of vaccination has been either lost sight of by vaccinators, or left unremedied by them through want of energy to grapple with it. Their apathy in the matter, then, has obliged them to have recourse to make-shifts, dry vaccination with glasses or points, neither of which, as they ought to know, is so certain as fresh lymph. With points, which generally proves the better method of the two, the vaccinator who uses six may think himself lucky if half of them succeed.

I think, Sir, I have said enough to show the necessity of having the whole of vaccinated cases brought forward, that the vaccinator may have a proper selection for a supply of good lymph, so much depending on it for a successful issue in vaccination.

I will now say a few words on another source of evil to the cause. There are some among the poor and ignorant population who think that if their children are but once submitted to the operation, they are vaccinated. The fact of the operation succeeding seems to be of no importance. I have several times been told by poor women that their children have been vaccinated. "Well, let me see," I say. "Ah, I can observe no scars." "Oh, Sir, it did not take." If these cases have been applicants to some Institution, we have an additional reason for insisting on the attendance of every one on the eighth day, if merely to see if the vaccination has succeeded.

Reverting to the mode of vaccination with dry lymph, I must observe that this is the method usually adopted by private practitioners. I feel much regret in being obliged to make these remarks; but on a public question, and one of such importance, if a man is mealy-mouthed he fails in his duty. I was told by a woman residing near my station, that Dr. —— vaccinated her child four times with points; the first three attempts failed, and the last time two of them took; and this is an exemplification of most of those cases. Now, Mr. Editor, with a large proportion of children with their vaccination imperfectly performed, and with those not vaccinated at all, ought Medical men and the public to be surprised at an occasional outbreak of small-pox? Depend upon it, until stringent measures are adopted to enforce the Vaccination Act we shall never do well. In the first place, the non-attendance on the eighth day can be easily settled. Two or three informations enforced in a district would produce a remarkable punctuality for the ensuing half-dozen years, and when the effect began to lose ground, the process could be repeated.

It would be advisable (supposing the fathers of the children were very poor, and obliged to go to prison in default of paying the fine of twenty shillings, and the parish in consequence were obliged to support their families) for the Government to reimburse the parish for the expenses. The object is the national benefit, and the means for that purpose should be adopted fearlessly. The public should be made to see that if Medical men call in the aid of Government to carry out their intentions for the public good, they have also strength of purpose to put in practice all the requirements which the law insists upon. Now, with regard to the penalty hanging over the heads of parents for neglect of vaccination and attendance on the eighth day, the general impression is, I know, that it is all moonshine, and when referred to it is laughed at. Well it may be, when it is seen that the law year after year is suffered to remain a dead letter. Let it be otherwise.

There is another phase of the question which I believe is lost sight of—the condition of children when vaccinated. It is a question which has often occurred to my mind, whether every child ought not to go through a preparatory process previous to vaccination. We know that eruptions sometimes are brought out after the operation: might not an alterative treatment obviate this? If I am not mistaken, it was the custom formerly. I have read, I am convinced, in some early treatise on Vaccination, that the practice was strictly enjoined. A mere trifle as to expense—just sufficient to cover the cost of the drugs—would do for the purpose.

Before closing this letter, I must mention another evil attendant on parents not bringing their children before three months have passed. At five or six months they have usually entered the period of dentition. This era of infantile life, we well know, is a period of irritation, and the child keenly and morbidly sensitive. The vaccination of a child then is not unlikely to prove abnormal.

The following regulations I would earnestly recommend:—

First: Vaccine stations as large as possible, the district embracing an extensive area of population; one calculated to afford a large number of cases, in order that the vaccinator should never be stinted in his supply of lymph, as it is not only required for our own population, but that of our colonies.

Secondly: That Government Inspectors be employed to enforce the provisions of the Compulsory Act, viz., by having access to the District Registrations, thereby to be able to see that the children are vaccinated before they are three months old, and when vaccinated, taken to the vaccinator for inspection. When vaccinators or their agents call on any one for this purpose they are likely to come in unpleasant collision with their patients, which in itself is injurious to the cause. An Inspector, armed with authority, is not open to this objection, and, with the fact of being armed with authority, he is more likely to obtain the general object.

Thirdly: In case of non-fulfilment of either of the foregoing requirements, the penalty stated by the law to be enforced.

Let the above three clauses, Mr. Editor, be carried into practical operation, and I am sanguine enough to believe we shall hear but little of small-pox.

I am, &c.

April 3. J. G. Gerrans.

REPORTS OF SOCIETIES.

LINNEAN SOCIETY.

At the meeting of this Society, held on Thursday, March 20, G. Bentham, Esq., President, in the chair, Professor Busk gave an address on some Skulls recently received from Ceylon, whence they had been sent by Mr. Thwaites to Dr. Hooker. Four of these skulls, together with two others from the same island, belonging to Dr. Ward, were placed on the table, and side by side, for purposes of comparison, were the skulls of a Malay from Singapore, two Polynesian Malays, an Australian, two or three African negroes, and some European skulls. The Cingalese skulls were from the hill tribe termed "Veddahs." The Veddahs are a race of savages, very low in the scale of humanity; they subsist chiefly on fruit and insects; they scarcely cook their food, and find shelter in hollow trees. It is supposed that they are the remains of the Aborigines of Ceylon, and it is evident from their low state of physical and mental capacity, as denoted by their skulls, that they would be unable to cope with more powerful and intellectual races. The Veddahs appear to have the smallest and thinnest skulls of any nation on the globe. Professor Busk proceeded to say, that at first sight, to compare the skulls of different nations seemed an easy task: a remark which he illustrated by comparing the long and narrow skull of a negro with the oval and symmetrical skull of an European, and with the broad subtriangular cranium of the Malay. When, however, we attempt to lay down these generalisations in description, the task is not so easy; not merely from the inherent difficulty of the subject, but also from the want of uniformity in the methods of estimating the differences hitherto adopted by various craniologists. As skulls are neither round nor square, nor of any definite geometric form, the differences between them are not readily expressed in figures. It is, however, a comparatively easy task to lay down a series of cranial measurements which may serve that purpose to some extent. In the method which Professor Busk had adopted, he said that he was only following in the footsteps of others, and he particularly mentioned the illustrious Von Baer, the first man who had shown how important it is that craniologists should work together on some common plan. Last autumn, a congress of craniologists had assembled at Göttingen; they had, however, separated without agreeing upon any definite and uniform system of mensuration. Two years ago, the late Professor Quekett and Professor Busk drew up a blank table of cranial admeasurements, for the purpose of forwarding copies to different observers who might be ready to contribute to the great object in view, viz., the attainment of a uniform system of admeasurements. These tables are ruled into columns, in which are inserted:—

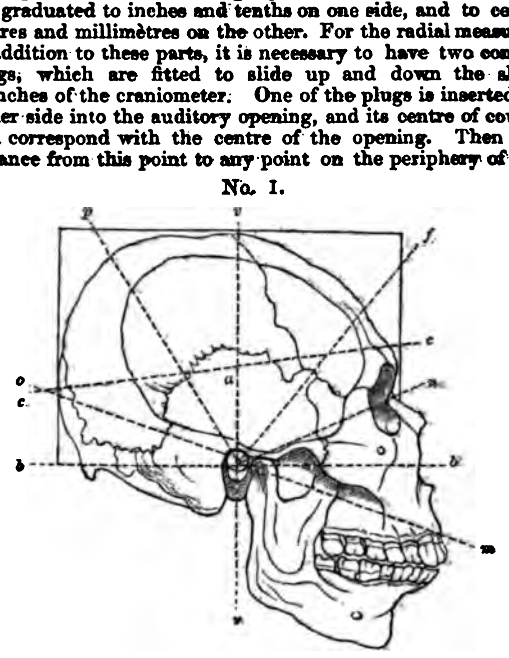
1. The length from the glabella to the occiput.
2. The extreme breadth.
3. The height.
4. The least breadth of the frontal bone.
5. The greatest, ditto, ditto.
6. The breadth between the parietal protuberances.
7. The breadth of the occipital bone.
8. The distance between the zygomatic arches.
9. The frontal radius.

10. The vertical, radius.
11. The parietal, ditto.
12. The occipital, ditto.
13. The maxillary, ditto.
14. The nasal or fronto-nasal, ditto.
15. The circumference.
16. The longitudinal arc (measured from the fronto-nasal suture to the posterior margin of the foramen magnum) subdivided into
17. The frontal longitudinal arc.
18. The parietal, ditto, ditto.
19. The occipital, ditto, ditto.
20. Transverse frontal arc.
21. Transverse vertical, ditto.
22. Transverse parietal, ditto.
23. Transverse occipital, ditto.

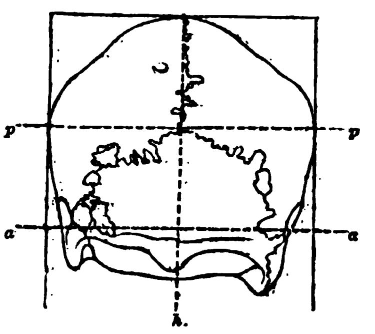
In these measurements succeed other columns, in which may be inserted the proportions of some or more of these measures to a given modulus; that adopted by Mr. Busk being the cranial length.

The instrument Mr. Busk uses as a craniometer, and which may be procured of Mr. Hudson, Optician, Greenwich, may be described as consisting of a stem about thirteen inches long, and two branches, six inches in length, one of which is jointed to one end of the stem so as to open out to a right angle, and the other is jointed in a similar manner, but made also to slide up and down the stem on the principle of a shoemaker's gauge. The stem and branches are graduated to inches and tenths on one side, and to centimètres and millimètres on the other. For the radial measures, in addition to these parts, it is necessary to have two conical plugs, which are fitted to slide up and down the short branches of the craniometer. One of the plugs is inserted on either side into the auditory opening, and its centre of course will correspond with the centre of the opening. Then the distance from this point to any point on the periphery of the skull along the mesial line will be measured on the branches of the instrument when the stem between them touches the point desired—as, for instance, in No. 2 diagram, in which *a a* shows the line of the centres of the auditory openings, and *b* the point where the stem of the craniometer touches the periphery on the summit. The distance from *a* on each side to the rectangle above is the radial distance sought.

No. 1.

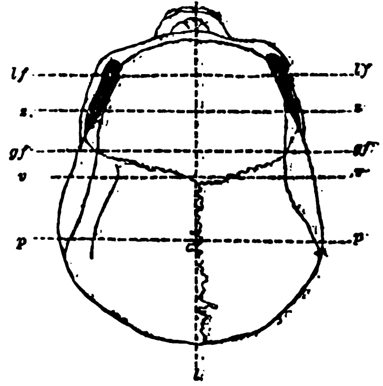


No. 2.



In Fig. No. 1, *v v* represents the vertical line passing from the centre of the auditory foramen to the vertical point, that is, the junction of the coronal and sagittal sutures; *b b* the horizontal or base line at right angles with *v v*; *m* the maxillary radius; *n* the nasal radius; *f* the frontal radius; *v* the vertical radius; *p* the parietal radius; *o* the occipital radius. The transverse frontal arcs follow the same direction as the radii. *C* is the line of the greatest circumference immediately above the supraciliary ridges. The straight rectangular lines show the position of the craniometer in taking the length of the skull; and, in Fig. 2, in taking the extreme breadth. In Fig. 3, *lf* is the least frontal breadth; *ss* the zygomatic breadth; *gf* the greatest frontal breadth; *pp* the parietal breadth. The occipital breadth will be seen in Fig. 2, in the line *aa*. In Fig. 3, the direction of the vertical longitudinal plane, which is also that in which the longitudinal arc extending from the fronto-nasal suture to the posterior margin of the foramen magnum is taken, is represented by the line *ll*; *vv* is the direction of the vertical transverse plane, and where *vv* and *ll* meet is the vertical point or vertex.

No. 3.



Applying this method of admeasurement to the Veddah skulls, Mr. Busk observed that it was obvious that if a cranium which had been sent to him by Dr. Ward as a Veddah skull, and which exhibited characters allied to the crania of the Papuan race, was really Cingalese, that two classes of hill tribes existed in Ceylon. Three of the true Veddah skulls before him were those of males, and one probably was the cranium of an aged female. It was perfectly futile to rest any generalisations on merely one or two skulls of a previously unknown type. The purer a race, the more striking the differences which it presents when compared with other races, and the less the differences *inter se*. Everywhere, however, there are individual diversities, which may invalidate general conclusions founded upon insufficient data. Amongst the skulls on the table, those of the South Sea Islanders exhibited a totally different cranial conformation from those of the African negro. The two skulls of South Sea Islanders were examples of the mistakes which might be made in drawing inferences as to moral characteristics from cranial conformation. Although exceedingly ferocious-looking, these individuals, whom Professor Busk had known during life, were really of mild and quiet disposition. The African Negro race is craniologically divisible into two groups,—the tropical and the extra-tropical. The latter are typified by the Zulus and Caffres. All tropical races of men appear as a rule to have small heads, whilst the Scandinavian and Teutonic have the largest relatively to their stature; and the Patagonians probably those of the greatest absolute magnitude. The following table taken, however, for the present occasion, from only a small number of observations, shows the mean dimensions of the crania of different races of men:—

	European.	Extra Tropical Negro.	Tropical Negro.	Australian.	Hindoo.	Veddah.
	Inch.	Inch.	Inch.	Inch.	Inch.	Inch.
Length	7·23	7·12	7·15	7·15	6·64	6·56
Breadth	5·56	5·46	5·12	5·19	5·28	4·85
Height	5·65	5·73	5·44	5·32	5·50	5·40
Circumference	20·6	20·50	19·81	19·30	19·12	18·50
Mean general dimens.	39·04	38·81	37·55	36·96	36·54	35·31

The relative proportions of the three regions of the cranium in the different races compared, might be expressed numerically as follows :—

Region.	European.	Extra Tropical Negro (3 cases only).	Tropical Negro.	Australian.	Hindoo.	Veddah.
Frontal....	30·63	29·78	28·94	28·90	28·58	27·57
Parietal ..	28·77	28·66	27·80	26·90	28·47	25·95
Occipital ..	24·29	25·33	23·92	23·33	23·18	22·23

The mean dimensions, taken in the same way, of the Andaman Islander's skull, exhibited at the Ethnological Society, by Professor Owen, was 3·50 inches. The Veddah skulls now exhibited are thus among the lowest cranial type, unless they are accidental libels on their race. Their skulls are much smaller than those of the Bosjesmen in the Museum of the College of Surgeons. Mr. Busk then alluded to the classification of skulls proposed by the late Professor Retzius, in which the skulls having the proportion of breadth to length less than $\frac{8}{10}$ are classed together as dolichocephalic, and those in which it is more than $\frac{8}{10}$— perhaps $\frac{8}{10}$, or almost equal—brachycephalic. The mean proportional breadth of the European crania, included in the table exhibited, was ·761 ; that of the tropical negroes ·717 (in some instances as low as ·598) ; of the extra-tropical negroes, ·743 ; Hindoo, ·786 ; Australian, ·725 ; and Veddah, ·748. To obtain the facial angle of Camper is easy in orthognathic skulls, but this method of estimation cannot so well be applied in prognathic. The degree of prognathism, however, may be estimated by the difference between the maxillary and the nasal radii. Thus, in the European the difference between these two radii averages ·16 inch ; in the extra-tropical negro, ·33 ; in the tropical negro, ·50 ; in the Hindoo, ·18 ; in the Australian, ·38. The four Veddah skulls sent by Mr. Thwaites, are all apparently of aged individuals. The jaw consequently is so contracted, that no estimate can be formed of the difference between the maxillary and nasal radii, which in these skulls are about equal. But in two other crania of the same race, the mean difference amounts to about ·23 inch. They may consequently be regarded as moderately prognathic. It is difficult to assign to the Veddahs their proper position in the ethnic scale : they are not allied to the Andaman Islanders, which appear to be a diminutive Malay race ; they are not Malays, and not Europeans, although the distinction between very small European skulls and those of the low races of Hindostan is difficult ; neither are they Australian, Papuan, or Negro skulls. Professor Busk believed that the Australian and Papuan races were cranially distinct. He concluded by expressing a hope that Dr. Mouat, who had recently gone out to India, might be able to throw some light on the affinities of the Veddahs by investigating the crania of the hill tribes of that country.

After the thanks of the Society had been given to Professor Busk,

Mr **Brayley** drew attention to the circumstance that among them was one, apparently belonging to the Papuan race. Professor Klaproth had connected the Papuan and Indian races on the evidence of language, and it would be interesting to know whether this philological conclusion was supported by physiological facts.

Professor **Busk**, in reply, said that he was not aware that any such affinity existed.

Professor **Macdonald** said that the proposed system of admeasurement did not record the absolute capacity of the different cranial vertebræ, although the relative proportions of the prosencephalon, mesencephalon, and parencephalon were defined by it.

Professor **Busk** pointed out that in a Hindoo skull in the Royal College of Surgeons, the upper part of the supra-occipital, above the occipital protuberance, was suturally separated, forming a true interparietal bone,—a conformation very rare in human skulls.

Dr. **Webb** said that Mr. C. Carter Blake had noticed a similar interparietal bone in European, Bengalee, Laplander, Aymara, and New Zealand skulls, and in a skull from the Vale of Belvoir, of presumed high antiquity. In some of these instances the bone was a true interparietal, and not a mere wormian bone.

Dr. **Cobbold** mentioned that he had seen a similar conformation in a skull in the Edinburgh Museum.

The meeting then adjourned.

LEGAL INTELLIGENCE.

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RICH AND WIFE v. PIERPOINT.

In the Civil Court at the Kingston Assizes, nearly the whole of Saturday and Monday last were occupied by the trial of Rich and wife against Pierpoint. The plaintiff is a tobacconist's assistant, and the defendant a highly-respectable Medical Practitioner, residing in Lower Pulteney-street, Golden-square, within thirty yards of the plaintiff's dwelling. The trial appeared to have originated in some malicious feeling either on the part of the plaintiffs or some other person. Not a single charge that was brought against Mr. Pierpoint was sustained ; and if the jury had not given a verdict in his favour, there is not a Medical man in the kingdom practising midwifery, who would be safe from being harassed by a similar action. Mr. Pierpoint was engaged to attend the woman in her first confinement ; she is a short person, of apparently a delicate constitution, and was said to be twenty-five years old, though she looked five or six years older. The allegations were for want of proper skill and attention ; for being intoxicated on one particular evening of his attendance ; for having improperly administered "certain drugs and acids" during the labour ; and for improperly prescribing an enema. The plea of intoxication was not only met by an indignant denial on his part, but it was altogether disproved by the patient's nurse, by a gentleman who passed the evening with him at his own house, by his assistant, and by a lady whom he attended in labour during the same night. The opposing Counsel, therefore, very judiciously withdrew that plea, and went to the jury on the other parts of the case. The "certain drugs and acids" turned out to be the quarter-part of two drachms of tartaric acid in solution, which had been sent from his own house to be added to another mixture of bicarbonate of soda, for the purpose of allaying vomiting ; and which the nurse gave him in the night in mistake for gin. He thought a little gin-and-water would do her good, ordered the nurse to bring him some, and she gave him the bottle containing the acid by mistake. He poured some of this into a tumbler, adding a little sugar and warm water, and thus, as Dr. Ramsbotham told the jury, gave her what was equivalent to a refreshing glass of lemonade. It appeared, however, that the family are teetotallers ; and the husband, when he heard that she had taken gin-and-water, as was supposed, flew into a violent rage, declared he would rather she had died than taken gin, and went into her room, and threatened her that "she should never enter a teetotal hall with him again." She was taken ill on the afternoon of Tuesday, December 17. Mr. Pierpoint saw her about seven, and found her suffering from false pains. He was called up to her two or three times during the night ; ordered her some anti-spasmodic medicine ; was in attendance on her, off and on, all day, and was again called up two or three times on the Wednesday night ; all this time the os uteri being quite close and the pains spurious. It was not till Thursday morning that dilatation commenced, and with dilatation sickness came on. For this he sent the effervescent mixture. The os uteri continued very rigid all day. The pains were very trifling, and there was constant vomiting. The membranes broke at night, when the os was still not entirely dilated. He had many patients to see on Thursday, and as he lived so close, he told the nurse to send to him as soon as she thought he was really wanted ; and he was never absent from his own house a mile during the whole of his attendance. On Thursday night the nurse sent the husband to say the bowels had not been opened since Tuesday night, and he gave him some castor oil, to be added to gruel, for an enema, at the same time lending his syringe, and saying if the nurse could not administer it he would come over and do it himself. He was called up at five a.m., when things were much in the same state as on the night before. At six a.m. he was sent for to another labour ; returned between nine and ten, and called at the house. Hearing from the nurse that there appeared no change, he went home to refresh himself. While dressing, they sent for him again ; he then found the head engaged in the pelvic brim. They were much displeased at his having left her, and seemed so dissatisfied that he proposed sending for Dr. Ramsbotham. He was then told by Mr. Rich that "he would have none of his friends," and that he had sent for another Doctor of his own choice. Upon being asked who it was, he would not tell. Mr.

Pierpoint was then about to leave; but on second thoughts, he said he would not go until he knew into whose hands she would pass. He, therefore, sat down by the bedside passively, and between twelve and one, Dr. Duncan, a neighbouring Practitioner, came in. He immediately took charge of the case, at the husband's desire, and gave the people to think she had been neglected, or not properly treated. Mr. Pierpoint having described the nature of the case, retired. The Doctor ordered brandy and beef-tea. Till this she had kept nothing on her stomach for more than thirty hours. Dr. Duncan, however, did not think it necessary to remain with her, as he was met, between two and three, by Mr. Pierpoint himself, driving about to see patients. He then told Mr. Pierpoint that the case was going on well. At twelve the next day he called in Dr. Hall Davis, who, finding her very much prostrated, with heated and swollen parts, and that putrefaction had commenced in the fœtus, delivered her at once by craniotomy. She recovered very well, and was about before the end of the month. The patient and her husband complained grievously that Mr. Pierpoint did not ask after the state of the bowels from Wednesday morning till Thursday night, that he did not prescribe sufficient medicine or nourishment, that he left her so many hours on the Thursday, had not paid her sufficient attention generally, and had not examined her often enough. But the husband himself confessed that from Tuesday evening he had paid her ten visits, and Mr. Pierpoint said he examined her every time he saw her. For the plaintiff, Drs. Duncan, Murray, Davis, and Robert Lee were called; for the defendant, Drs. Ramsbotham and Steggall. Dr. Duncan thought she had been wrongly treated and neglected, and said he would have done more to assist her; but when pressed under cross-examination, he could only reply he would have given ergot and more nourishment and stimulants, and taken care that the bowels acted. Dr. Murray would have done the same,—would perhaps have incised the os uteri. If the os uteri had been dilated, would have delivered her by forceps on Thursday evening; would probably have bled her; and if one thing had happened he would have acted so and so, if another he would have done so and so. The Judge (Erle) gave both these gentlemen a severe rebuke, though he did it mildly and gently. He said Dr. Duncan had not adduced sufficient reason for denouncing the treatment of a brother Practitioner, and it was not right upon hypothetical reasoning to cast blame, as Dr. Murray had done, nor to censure a Medical man because he did not adopt new modes of practice, the advantage of which had not been sufficiently demonstrated, and which were looked upon as objectionable by the senior and more experienced members of the Profession. Dr. Davis said he did not see anything to blame in Mr. Pierpoint's conduct; and Dr. Lee, in a modified manner, said the same thing, though he added he could form no positive opinion, as no Medical history of the case had been given before he went into the witness-box; that could only be obtained from Mr. Pierpoint himself, who had then not been examined. Dr. Ramsbotham saw nothing whatever to blame in Mr. Pierpoint's conduct after having heard his evidence; he explained that it was neither necessary nor desirable that a Medical man should be in constant attendance on a patient suffering false pains, or during the first stage, especially of a first labour; he repudiated the idea of incising the os uteri; and thought it would have been unsafe and unwise to give ergot; and Dr. Steggall agreed with him. The Judge, in summing up, said that although the trial had consumed the chief part of two days, he thought the time of the Court well bestowed, not only on account of the character of the gentleman who was defending the action which was at stake, but also because it was of high importance to every member of that very useful and honourable profession in which so much beneficence was mingled with so much skill. The jury returned a verdict for the defendant without quitting the box; and there were audible expressions of satisfaction displayed in the Court, which had been crowded all day.

THE BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.—This new Institution, in spite of the disturbed state of affairs, has concluded a very favourable first session, having had some 300 students. Its Faculty consists of sixteen Professors, the names of some of whom, as Austin Flint, Hamilton, Barker, are well known in this country. As regards clinical instruction, the Institution seems unrivalled, being in connexion with two magnificent Hospitals.

MEDICAL NEWS.

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ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the First Part of the Professional Examination for the Licence of the College on April 4 :—

Blunt, Thomas, 13, Ryder-crescent
Bostock, Edward Ingram, St. Bartholomew's Hospital
Fagge, Frederick Thomas, Guy's Hospital
Kempthorne, Henry Law, King's College
Mackintosh, Hugh Richard D , St. Bartholomew's Hospital
Hall, Samuel, St. Bartholomew's Hospital
Reynolds, John, St. Bartholomew's Hospital
Stone, Robert Sidney, St. Bartholomew's Hospital
Thorne, Richard Thorne, St. Bartholomew's Hospital
Whipple, Counell, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 8th inst., and when eligible will be admitted to the pass examination :—

Bruce, Alexander, University College
Barker, William Lewington, St. George's
Beviss, Charles, St George's
Barron, Thomas Samuel, Grosvenor-place
Bobart, William Matthews, Birmingham
Court, Josiah, Birmingham
Colthurst, James Bunter, King's College
Currie, John Legge, St. Bartholomew's
Carter, William, Charing-cross
Elliot, John, London
Fowler, Oliver Humphrey, St. Bartholomew's
Gill, William, University College
Geage, Joseph, King's College
Greaves, Charles Augustus, St. Thomas's
Hilton, Caleb Samuel, St. Bartholomew's
Hatherly, Henry Reginald, Westminster
Lyle, Thomas, St. Mary's
Marriott, Henry Thomas, University College
Oliver, G., University College
Parker, Benjamin Whitehead, St. Thomas's
Parson, Thomas Cooke, Bristol
Richards, Samuel Smith Crosland, University College
Richards, Joseph Peeke, King's College
Renshaw, Charles Jeremiah, Manchester
Smith, Solomon Charles, Birmingham
Smith, Thomas Haywood, Birmingham
Scott, Robert John, St. Thomas's
Stott, John, Manchester
Spencer, Lionel Dixon, Newcastle
Thomas, Robert Wrentmore, Bristol
Wearne, Vivian, St. George's
Watts, Algernon Newbiggen, Westminster.

Also on the 9th inst. :—

Atkinson, Charles Stephen Abbott, University College
Ashford, John Wilson, Middlesex
Armstrong, James Hunter, St. Thomas's
Bromley, Edward Pownall Barland, King's College
Barrett, John, Bristol
Churchill, John Foot, Charing-cross
Duke, Oliver Thomas, Guy's
Eck, Vincent Frederick, St. Bartholomew's
Evershed, Montague Frederic, Guy's
Freeman, Alfred, Guy's
Glynn, Thomas Robinson, St. Bartholomew's
Grewcock, John Baily, University College
Gilbert, Henry, Birmingham
Jones, William, St. Bartholomew's
Kiernander, William Coleridge, St. Bartholomew's
King, Thomas, Guy's
King, George, London
Lavin, Michael Drury, Charing-cross
Mudge, Belling Harvey, St. Bartholomew's
Muir, Henry Skey, Guy's
Nichols, Robert Thomas, Guy's
Nunneley, John Albert, Leeds
Osmond, Thomas, St. Bartholomew's
Power, William Henry, St. Bartholomew's
Powell, Richard Douglas, University College
Rex, Adolphus Burnell Great, St. Bartholomew's
Sheen, Alfred, Guy's
Shears, Arthur, King's College
Stubbs, Henry, Birmingham
Sanders, George Bedford Salvator, Dublin
Williams, Thomas Edward, St. Bartholomew's
White, Charles, Guy's
Wall, Joseph, University College
White, George, Middlesex.

Also on the 10th inst. :—

Bird, Thomas, Liverpool
Best, Frederick Arthur, St. Bartholomew's
Biddle, Charles Henry, Newcastle
Ruddock, John Robert, Leeds
Carter, Thomas, Guy's
Gibson, Robert Chapman, Guy's
Haigh, Thomas Hinchliffe, Leeds
King, Edwin Holboro, King's College
Turner, John Sidney, Guy's
Watts, William Frederick, Leeds
Keighley, Jeremiah, Leeds

Lever, Edward Kelsall, Manchester
Lydall, Wykeham Hawthorne, St. Mary's
Mallam, Henry Parr, Charing-cross
Martindale, John Walker, Guy's
Medwin, Aaron George, Guy's
Meeres, Albert, Grosvenor-place
Newton, George, Manchester
Powles, Revett Coleridge, King's College
Sinclair, Duncan Francis, University College
Spencer, Herbert, London
Thurston. Edward Whitfield, Guy's
Trimen, Henry, King's College
Warter, John Santhey, St. Bartholomew's
Watermeyer, William Godfrey, University College
Weaving, Albert, Middlesex
Wimberley, Conrad Christopher, Middlesex
Winn, Algernon William, King's College.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, April 3, 1862 :—

Ballard, William Waddel, Tunbridge, Kent
Booth, Frederick William, Ashmond Lees, Manchester
Carter, Jabez, Bedford
Chessall, William, Brighton
Goodman, Charles Rowland, Southport, Lancashire
Haslewood, John Austin, Darlington
O'Kell, George, Boym Bank, Northwich
Owles, James Allden, Bungay, Suffolk
Proctor, Peter, Guy's Hospital
Vines, Frederic Castell, Reading, Berks.

The following gentleman also on the same day passed his First Examination :—

Eddowes, Arthur B., Guy's Hospital.

APPOINTMENTS.

BLACKBURN.—John Blackburn, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the West District of the Barnsley Union, Yorkshire.

BRACEY.—Charles James Bracey, M.B. Lond., University Scholar in Surgery, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident House-Surgeon to the General Hospital, Birmingham, *vice*. William Preston Goodall, M.R.C.S. Eng., L.S.A. Lond., resigned.

FOX.—Wilson Fox, M.D. Lond., M.R.C.P. Lond., has been appointed Professor of Pathological Anatomy at University College, in the room of William Jenner, M.D. Lond., F.R.C.P. Lond., who resigned on being appointed Physician to her Majesty.

FITZPATRICK.—John Fitzpatrick, M.D. Mar. Coll. Aberd., M.R.C.P. Lond., F.R.C.S. Eng., L.M. Rot. Hosp. Dub., has been elected Physician to the Eastern Dispensary, Bath, *vice* William Robinson Hill, M.D. Edin., M.R.C.S. Eng., resigned.

JENKINS.—Josiah Roberts Jenkins, M.D. King's Coll. Aberd., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Workhouse of the Ruthin Union, *vice* Thomas Cumpston Jones, M.D. Edin., L.R.C.S. Edin., L.S.A. Lond., deceased.

LEEMING.—Robert Toulmin Leeming, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Kendal Workhouse, *vice* Robert Walker, M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.

MIDDLEMIST.—Mr. R. P. Middlemist, of 13, Great Coram-street, Russell-square, has been elected Surgeon to the Dramatic, Equestrian, and Musical Sick Fund Association.

SNAPE.—Mr. Snape has been appointed Lecturer on Dental Surgery and Mechanics at the Liverpool Royal Infirmary School of Medicine.

THOMAS.—John Little Thomas, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been appointed Medical Officer for the 4th or St. Clear's District of the Carmarthen Union, *vice* William Cardwell Beattie, M.R.C.S. Eng., resigned.

DEATHS.

BROWN.—April 8, Peter Brown, of Twickenham, Middlesex, *formerly* of Tonbridge, Kent, M.R.C.S. Eng., L.S.A. Lond. (retired), aged 74.

BRUMFIT.—March 28, William Brumfit, of Baildon, Boyd, near Shipley, Yorkshire, M.R.C.S. Eng., L.S.A. Lond., aged 48.

BUNCOMBE. — April 2, at Southfield, Taunton, John Buncombe, of Wellington, Somersetshire, M.R.C.S. Eng., L.S.A. Lond.

CALLANAN.—April 5, Albert Henry Callanan, of Charlotte-quay, Cork, M.D. Edin., aged 77.

DAVIES.—Recently, Henry Davies, M.D., Army-Surgeon, on half pay (100th Regiment of Foot).

DUBUC.—January 29, at Table Bay, Cape of Good Hope, Emile William Dubuc, M.D. Univ. Edin., L.R.C.S. Edin., L.S.A. Lond., Assistant-Surgeon H. M. S. *Cossack*, aged 24.

FORD.—March 29, John Ford, of Francis-terrace, Wick-lane, Old Ford, Surgeon, aged 74.

JENKINSON.—March 30, suddenly, while talking to a patient in his surgery, Henry Fowler Jenkinson, of Priory-place, Doncaster, Yorkshire, L.F.P.S. Glasg., M.R.C.S. Eng., L.S.A. Lond., aged 39.

MILLARD.—March 29, George Llewhelling Millard, of Haverfordwest, Pembrokeshire, M.R.C.S. Eng., in practice prior to 1815 (retired), aged 67.

PARROCK.—April 6, at Hayes-park, Middlesex, Stephen Parrock, M.R.C.S. Eng., formerly Assistant-Surgeon in the 12th Madras Native Infantry, aged 81.

MEMORIAL TABLET TO JOHN HUNTER.—A beautiful memorial, similar to that of the late Mr. R. Stephenson, C.E., has been placed in the nave of Westminster Abbey, adjoining the engineer's grave, to the memory of the above distinguished physiologist and anatomist, who died in 1793, the remains of whom, it may be remembered, were removed from St. Martin's-in-the-Fields to Westminster Abbey when the vaults of the churches in the metropolis were closed. The memorial, which is of polished granite, inlaid and bordered with brass, bears the following inscription : — "Beneath are deposited the remains of John Hunter, born at Long Calderwood, Lanca-shire, N.B., on February 14, 1728 ; died in London on October 10, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on March 28, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom that works in the laws of organic life, and their grateful veneration for his services to mankind as the father of scientific surgery. 'O Lord, how manifold are Thy works ; in wisdom hast Thou made them all.'—Psalm civ. 24."

ARMY MEDICAL SCHOOL, CHATHAM. — The Fourth Session of the Army Medical School opened on the 1st inst., in the presence of Major-General Eyre, commanding at Chatham ; Staff Colonel Twiss, R.E. ; Lieut.-Colonel Brown, C.B.R.E. ; Captain Fanshaw, C.B., Captain Superintendent of Chatham Dockyard ; Lieut.-Colonel Collinson, R.E. ; Lieut.-Colonel Lovell, C.B.R.E. ; Lieut.-Colonel Shaw ; Lieut.-Colonel Stewart ; Major Deshon ; Captain Goff, Brigade Major ; Captain Bolton, 12th Regiment ; Deputy Inspector-General Kinnear ; Staff Surgeons, Gunn and Moody, R.N. ; Inspector-General Dempster ; Inspector-General Moorhead, Bombay Army, and many other Medical Officers of the Home and Indian Services. Luncheon was served in the mess-room of the Medical Staff, after which the company adjourned to the theatre, where Professor Aitken opened the business of the Session with the Lecture which we this day publish. At the close of the Lecture, Major-General Eyre addressed a few encouraging words to the Medical cadets just entering on their studies in the School, and paid a well merited compliment to the good conduct and discipline of those who had preceded them in the School, observing that since its foundation not a single instance of breach of military discipline had been brought to his notice, a statement which was received with marks of much satisfaction from those present. The Major-General concluded by expressing a hope that the Professor would publish his interesting and instructive Lecture, and moved the thanks of those present to Mr. Aitken, a proposition which was warmly responded to..

OPHTHALMIA AT THE LONDON CENTRAL DISTRICT SCHOOL, HANWELL.—We lately reported the prevalence of ophthalmia in this school. The Board of Management appointed Mr. Bowman and a Select Committee to investigate the circumstances which have led to the spread of the disease. Mr. Bowman's report was laid before the Board on the 31st ult. He stated that in going over the school, he had found a number of children suffering from ophthalmia in various stages, and he especially insisted on the contagious nature of the disease. A letter was read from Mr. Goodchild, the Medical Officer at Hanwell, stating that, in consequence of the increased number of children in the school, and his extensive private practice, he would not be able to continue to hold office upon the present terms. The House Committee reported that they had considered the question referred to them, as to the Medical attendance at Hanwell, and they recommended that a Resident Medical Officer should be appointed, who should devote the whole of his time to the duties of the office, at a salary of £300 per annum, with coals, gas, and apartments. Upon the motion of the Rev. T. Wiltshire, seconded by Mr. Warwick, the recommendation was agreed to, subject to the approval of the Poor-law Board.

GEOLOGIST'S ASSOCIATION.—At the meeting of this Society on Monday, the 7th inst., Professor Tennant, President, in the chair, a paper was read by Mr. Cresy on human skulls which had been discovered whilst making excavations for the main-drainage sewer at East Ham, near Barking, in Essex. One of these skulls was found in excavating for the foundations of the northern out-fall sewer, in East Ham marshes, at a depth of 15 feet below the surface, the strata being 2 feet grass and mould, 5 feet yellow clay, 5 feet peat, and 3 feet sand and gravel, in which it was found ; total, 15 feet. With this skull was discovered two flint celts, the surfaces of which were chipped over, excepting at the trenchant edge, whilst was ground. The strata in which the skull was discovered were undisturbed. With the human remains had also been found the jaw-bone of a cetacean animal, which would form the subject of a future paper. Two other skulls were discovered on the east and west bank of the Lea, of apparently less geological antiquity. Professor Busk gave an account of the cranial conformation of the early races which inhabited Britain antecedent to the known historical period. After describing minutely the skulls of high historical antiquity in Denmark, he said that the skulls of the early stone period found their representatives in the Rhætian Alps, in Lapland, and the Basque country. The skull from the East Ham marshes before the Society, which seemed to be a female, was peculiar in the straightness of the declivity from the vertex to the frontal. It offered most analogy to an early Celtic skull from Mewslade, in Glamorganshire. One of the other skulls, from the River Lea, exhibited a more Teutonic type, and such skulls might be matched in any English churchyard. No resemblance existed between these skulls and the Engis cranium, which, in regard to its conformation, was a most disappointing skull. Sir Charles Lyell was perfectly satisfied as to its contemporaneity with the extinct cave bears and hyænas. The skull from the Neanderthal was, in Professor Busk's opinion, of a "monstrous type." An interesting discussion ensued. Mr. C. C. Blake made some remarks on the discrepancy between the opinions of Professor Nilsson and Wilson, the former of which assigned the brachycephalic skulls to the stone age, and the dolichocephalic skulls to the bronze and iron ages; whilst Professor Wilson had described dolichocephalic skulls from caverns belonging to the early part of the stone age, and antecedent to the true brachycephalic skulls. Mr. Mackie described the geological features of the district where the skull under consideration was obtained, and speculated on the length of time necessary to accumulate the 15 feet of superincumbent strata. The discussion was also joined in by Messrs. Bingham, Pickering, and G. E. Roberts. Mr. Mackie, in conclusion, pointed out that as yet we had no evidence either of man's bones or works in the older pleistocene gravels. After a vote of thanks to Mr. Cresy, the meeting adjourned.

ZOOLOGICAL SOCIETY.—The arrival of two individuals of the New Guinea Bird of Paradise (*Paradisea Papuana*) in this country has necessarily attracted much attention. We had an opportunity of seeing them shortly ofter their arrival, and were struck with their apparent state of good health and vigour of flight. Although this species is not one of the most beautiful of the genus, still the glossy chesnut colour of the back, the large lateral tufts characteristic of the male, and the two delicate tail feathers which droop gracefully over the branches of the trees on which the birds are perched, are sufficient to attract the admiration of the public during the ensuing summer, if the birds, which are now at a temperature of 60°, survive till that period. A large cage, twenty feet by eleven, has been set apart for these birds in an upper room, and as they are of the male sex, and already display their pugnacious instincts *inter se* by mutual defiances in a harsh and unmelodious tone, a screen hung with green baize has been placed between them. Branches of trees, on which the foliage is about to sprout, are erected as perches; whilst the keeper supplies them with boiled rice, potatoes, and carrots, as well as meal-worms and live cockroaches, which latter insect we have observed the birds take with avidity from his hands. Every care has been taken by Dr. Sclater, the Secretary, and Mr. Bartlett, the able Superintendent of the Gardens, with a view to rear these delicate exotic birds. The attention of the public, which has been of late directed to the incubation of the *Python Sebæ*, is now finally set at rest, the eggs having, in spite of the heat generated by the parent, completely failed to produce any live pythons. In short, they arrived at such a state of decay that it was thought advisable to remove them, and we understand their condition is such as not to admit of scientific examination. The female lioness at the Gardens produced cubs about three weeks ago, which exhibited the malformation not uncommon in large carnivora born in captivity, of congenital ossific deficiency of the palatine bone. The parturition took place in the night, and when the keeper arrived in the morning the young were at the point of death, which took place shortly afterwards.

THE CASE OF MR. BOMPAS.—Our readers will recollect the accusation of neglect made against Mr. Bompas by the Manchester Board of Guardians. The following letter from Mr. Gilpin will recall the facts of the case, and the decision of the Poor-Law Commissioners:—"Sir,—I am directed by the Poor-Law Board to inform you that they have received, and carefully considered, the report of their Inspector, Mr. Manwaring, on the inquiry which he instituted into the charge of neglect of duty preferred against Mr. C. S. Bompas, the Medical Officer of the St. Jude's district, in the case of a poor woman, named Julia Barnes. The Board observe, from the evidence on December 28 last, an order for the attendance of Mr. Bompas on Julia Barnes, who was stated to be suffering from "debility," was delivered at his house on Saturday, December 28; and that he did not visit her until Friday, January 3, when he had been informed that the attention of the Guardians had been called to his neglect in the case. It also appears that Mr. Bompas made an entry in his Medical relief book to the effect that medicine was supplied to Julia Barnes at his surgery, on the day the order was delivered at his house, but that such was not the case. The explanation given by Mr. Bompas in his deposition is that a woman in his surgery, on December 28, improperly answered to the name of Julia Barnes, and that, not detecting the mistake, he prescribed for her, and entered the case in his report book as that of Julia Barnes. He also states that until he was communicated with, on January 3, he did not visit the case, as, in the absence of any further application by the poor person or her friends, he inferred that she was better and that his attendance was unnecessary. I am directed to state that, assuming the truthfulness of the defence made by the Medical Officer, and there is no evidence before the Board impugning it, the Board are of opinion that the charge of neglect which has been brought against Mr. Bompas is not of such a description as to justify the Board in requiring his resignation. The Board, however, are not satisfied that he discharges the duties of his office with the zeal and carefulness which the Guardians are entitled to expect from him; and they request, therefore, that they may receive a report from the Guardians at the expiration of six months. In the meantime, the Board request the Guardians to be good enough to communicate to him the opinion of the Board, and to remove his suspension.—C. Gilpin, Secretary."

DIPHTHERIA IN NEW ZEALAND.—An official report by Mr. P. Wilson, Colonial Surgeon of the province, on cases of diphtheria which occurred during the summer and autumn of 1861 in the provinee of Taranaki, has been published, by the direction of the Governor, in the *New Zealand Gazette*. It appears from the report that a number of persons were attacked at New Plymouth, and that the fatality was considerable. Mr. Wilson is of opinion that the pharyngeal affection is secondary to an inflammation of the lining membrane of the stomach, which may run on to entire disorganisation of the mucous membrane. He supports this opinion by the fact, that in all cases into which he inquired, except those of very young children, gastric symptoms had preceded the pharyngeal, and by the details of the post-mortem examination of three cases, in two of which the lining membrane of the stomach was softened, had lost its rugosity, and was dotted over with dark spots, whilst near the cardiac opening a small portion of the membrane, in one of the cases about the size of a sixpence, was entirely gone. In the third case the rugœ of the mucous membrane were more than ordinarily conspicuous, and throughout not only of a deep, dusky red colour, but numerously studded with pin-head sized drops of recently exuded blood over the entire surface. The appearance of the lining membrane in the first two cases was very similar to that which Mr. Wilson has frequently observed in cases of yellow fever. In one of these, in the last stage, vomiting of a coffee-ground coloured matter was noticed. With respect to treatment, Mr. Wilson recommends an early emetic of sulphate of zinc, the application of strong solution of nitrate of silver to the pharynx, and the free administration of levegated charcoal, both as a deodoriser and a corrector of gastric fermentation. He says, "I pay no regard to the high nourishing, quinine-and-wine-giving plans; but confine my patients to the least fermenting species of food, such as rice, soaked sea biscuit; and for drink, rice-water and linseed-tea. I take care to have, in the first instance, the bowels well cleared out by a large dose of calomel, followed by a draught of castor-oil; and during the whole of the disease, I am careful also that the constipating tendency of the charcoal is obviated by laxative doses of the same medicines. The emetic requires, generally, three repetitions, and on two occasions I exhibited it twice a-day. Generally it has the effect of forcing off the advantitious pharyngeal membrane much more effectually than the caustic appliance. But my opinion is, that the benefit derived from these is some peculiar subduing action on the no less peculiar inflammation—probably in some such way as cayenne pepper acts on the stomach in yellow fever, or on the pharynx in angina. I have hitherto found that where the charcoal is given in frequent and sufficiently large doses, the bad odour of the breath is completely obviated; and, in conclusion, I may remark that the convalescence to full or usual health has been always rapid."

THE NOTORIOUS DR. W. WILLIS MOSELEY AND CO.—ALLEGED DEATH FROM QUACKERY.—The *Daily Telegraph* of April 8 contains an account of an inquest which was held at Brentford on the 7th, in reference to the death of John Hays, 25 years of age, residing at Wellington-place, Old Brentford. It appeared that the deceased had for some time suffered from nervous headaches, and that on February 10 he went to London to consult the advertising quacks who represent the Rev. William Willis Moseley, at 18, Bloomsbury-street, Bedford-square. He was there seen by a Mr. John Ogle Else, from whom he received two bottles and a powder. One of the bottles contained drops, which he was directed to take daily; the powder was to be rubbed dry on the surface of the head three times a-day; and the other bottle contained lotion, a tablespoonful of which was to be put in a gallon of water, and the head soused with it immediately after the application of the powder to get rid of it. A few days after applying these remedies he complained of a peculiar tingling sensation in the frontal vein of the head. He gradually grew worse, and died on the 26th ult. Three days before his death, Mr. Davis, Surgeon, of Brentford, was called in, and finding the frontal vein very much distended and inflamed, punctured it and let out some purulent matter, but was unable to save his life, which he was strongly of the opinion was alone sacrificed by quack remedies. Mr. John Ogle Else stated that he was a legally-qualified Surgeon, and that he only attended consultations at 18, Bloomsbury-street as a friend of Dr. Gatehouse, the person who had succeeded the Rev. W. Moseley. He deposed that the medicines supplied were perfectly harmless. Mr. J. E. D. Rogers, practising at 41, Denbigh-street, Pimlico, and formerly Professor of Chemistry, gave the result of the analysis of the drops, powder, and lotion; but only for the ingredients desired to be known. The drops were harmless, and, so far as he could ascertain, the lotion was the same. With regard to the powder, he found that it consisted of ordinary meal, containing a good deal of starch, with a considerable percentage of nitre in unusual-sized grit. His opinion was that on rubbing the powder in its gritty condition on the surface of the head, the grits of nitre broke the skin and produced irritation. Mr. Skeggs, a legally-qualified Practitioner of thirty-five years' standing, in St. Martin's-lane, gave evidence on behalf of Mr. John Ogle Else, to the effect that the lotion was of such a trifling nature that it could hardly be called medicine—cold water was about as good; and his opinion was that deceased died from inflammation. The deputy-coroner, in summing up, strongly denounced the Rev. W. Willis Moseley and his book, Mr. John Ogle Else, and the establishment in Bloomsbury-street. The jury, after a protracted deliberation, returned the following special verdict: "That deceased died from the mortal effects of coma, brought on by disease in the frontal vein of his head, and after he had used certain external remedies to his head; and that by what means the said disease was occasioned there was not sufficient evidence to prove. The jurors, further, cannot but pass a most severe censure upon Mr. John Ogle Else, for lending his name and countenance to the use of quack medicines, as supplied to the deceased John Hays, from the establishment, 18, Bloomsbury-street, Bedford-square, and which is at the present time presided over by him, and which was known as that of the Rev. Wm. Willis Moseley, A.M., LL.D."

THE UNITED STATES ARMY.—The portion of the Army stationed at Cumberland (Tennessee) is stated to be suffering much from sickness, chiefly in the form of measles, typhoid pneumonia, and typhoid fever. Every building is overcrowded with sick, and, from want of due Medical discipline, great confusion has prevailed. The Government has despatched Dr. Suckley, an able and energetic young Physician, of Washington, and by his measures and the devoted assistance of the ladies of the city, order has become somewhat restored. He has issued two special orders, one calling attention to the imminent danger of fire in the overcrowded Hospitals; the other reproves the Medical officers for allowing sinking patients to die without making sufficient attempts to save them by the administration of alcoholic and other restoratives. "Perhaps (he says) there is no better test of a Physician's ability than that afforded by his practice in the administration of stimulants. Nauseating small spoonfuls, if frequently repeated, very soon become repulsive. Heroic doses at larger intervals are far better." He finds it necessary to speak as peremptorily as this:—"It is desired that in future patients in a failing condition will be stimulated and fed before they get too low; and it is ordered that no case be treated as hopeless until death has taken place." A letter from Missouri also states that the troops had suffered much from measles and consecutive pneumonia and dysentery, and that the health of the soldiers was better when encamped in tents.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 5, 1862.

BIRTHS.

Births of Boys, 1085; Girls, 1010; Total, 2095.
Average of 10 corresponding weeks, 1852–61, 1685·8.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	674	625	1299
Average of the ten years 1852-61	621·5	597·5	1219·0
Average corrected to increased population..	..	..	1341
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	2	4	2	6	15	1
North ..	618,210	1	6	3	2	8	20	3
Central ..	378,058	1	4	7	..	4	14	3
East	571,158	..	15	12	2	11	26	4
South ..	773,175	1	4	40	6	13	21	4
Total.. ..	2,803,989	3	31	66	12	42	96	15

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

W. W.—If chromic acid is applied with the aid of the laryngoscope, no further caution is necessary but that usually observed in such operations.

"*The Lady in the Straw.*"—Query, why do we say lying-in women are "in the straw?" I think it was originally an allusion to the blessed Virgin Mary, who had no other accommodation.—*Life of Mrs. Piozzi.*

Cantab.—1. Professor Ganots' "Elementary Treatise on Physics, Experimental and Applied." Translated by E. Atkinson. Baillière, 1861. 2. A Boyer, "Traité des Maladies Chirurgicales et des Operations qui leur Conviennent," tom. xi., 1818—26. 3. We believe not. 4. We do not know any special work by Velpeau on the subject. The London agent for Blanchard and Lea is Mr. Miller, of Henrietta-street, Covent-garden.

Dr. Paul Pierides.—We have been requested to print the following appeal on behalf of a gentleman who is at the same time a member of our own Profession, a foreigner, and completely incapacitated from providing for himself and family. We hope it will meet with a warm response:—

"Appeal of the Rev. Joseph Wolff, LL.D., D.D., Vicar of Ile Brewers, Taunton, in behalf of Dr Paul Pierides, a nobly-born Greek, of the Island of Cyprus, now in great distress in Edinburgh:—

"To the Christian Churches of England, Scotland, and Ireland,—

"My dear brethren in Christ, hear a sad story which will touch your hearts.

"When I arrived in Cyprus in the year 1822, so disastrous and bloody to the Greek Church, 128 Greeks were beheaded by order of the Turkish Government. Their Archbishop was the first victim. Six priests were saved by my interference; and I took three boys, whose fathers were beheaded, Demetrius and Paul Pierides, and Georgios Constantinides, and sent them to my friends in England and Scotland.

"The object of my appeal, Paul Pierides, studied medicine, took an M.D. degree, and became Assistant-Surgeon to Dr. Malcolm in the Lunatic Asylum at Perth, where he remained about eighteen years, esteemed, respected, and loved by all the inhabitants. His health began to give way about the year 1853, and, in consequence, he was obliged to resign his situation as superintendent. He then returned to Cyprus, and married in November, 1855. The malady which had begun in Perth increased, to the great grief of his worthy wife, who, believing the desire he felt of returning to Scotland about two years ago betokened the likelihood of his recovering there, left her two children with her mother, and accompanied him back to Perth. There they remained but a short time, as it was feared the effect of former associations might be injurious in his then state, and by Medical advice he was removed to the asylum at Morningside, near Edinburgh. He has since been maintained there at the expense of the committee. His faithful, devoted wife took a small lodging in the neighbourhood, and obtained a scanty and precarious subsistence by doing ornamental work, and giving lessons in Greek and Italian. She is in delicate health, and understanding scarcely enough English to hold intercourse with those around her, her only solace is the hours she each day passes with her husband, to whom her presence is an unfailing source of comfort. His health has somewhat improved since he was placed in Morningside, but his Medical advisers consider it would be better for him to live in a house with his family than in the Asylum, the form of his insanity being merely a loss of mental power, and that he ought decidedly not to remove to a warmer climate.

"Friends and strangers at large, and Greeks and Ionians now in England, assist an unfortunate brother in Christ, afflicted with imbecility.

"Archdeacon Denison, Vicarage, East Brent; the Hon. H. Walpole, 27, Lowndes-street, S.W.; and J. Stuart Tytler, Esq., W.S., Castle-street, Edinburgh, will kindly receive and apply subscriptions.

"(Signed) "Joseph Wolff."

Teetotallers at Bath.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your Journal of last week, referring to a temperance meeting at Bath, and quoting a report of the proceedings, you say, "One of the speakers was a clergyman, who was not ashamed to accuse Medical men of discountenancing teetotalism lest it should cause almost universal healthiness."

Will you permit me to say emphatically that such remarks were not made within my hearing, and the result of my inquiries upon the subject confirm my belief that such remarks were not made at all.

I am, &c.

April 9, 1861. The Chairman of the Meeting.

Fair Play.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE

Sir,—In last week's *Lancet* I observe a letter signed "An Old Lecturer on Chemistry and Materia Medica," containing an attack on the Editor of the *British and Foreign Medico-Chirurgical Review*, in reference to a favourable notice of the "Translation of Moquin-Tandon's Medical Zoology," which appeared in a late number of that Journal. The writer quotes two statements, one of which is evidently either a mere slip of the pen or a printer's error, as specimens of the translation in question, and coolly speaks of them as endorsed by the authority of the Editor of the *Medico-Chirurgical Review*. It is the first time I have ever read that the Editor of a Review is accountable for every statement in a work respecting the general character of which he has given a favourable opinion. However, if this be the case, M. Moquin-Tandon's book in its English dress has been favoured by several editors who have in a similar manner ratified its contents. Amongst others is, if I mistake not, the Editor of the *Lancet*, who, I suppose, will not be anxious to endorse the theory of responsibility advanced in his correspondent's letter.

I am, &c.

Another Lecturer on Chemistry.

Bark of the Root of the Pomegranate as a Remedy for Tænia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Among your "Excerpta Minora," you quote the testimony of Professor Colin, of the Val de Grâce, in favour of the bark of the root of the pomegranate as a remedy for tænia. I have used it in eighteen cases; of that number thirteen have been successful. Among the unsuccessful five, three rejected the medicine from their stomachs, and two would not take the necessary quantity because it was said it made them feel sick. I have used it since 1834, and successfully after the failure of other vermifuges. A detailed account of the *Punica Granatum*, and its uses, will be found in Burnett's "Medical Botany," Vol. I, No. 57, together with Majendie's formulary for its use, who prescribes vegetable broth and spare diet previously to the exhibition of the remedy. The evening before the medicine is taken, it is usual to give 1½ or 2 oz. of castor-oil with an equal quantity of syrup of lemons. He directs 2 oz. of the fresh but dry bark of the root of the pomegranate (bruised), common water 2 pints, to be macerated without heat for twenty-four hours; then boil gently until it be reduced to one pint, and strain. This quantity of the decoction is to be taken in three doses, one every half or three-quarters of an hour. Usually an hour, seldom so long as two hours, after the third dose, the tænia is brought away entire, wound up into a ball, and strongly knotted in many places. Sometimes the first and second doses are rejected from the stomach; notwithstanding, the third dose must be taken. If the effect be not produced, the decoction should be repeated the following morning.

I am, &c. James Clark.

22, Acton-place, Kingsland, N.E., April 7.

The Nervous Structure of the Uterus.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir.—In corroboration of Dr. Robert Lee's views in regard to the nervous structure of the uterus, I beg to state for the information of your readers (if not also for the information of the public in general) that, physiologically speaking, the uterus in the female is as highly endowed with sensation as the penis in the male, and performs a considerable part in the generation of the human species. This important fact ought not to be overlooked on any occasion when the pelvic viscera are under consideration.

I am, &c.

Wallingford, April 3. Willoughby Arding, M.D.

Indian Loin Sash.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir.—Seeing in your last week's impression the sad death of a volunteer officer from inflammation of the bowels, caught probably from cold and over-exertion on duty, may I ask you to insert this letter with a view to inducing Medical Officers of volunteer corps to enjoin the use of the cumber-bund comben-bund, or belly and loin sash of the East Indians? I am a private in a volunteer corps, and find great benefit from the exercise, being what is called rheumatic. I admit that at times the exertion comes a little hard, and, doubtless, men unaccustomed to habitual exercise find it so. I invariably wad my belly and loins with flannel before putting on my war-paint (in summer I use a silk roller), and the benefits I find are great support for the time, no less great relief on "peeling." The bracer gives height to the stature, and as the rolling begins from below, need induce no fear of rupture, and I feel satisfied that by its use I have been exempted from colds and pains. The uniform belt takes off any appearence of "pod," which is all I can urge against it. I am indebted to a brother, an Indian soldier, for the idea, and am aware its use is known, but wants well enforcing

I am, &c.

April 3. M.D. Lond.

Relative Proportion of Insanity amongst Medical Practitioners.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir.—In the *Medical Times and Gazette* of March 1, page 207, it is remarked that, "It would be curious to determine what proportion of Medical Practitioners become insane, in comparison with other professions."

I fear this cannot be done with accuracy; but in "The Census of Great Britain in 1851," published in 1854, "by authority of the Registrar-General," we are told at page 63 that "the clergymen in Great Britain of the Established Churches amount to 18,587, the other Protestant ministers to 8521," that "the lawyers comprise 18,422 persons, or exclusive of law students, 16,763;" and that "the members of the Medical Profession are 22,383, or exclusive of students and assistants, 18,728. Subsequently, at page 84, we are told that "the educated and professional classes furnish many cases of insanity; of clergymen and ministers, 84 are returned; barristers and solicitors, 88; Physicians and Surgeons, 108."

From these numbers it follows that in Medicine there is one Practitioner insane in 173; in law one in 190; and one clergyman or minister in 322. If this be so, it would seem that the beneficial influence upon the mind, which can scarcely be doubted, of the study of nature and nature's laws in which we are engaged, is much more than counterbalanced by the mental harass and anxiety of Medical practice.

I am, &c.

April 7. J. D.

Degrees in Surgery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As the subject of this letter will doubtless interest most of the Medical graduates and undergraduates of the University of London, I trust you will give it insertion in your columns.

From the high esteem in which degrees in Medicine of our University are held, and the practical manner in which all our examinations are conducted, it is allowable to suppose that if degrees in Surgery were established in it they would be sought after by those among us who look for a rank in the Surgical Profession corresponding with that already gained by so many of our Medical graduates. That the establishment of the M.B. examinations of London was the commencement of a new era in Medical education will, I think, be doubted by no one who examines the regulations since appointed by the Universities of Cambridge, Dublin, Edinburgh, and Aberdeen; for these are very close imitations as regards the education required and division of the examinations. The degrees in Medicine of our University are thought so highly of by their possessors and others, that a London graduate scarcely ever fails to sign himself "M.B. Lond.," or "M.D. Lond." Whether the strictness of our examinations justifies us in naming our Universities in our signatures can, I believe, be easily decided by unprejudiced members of our Profession; at any rate, the consideration of the number of distinguished men who sign themselves in this manner, the fact that the chief glory of our University is its Medical Faculty, and a desire to avoid the accusation often made against us by Members of other Universities on account of our "invidious" signatures,—these and other reasons give me ground for wishing that our degrees in Surgery may be marked by some distinguishing name.

I beg, therefore, to propose that such of the graduates and undergraduates as approve of my suggestion to petition the Senate to consider the propriety of establishing the degrees of Bachelor in Surgery and Doctor in Surgery (B.Ch. and D.Ch.) in the University of London.

From giving a uniformity to the names of our degrees, and a fixed relative standing to the graduates in Medicine and Surgery, these titles would have a further advantage over that of Master in Surgery (C.M.). As I hold an appointment in another University I can only make the proposal to my fellow graduates and undergraduates, and call upon such of them as assent to it to lose no time in sending in their memorials, individually or from the Schools of Medicine in connexion with the University, as the Medical Committee is, I believe, considering the propriety of establishing the degree of C.M.

I am, &c.

A Scholar of the University of London,
April 7. and Demonstrator of Anatomy.

Case of Concealment of Birth By Joseph C. Bond, Esq., of Atherstone.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On February 19, 1862, I was requested to call on a Mrs. S., who told me that one of her servants had left that morning whom she strongly suspected of being pregnant; she had accused her of it the day before, and told her she should send for me the next morning to ascertain whether such was the fact; but early in the morning, before I arrived, the servant came to her and asked permission to leave on account of feeling very ill. Mrs. S., very willing to get rid of her, gave her permission to go, in fact, sent her in a conveyance to her sister's who lived six miles away. Mrs. S. told me that whilst she was talking to her she observed a quantity of discharge escaping from under her dress upon the floor, which she desired her to clean up, which she immediately did. I strongly suspected from this that she had actually been delivered in the night, and consequently directed a police-sergeant to go and search her box (which fortunately was too large for her to take with her in the gig), and in the afternoon he brought to my surgery in a basket the body of a mature male infant, together with an after-birth; the navel string had been divided by a cutting instrument, the part next the child was tied with a narrow tape ligature, the portion next the after-birth unsecured, the navel string was firm, round, and uncollapsed or open.

On Thursday, February 20, I made a post-mortem examination; not the slightest degree of decomposition; no mark of violence; weight of body four pounds; length eighteen inches. I removed the front of the chest so as to expose to view the relative position of the heart, lungs, and diaphragm; the lungs were a pale reddish colour, and situated at the posterior part of the chest, the pericardium completely uncovered, and the diaphragm much arched, and also uncovered by the lungs. I then removed the heart and lungs, and placed them in a bucket of cold water where they floated, not upon the surface, but on the water, about level with the surface; I then cut them into small pieces, every portion of which floated in the same way. The weight of the lungs was 756 grains. All the other internal organs were in a perfectly healthy state, the stomach empty, the bladder containing a few drops of fluid. The only unnatural appearance was at the back of the head, where I found between the scalp and the skull a dark discoloration, about the size of a shilling, but no corresponding mischief within the skull.

From consideration of the above-mentioned facts, I believe that the child breathed imperfectly for a short time, probably only a few respirations, and then died, otherwise the lungs would have been more thoroughly inflated, and have more completely filled the cavity of the chest, and so have covered the heart and diaphragm, which they undoubtedly would have done if respiration had been longer maintained and more thoroughly completed. The average weight of lungs which have respired is 1000 grains, and 600 grains of lungs which have not respired. The weight of this child's lungs was 756 grains. From the state of the navel string, I infer that the child lived a very short time, still was not separated immediately or too soon, *i.e.*, before the circulation through the navel string ceased; otherwise there would most probably have been considerable hæmorrhage from the unsecured end, which would have occasioned serious, or perhaps fatal results to the mother; the child, it will be recollected, was made safe by the application of the tape ligature. The weight of the child was at least two pounds and a-half below the average; and I think it only just and right to assume that an under-fed and ill-nourished infant would not have strength or vitality sufficient to complete and maintain the amount of respiration necessary for infant life, as a stronger or better fed child might have done, and consequently died from weakness or debility of constitution. In accordance with the above evidence, the jury found a verdict of "found dead."

The mother was committed to Warwick on the charge of "concealing the birth," pleaded guilty at the assizes, and was sentenced to six weeks' imprisonment with hard labour. I am, &c.

Joseph C. Bond.

Treatment of Whooping-cough by Nitric Acid.

To the Editor of the Medical Times and Gazette.

Sir,—The unusual prevalence and extreme severity of whooping-cough, during the last few months in this locality, have made the treatment of that troublesome disease a matter of earnest consideration.

An asthenic tendency was general, many cases terminating in pneumonia with a prolonged convalescence; and at this same period a remarkable increase of fatal bronchitis in old people was due to intensely cold weather, with wind from cold quarters; most persons complained more or less of the sudden change. I was induced to make a trial of the Trefolium in Fœno, and procured a very choice sample, preparing it in the manner indicated by Mr. Foster, of Huntingdon, as given in vol. xliv. of "Braithwaite." It certainly alleviates the spasmodic cough, slightly purged, and shortens the intervals between the spasmodic efforts; but I was disappointed with it, and that after a lengthened trial. The cough got into one household (a gentleman farmer's) where there were several children, all of whom contracted it; he employed the remedy in accordance with my directions, and the result was, it certainly did *some good*. In such cases tentative means often succeed when the commonly reliable ones as signally fail, and I used the nitric acid on the recommendation of Drs. Arnoldi and Gibbs—*vide* Wood's "Practice of Medicine"—proving, to my conviction at least, that its action, whatever that may be, will "shorten the disease almost as effectually as quinia does intermittent fever."

My mode of prescribing it to infants under a-year being the following:—℞ Acid nit. dil. ʒj., ad. ℥j., a teaspoonful of which is given every two hours. Improvement is soon evidenced in the mitigation of the cough, and rapid shortening of the disease; it also has the advantage of helping the expectoration away, and is tonic at the same time. I give it less frequently when the symptoms abate, and keep the children out on every possible occasion when the weather admits of it. Combined with the clover-hay infusion and syrup of the corn-poppy, it is readily taken by children. It is well to continue it during the night, if there is much restlessness, for the relief it affords often procures sleep when most needed, both to the mother and the little sufferer.

I am, &c. Henry Ussher, M.B., L.R.C.S. Ed.

Chatham, near Canterbury, April 7.

Poor-Law Medical Reform Association.

To the Editor of the Medical Times and Gazette.

Sir,—May I ask the favour of your giving insertion to the annexed list of subscribers? Should any gentleman have forwarded to me either stamps or post-office orders, which have not been acknowledged, he may conclude they have not been received, and, therefore, had better write to me on the subject. I mention this, as I accidentally heard that a post-office order for £1 was lying for me (Ipswich post-town), which, for want of the counterpart, I could not claim. From statements made by some of my correspondents, I am led to believe that the mileage plan proposed by me, on behalf of the Association, is not well understood, therefore, for the sake of example, I will suppose that a Medical man has a district, the furthest part of which is four miles distant, and that on an average of the last three years he attended 300 patients, 50 of whom came to the surgery, and the others he visited at their own houses; for these 300 he would receive, at 5s. per case, £75, and for the 250, a mileage of 4s. each, £50, total £125, and that would be his salary for the succeeding three years; it would, in fact, be 9s. per patient for all visited at their residences, even though the homes of some of them were not ten yards from the Medical Officer's house; if the distance be ten miles, then 15s. per patient would be paid; in fact, it is a plan to visit town and country districts equally well. It has been urged that orders will be refused by the Relieving Officer, but this cannot be the case if the rules suggested by me are carried out, as the class of persons to be entitled to orders is well defined. After this illustration, I trust all the Medical Officers will send me their subscriptions, as a large number of supporters is most desirable. I am, &c.

12, Royal-terrace, Weymouth, April 5. Richard Griffin.

Subscriptions received since the last published account, making a total of £280 up to April 5. Those marked with a * are not Union Officers:—

Skaife, R. S., Easingwold, 2s 6d.; Hardy, H., Gauckland, 10s.; Woollett, J. M., Monmouth, 10s.; Wright, J., Caxton and Arrington, 5s.; Brook, T. G., Caxton and Arrington, 5s.; Dixon, H., Henley, 2s. 6d; Marley, H, Columb-street, Major, 2s. 6d.; Arnison, C. C., Hexham, 5s.; Arnison, G., Weardale, 5s.; *Hewitson, W., Allenheads, 5s.; *Montgomery, W., West Allendale, 5s.; Knell, J., Bristol, 7s. 6d.; Firth, G. W. W, Norwich, 10s.; Clapham, W. B., Dunmow, £1 1s.; Worship, J. L., Sevenoaks, 2s. 6d.; Slake, S. T., Tunstead and Kapping, 2s. 6d.; Ransome, R., Cambridge, 10s. 6d.; Beck, S. S., Cambridge, 10s. 6d.; Panton, G., Dorchester, 5s.; Shirley, H., Hartley Wintney, 10s. 6d.; Harris, H. C., Luke-street, Middlesex, £1 1s.; Hayes, J., Stone, 5s.; Coleman, J. M., Wolverhampton, 2s. 6d.; Terry, H., jun., Hardingstone, 5s.; Olive, S., Northampton, 5s.; Cotton, G., Northampton, 5s.; Ledgard, J., Wetherly, 10s.; Lodge, R. T., West Derby, 10s. 6d.; Tugham, A., Keighley, 10s.; Arras, W., Carlisle, 5s.; Doidge, J. G., Tavistock, 5s.; Page, W., Bourn, 2s. 6d.; *Deacon, —, Market Deeping, 2s. 6d.; Colinson, O., Newark, 10s.; Taylor, T., Cricklade and Wootton Bassett, 5s.; a former Subscriber, Liverpool, 3s.; Sinclair, D., Halstead, 10s.; Robertshaw, T., Halifax, 10s. 6d.; Goddard, T., Stoke-on-Trent, 10s.; Holker, W. H., Stoke-on-Trent, 5s.; Mann, R. M., Manchester, 10s.; Crisp, W., Chippenham, 2s. 6d.; Foster, M., Huntingdon, 10s.; Gange, F. A., Maldon, 2s. 6d.; Bell, H., Cockermouth, 10s. 6d.; Dodson, H., Cockermouth, 10s. 6d.; Edger, J. W., East Ward, 2s. 6d.; *Brown, F. J., Rochester (additional), 2s. 6d.; Cooper, C., Flegg, East and West, 7s. 6d.; Chapman, G., Godstone, 10s.; Coleman, M. T., Kingston, 10s.; Gillett, G., Axminster, 2s. 6d.; Taylor, W., Anstell-street, 3s.; Wood, H. T., Tavistock, 5s.; Pearce, W. W., Ashby-de-la-Zouch, 10s.; Dyson, F. W., Manchester, 10s. 6d.; Wright, S., Burrow-on-Soar, 5s.; Green, H., Lexden and Winstree, 10s.; Farrow, S., Lincoln, 5s.; Crisp, M., Wokingham, 5s.; Hinton, J., Bath, £1; Ganger, T. F., Eastbourne, 5s.; Collingwood, T., Rochdale, 5s.; Woodhouse, J., Hertford, 10s.; Dunn, G., Hertford, 10s.; Odell, T., Hertford, 10s.; Holman, H., Cuckfield, 10s. 6d.; Long, W., Macclesfield, 7s. 6d.; Wales, T. G., Downham, £1; Mason, T. J., Stratford-on-Avon, 10s. 6d.; Robinson, T., Cheadle, 5s.; Leach, H. P., Stow, 5s.; Tasker, R. J., Hardlow, £1; Winnard, J. T., Wigan, 2s. 6d.; Price, L., Wigan, 5s.; Mather, —, Wigan, 2s. 6d.; Watts, T., Wheatenhurst, 10s.; Glover, T., Altcham, 5s.; Hitch, H., Kidderminster, 5s.; ——, Woodstock post-mark, 10s.; Lane, E., Boston, 5s.; Highmore, W., Sherborne, 5s.; Buckill, E., Winchester, 5s.; Morris, R. J., Wigan, £1; Kerswell, R. W., St. German's, 10s.; Godfrey, N., Bedford, 2s. 6d.; Roden, W., Kidderminster, 10s.; Breach, T., Bradfield, 5s.; Gravely, R., Churley, 7s. 6d.; Young, E., Steyning, £1; Evans, T. R. Aylsham, £1 1s.; Minginge, C. P., Tendring, 10s. 6d.; Pennington, J., Bosmere and Claydon, 2s. 6d.; Watkins, R. W., Pottersbury, 10s.; Blenkinsop, W. H., Easthampstead, 10s.; McMillan, J., Great Ouseburn, 2s. 6d.; Wood, W. J., Wantage, 3s.; Gillibrand, W., Blackburn, 10s.; Powne, W., Bourn, 10s.; Turner, N. B., Sutton, 5s.; Smeathman, G. T., Wycombe, £1; Girling, G. L., St. Ives, 5s.; Robinson, T., Halifax, 10s.; Barnes, J. W., Islington, St. Mary, 10s.; *Curtis, W., Alton, £1; Curtis, W., jun., Alton, 10s.; Leslie, L., Alton, £1; La Fargue, P. A., Meriden, 5s.; Harden, H., Truro, 10s.; Ewen, H., Holbeach, 5s.; Ewen, A. B., Holbeach, 5s.; Sankey, F. H., Bridge, 10s.; Taylor, J., Wokingham, 10s.; Blomfield, J., Camberwell, St. Giles, 10s.; Colman, T. E. J., Forehoe, 10s; Holme, W., Kendal, £1 1s.; Lindsy, W., Newport, 10s.; Godby, W., Newport, 10s.; Prowse, W., Amersham, 10s.; Fairthorne, G., Amersham, 10s.; Brickwell, B. A., Amersham, 10s.; Smethman, G. T., Amersham, 10s.; *Lithgow, J., Weymouth, 10s.; Fox, L. O., Stockbridge, 10s.; Parker, E., Liverpool, 5s.; Wootton, R., Hemel Hempstead, £1; Irving, W., West Ward, 5s.; Knill, J. (additional), Bristol, 2s. 6d; Lancashire, J., Bury, 10s.; Preston, R., Bury, 10s.; Garstang, W., Blackburn, 10s.; Coucher, M., Weymouth, 10s.; Cuttle, W. D., Newark, 10s.; Hatton, T., Monmouth, 10s.; Morris, N. S., Wigan, 5s.; Brickall, E. C, Radford, 5s.; Farrant, S., Taunton, 2s. 6d.; Brewer, A., Bedwelty, 10s. 6d.; Wildash, H. C., Elham, 5s.; Kendall, T. M., King's Lynn, 5s.; Perry, C. H., Aylsham, 10s.; Pope, G., Aylesbury, 5s.; Lamb, R., Islington, St. Mary, 5s.; Defiricz, G., Bethnal-green, 10s.; Smart, J., Bethnal-green, 10s.; Welch, C., Bethnal-green, 10s.; Moore, E., Bethnal-green, 10s.; Vandenbergh, N. S., Bethnal-green, 10s.; Massingham, J. A., Bethnal-green, 10s.; Jones, Edward, Ross, 5s.; Dowse, J. Huddersfield, 10s. 6d.; Mann, C., Cosford, 5s.; *Surdon, —, Cosford, 5s.; A. B., 2s. 6d.; Williams, W., Wareham, 5s.

COMMUNICATIONS have been received from—

Dr. Conolly; Mr. Rogers; Cantab.; Mr. Prout; W. W.; Mr. James Clark; A Young Practitioner; Dr. James Bird; Dr. Henry Ussher; Dr. Cottew; Mr. S. C. Sadler; A Scholar of the University of London; Dr. Walker; Dr. Fowler; J. D.; Dr. Cotton; Mr. Pardon; Dr. Laycock.

APPOINTMENTS FOR THE WEEK.

April 12. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Royal Institution, 3 p.m. Professor H. E. Roscoe, F.R.S., "On Spectrum Analysis."

14. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

Medical Society of London, 8½ p.m. Dr. Habershon, "On some Cases of Typhus Fever."

Royal College of Physicians of London, 8½ p.m. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on certain Changes occurring in Disease." Illustrated with specimens.

15. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. G. M. Tagore, Professor of Hindoo Law at University College, London, "On Buddhism."

Pathological Society, 8 p.m. Meeting.

16. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Metropolitan Association of Medical Officers of Health, 4 p.m Meeting.

17. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

18. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

◆

ON THE PHYSICAL GROWTH
OF THE
RECRUIT AND THE YOUNG SOLDIER.

A LECTURE INTRODUCTORY TO THE COURSES OF INSTRUCTION AT THE
Army Medical School, at Fort Pitt, Chatham.

By WILLIAM AITKEN, M.D.
Professor of Pathology.

(Continued from page 370.)

In directing your notice to the following table, I will simply say that it is first of all remarkable for its completeness and its accuracy. That great care has been taken to record the observations justly, "the height and weight having been taken with apparatus constructed for the purpose, by well known makers, giving the height to within one-quarter of an inch, and the weight to within sixteen ounces. The height and the weight were taken at the same time, in the same place, and by the same person. Thus, the observations were always taken in the same way, and by the same officer, whose character, intelligence, and long practice afford a strong guarantee for the general accuracy of his work."—*Statistical Societies' Journal*, March, 1862, page 22.

Growth of the human body from 18 *to* 30 *years of age, indicated by weight and height; averages taken from* 100 *observations and upwards at each age. Records were taken from observations upon* 4800 *criminals at all ages.* (*Statistical Societies' Journal, March*, 1862, *by J. W. Danson.*)

	WEIGHT.						HEIGHT.					
	Average.		Maximum.		Minimum.		Average.		Maximum.		Minimum.	
Ages.	Stones.	Pounds.	Stones.	Pounds.	Stones.	Pounds.	Feet.	Inches.	Feet.	Inches.	Feet.	Inches.
18	8	10 79	10	13	6	6	5	4·34	5	11	4	10½
19	9	4 11	12	8	7	4	5	4·04	5	11½	4	11
20	9	5·58	12	8	7	13	5	5·11	5	11	5	1
21	9	5·02	12	0	7	3	5	5·57	5	11¼	5	0¼
22	9	12 41	13	2	7	0	5	6·17	6	1	5	0¼
23	10	2·95	12	12	7	12	5	6·17	6	1	4	11
24	10	2·	12	12	7	12	5	5·94	6	1	4	9
25	10	5·65	13	8	8	2	5	6·30	6	0	4	11
26	10	1·06	13	8	6	12	5	6·28	6	1¾	4	9¼
27	10	4·75	13	10	7	12	5	6·38	5	11¾	5	1
28	10	2·62	13	2	7	7	5	6 65	6	1	5	1
29	10	5·53	13	12	8	4	5	7 02	6	0½	5	1¼
30	10	1 55	14	1	8	1	5	6·36	6	1	5	0¾

From this table you will see that a young man who has reached the average height at eighteen years of age, may still be expected to grow fully two inches *before he is fully developed*, and of a bulk, (supposing him to be 146 lbs. weight,) sufficient to displace at least 150 lbs. of water = 2·604 cubic feet. Farmers and trainers of race-horses are all now beginning to understand the importance of attending to the due concurrence of age, weight, and development in the training of horses.

Listen to the advice of an eminent Professor of Veterinary Pathology (Varnell) on this important subject:—As men of science you ought to point out the folly caused, and the deterioration and suffering induced by training and running horses at an age long before they arrive at maturity. Many are trained when not more than a year and a-half old, and a large proportion of them are thereby lamed for life. Their joints become diseased, their ligaments and tendons strained, and their bones and the membranes covering them inflamed. In this condition they are placed in the hands of the Veterinary Surgeon, very often with a peremptory order to fire and blister the affected limbs. Instances are not unknown, where only one leg is affected, for a request to be made to fire the opposite one also, on the supposition that it would be strengthened by the operation. If the suggestion is acted on, the poor animal's legs are cauterised with the hot iron, and he is again handed over to the trainer. Such a horse might stand training, but in all probability he would break down the first race he ran.

So it may be with the young soldier; and let me point out to you the state of his bones under twenty years of age; and when they have still to grow for ten years before they are mature. There are portions on the ribs, where they join on to the spine (known to anatomists as epiphyses), which at the age of 18 have only commenced to grow from soft material into bone, and they are not completely turned into bone till the 20th year of life. The ribs, therefore, are not fully grown till that age. Until this age, also, the shaft of the arm bone still continues to increase in length; and so long as this growth continues, a portion of soft, vascular, and growing tissue intervenes between the shaft and the head of the bone. It is not till about the 20th year of life that this soft substance is converted into bone, and the principal bone of the arm consolidated. The lower end of the chief bone of the forearm, to which the hand is fixed at the wrist joint, is also at the age of 18 still incomplete, and it, too, is finished about the 20th year of life.

About this time, also, the head of the thigh bone unites to the shaft, and the end which forms the knee-joint becomes united to the shaft of the bone about this age, and also the lower ends of the tibia and fibula at the ankle-joint.

Indeed, it is known, and as these tables and skeletons show, a great deal of growth goes on in different parts of the skeleton, tending to the development and perfection of the human frame, which cannot be regarded as mature till that age. The age at which each bone is complete is very different with different bones, and I have merely noticed the events in the growth of the skeleton which take place between the 18th and 20th years.

But there are a great many very important bones still unfinished at the age of 20, and which will not be consolidated till several years later. For example, the breast bone still exists in several pieces. The heads of the leg bones are still at 20 separated from their shafts by soft cartilage. The pieces of the back bone have also separate plates not yet soldered to their bodies. The bones composing the haunches are still incomplete. They are surrounded by rims of soft cartilage, which do not become fixed or ossified to the bodies of the bone till between the 25th and 20th years of life.

Let me now for one moment fix your attention on the framework of the chest, for the organs contained in this cavity seem especially to suffer, as I have shown you; and, first of all, let me remark, that next to the inspiration of bad air, the imperfect or continuously-obstructed expansion of the chest, tends more than any other cause we know of to bring about diseases of the lungs and heart. The influence of pressure upon the chest, in the unfinished condition of its bones, is, therefore, of vital importance, and demands our consideration.

As the twig or tree is bent, so it will grow. I have shown you that up till twenty years the ribs behind are still unfinished, soft at their joint ends, where resistance and motion occurs, and where they are still growing. The breast-bone in front is in a similar condition. It is obvious, therefore, that continued pressure upon these parts from before and from behind, must exercise a material influence in fixing the future form of the chest. The cartilages of the ribs in front, and the breast-bone, ought to have full freedom to rise upwards and advance forwards at every inspiration, for thus the diameter of the chest from before and behind is naturally increased at every act of breathing. Any pressure on the chest, therefore, exerted between the front aspect and the back, when the bones are still growing, must *tend to set* the further growth of the bones in an unnatural direction; for, in order to maintain the vital capacity of the lungs, the capacity of the chest cavity from side to side must come to be increased, at the expense of the capacity in the other and normal direction. The capacity of the lungs goes on increasing with age, and height, and growth, so that men from five feet to six feet high inspire from 174 to 262 cubic inches in a progressively ascending scale.

There is still another physiological consideration which demands our attention in the *physical growth* of the young soldier;—it is the growth of the bones and muscles in relation to each other.

From 20 to 25, the bones become gradually thicker, the joints stronger, the shoulders broader, the muscles firmer and better developed.

When you trace in young animals how this progressive growth is related to the muscles and the bones, you cannot fail to notice that the *development* and *growth* of the bones are in adaptation and fitness to the increasing power and actions of the muscles. The bones of the limbs become larger and stronger at their muscular attachments as the muscles become stronger and more active. This is shown, not only in relation to the growth of the bones adapting themselves to the growth of the muscles, but, if the muscles are paralysed, the bones waste as well as the muscles by a progressive wasting, and no amount of passive motion will prevent the occurrence of this atrophy, or retard it.

Again, it has been shown by the accurate experiments of Forbes, formerly Professor of Natural Philosophy in the University of Edinburgh, that the muscles undergo a gradually steady and progressive development as to strength, as the age of the individual increases after puberty up to thirty years. From the observations also of Quetelet, and of Forbes, it is known that by exercise of a well-regulated kind, a progressively greater amount of force can be got out of a man as his age increases, if his training is judiciously conducted, and his bodily condition maintained at the proper standard. According to Forbes—

	Pounds.
Englishmen, at the age of 20 to 25, give a tractile force of	366—384
Scotchmen, ditto, ditto	374—404
Irishmen, ditto, ditto	397—413

Looking, therefore, to the facts I have noticed regarding (1) age; (2) weight; (3) stature; (4) the development and growth of the skeleton, as recorded by the most laborious and prolonged observations of painstaking anatomists; (5) the vital capacity of the chest as known by experiment; (6) the co-relation of the growth of muscle with bone; and, lastly, the progressive increase of muscular force with ages from twenty to twenty-five; I think, gentlemen, that I have given you sufficiently cogent physiological reasons for saying that the physical training of recruits demands great circumspection and care; and how it is best to be managed the Professor of Hygiene will, doubtless, explain to you. You can also appreciate the feelings of the first Napoleon, after the battle of Liepsic, when he said,—" I must have grown men: *boys* serve only to fill the hospitals and encumber the roadsides."

I have brought this topic before you, because it naturally challenges our attention at the outset; and as an example of how you must take a broad and strictly physiological view of pathology, in order to "appreciate the causes and the nature of disease."

I must also impress upon you at the outset, and in conclusion, the advantage of convincing yourselves of the necessity of learning and following the "*soundest methods of observation and reasoning*" in that science which is your special vocation. You have already seen enough to appreciate the fact that the "sources of error in our observations are extremely numerous;" and the more closely you observe, and the more cogently you reason, the truth will perhaps become apparent, that "there are more false facts than false theories in our Science." Care in observation, absolute accuracy, certainty, and trustworthiness, are the essentials to be aimed at. Observations recorded without regard to these essentials, are worse than useless.

If you look closely into the progress of pathology during the past twenty years, you will notice that it has made progress just in proportion as observations have improved in accuracy, in extent, and in the appreciation of their relation to physiological doctrines, not before recognized as of importance. Look, for instance, to the investigations regarding the condition of the urine in disease (so clearly expounded by Dr. Parkes), in regard to which proper analyses were, up to a recent date, almost impossible. At first, the mere per-centage amounts of constituents were determined—a method which conveyed isolated and valueless results.

The next step in advance consisted in observations made and recorded as to the *absolute constituents excreted in a given time.* This was still insufficient to yield any practically useful result.

The third step in advance consisted in observing the fact that "*variations*" occurred from day to day—nay, from hour to hour, which required to be considered, so that no conclusions are justifiable when merely taken from an analysis and observation of a single day.

Now, we recognize this truth, and find it necessary to refer to and compare the urinary excretions taken daily, and sometimes oftener, with the body-weight; while proper methods must be adopted for estimating these means, calculating the results, and coming to sound conclusions.

Next to the observation of facts, one of the most important duties which you will have to discharge concerns the *recording* of such facts, and the framing of reports based on your own observations and inquiry.

Looking, therefore, not alone to the great importance of our own science, but also chiefly to the aim and objects with which you are more immediately concerned in Military Medical Practice, it is especially desirable that some general agreement or understanding should be arrived at, which will fix or regulate the means, the instruments, and the methods by which uncertainty in the results of investigation may be diminished, and greater stability given to the science of pathology, and to the measures which you may devise for the prevention of disease. You must reason for yourselves on many things; and to do so successfully, you must frame a guide and adopt principles which will lead you to a sound and independent judgment. The aim of such a guide is to extend to your investigations the same methods of observation and reasoning which are found to have been most efficient and successful in other departments of knowledge, not less liable to speculative doctrines than medicine, namely, astronomy, optics, chemistry, politics, and mechanics.

It will be my duty to point out to you as we advance, the characters which distinguish sound from unsound methods of observation; the proper means and instruments of inquiry for the subjects which will come under our special notice.

Our work here is chiefly connected with two of the great departments into which the science of pathology is mapped out; namely,—

1. The observation and registration of facts in morbid anatomy connected with the diseases of soldiers.
2. The descriptive pathology of such diseases.

With regard to the first of these divisions, it is absolutely necessary that you should be careful and accurate in recording the several illnesses of soldiers which may come under your notice, and with regard to the nomenclature used. All this is necessary in order that the Medical history of every soldier should be complete, from the time he enters the service to his death or his discharge.

To meet this end, a classification of diseases and a nosology or nomenclature, in conformity with that used by the Registrar-General for the returns of the civil population, has been ordained in future to be used in the army, To this nomenclature you are expected to conform; and although by some (and these not a few) it is held to be a premature attempt (scientifically) to arrange diseases into classes, yet I think some practical good has arisen, and will still arise out of this attempt. For myself, I accept such a nosology simply as a contrivance to aid us in giving the same name to similar conditions of disease; believing that a system of some kind is better than no system at all, and especially if the defects of the system we adopt are understood and explained.

Pathology, I confess, is yet too young to base a general classification upon; but we have every reason to hope, that by the aid of chemistry and the microscope it will grow more rapidly than it has hitherto done. The mere enumeration of diseases has almost doubled since Cullen's "Nosology" was written; while our knowledge of facts relating to disease have greatly more than doubled. Cullen's "Nosology" became effete and useless at last, under the pressure of increasing knowledge acquired and effected with resources very inferior to those we now possess, and far less extensive. So we must hope that the present statistical nosology in use will sooner fall into disrepute than even Cullen's did, because there is every reason to expect that pathological knowledge will extend more rapidly than it has hitherto done.

I do not believe, therefore, that systematic arrangements, if consistent with existing knowledge, ever cramp or hamper a man in carrying out scientific investigations; on the contrary, I believe it enables him to see more clearly in what direction his labour must be advanced, and demonstrates more forcibly than otherwise the deficiencies of his knowledge.

Æther and Belladonna in Strangulated Hernia.—Dr. Burckhardt states that for many years past he has employed for the reduction of strangulated hernia, in conjunction with the taxis, a mixture of one ounce of æther and two drachms of tincture of belladonna, which is either dropped upon the hernial tumor or applied to it as a lotion. He has seldom found it fail even on cases in which the strangulation has long existed. The benefit which results is not a consequence of the mere cold produced, which may easily be induced, and in a much greater degree, by other means, without the same effect being produced.—*Varges' Zeitschrift,* Vol. xv. No. 1.

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.
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(Continued from page 346.)

The following nine forceps cases occurred in my practice during the last four months of the year 1842, and the first three of 1843:—

Forceps Case.

Case 74.—On September 28, 1842, at 3 a.m., I was sent for to see Mrs. E., in Little Moorfields, whom I had promised to attend, in labour of her third child. The first had been very lingering, and her convalescence had been protracted by a slough, which had formed in the vagina. In her second, just one year after, my father had seen her in consultation with the gentleman then attending, in consequence of a firm cicatrix resisting the passage of the child's head. On his second visit he wished me to visit her with him; and on examining, I found a very firm band extending round the vagina, less than an inch from the external parts, with an aperture in the centre of an inch in diameter, very strongly pressed upon by the head with each return of uterine action. The membranes had broken three or four hours, and although the external parts below, as well as the vagina above the impediment, were lax and soft, the constriction itself was as rigid as it had been at the commencement of the labour. I recommended that the band should be divided; this being acceded to, my father made three snips in its edge, one within each ischium, and the other posteriorly towards the rectum. The child was born living half an hour after, the band tearing sufficiently to allow of its passage. On examining for the placenta, I found a longitudinal aperture of two inches in length between the rectum and vagina; about this there could be no mistake, for I passed my finger into the vagina and brought the tip out at the anus, and then into the rectum at the anus, bringing it into the vagina. Yet the woman recovered perfectly, and never passed a particle of fæces at any time, nor any flatus through the vagina. The aperture must have been made by laceration, as my father was very careful only to snip the edge of the band. This occurred in the year 1827, fifteen years before the date of the case I am now going to detail, during which interval she had never been pregnant. When I arrived at 3 a.m., I found that the membranes broke at 9 the previous evening; the head was in the pelvis, and the pains were powerful and expulsive; the vertex was being strongly thrust against a thin band which ran round the vagina about half an inch from the external structures exactly as before, only that the aperture was fully as large as a crown-piece; it was very tense when the pain urged the head against it, very tough, and its edge felt almost gristly; the vagina above was moist and lax. At 5 a.m. I sent for my father's assistance, who had then retired into the country, indeed, but was, fortunately, staying on a visit at my house. I proposed again to snip the band in three or four places,—to this he objected; recollecting the injury done previously to the rectum, he thought it would be better to trust to accidental laceration, and recommended me at once to deliver by the long forceps. At 6 I applied the blades without any difficulty over the right brow and left side of the occiput, the face being directed towards the left acetabulum, and the left ear being to be felt behind the pubes. I extracted in less than half an hour, turning the face backward. The band lacerated posteriorly, and the rent implicated the rectum again, nearly two inches from the vulva; but the aperture was not larger than sufficient to admit the end of the little finger. The child was alive; the placenta passed speedily; and the woman recovered without a bad symptom. As before, there never was any passage of fæces or flatus through the vagina. This I can vouch for, as she was under my observation for years both before and after this labour; her husband being the master-farrier who looked after my horses, and with whom I was in frequent communication. She never had another child.

Forceps Case.

Case 75.—On the same morning, September 28, 1842, at 9 o'clock, a professional friend sought my advice for Mrs. N., Goswell-street, her first child. She had been in labour for many hours, and had suffered much more than is usual in the first stage. The os uteri had opened slowly, but was now almost entirely dilated; the head was low in the pelvis, and the membranes were whole. I ruptured them, and let off considerably more than the usual quantity of liquor amnii., which gave great relief. As the pains soon became more powerful, and were recurring regularly, I hoped she would be delivered naturally, and left her. At 8 in the evening, however, I was summoned again; I then found the head impacted, with the face towards the right sacro-iliac symphysis, a good deal elongated, and pressing somewhat on the perineum; the outlet of the pelvis was contracted by the tubera ischiorum, approaching each other too closely, and thus narrowing the arch of the pubes. After relieving the bladder of more than a pint of urine, I passed the blades of the forceps over the ears, turned the face into the hollow of the sacrum, and delivered in a few minutes. The child was alive. The placenta was soon expelled; and, except that it was necessary to introduce the catheter twice a-day for a week, she recovered favourably.

Long Forceps Case.

Case 76.—On October 15, 1842, at 6.45 a.m., I was sent for by a Medical friend to Mrs. T., in Whitechapel, in labour with her sixth child. Her labours had always been lingering, and the heads of her children, when expelled, were always very conical. The membranes had broken more than twenty-four hours; the pains had been very regular and strong ever since, and so they continued. The head was impacted in the pelvic brim, which certainly did not measure more than three inches in the conjugate diameter; a great portion was protruded into the cavity, but the base was entirely above the brim, and neither ear was to be felt; the face was looking towards the right groin. There had been no advance for nearly six hours. There were no general symptoms present calling for immediate delivery; but considering the strength of the pains and the length of time the head had occupied exactly the same position, I had no hope of natural delivery ever being effected, and I had great fear that the uterus would injure itself under its own severe struggles. Having, therefore, determined on relieving her without loss of time, I passed up the blades of my long forceps, one within each ilium, embraced the head antero-posteriorly, and brought it through the brim in about fifteen minutes, turning the face backwards. I then took them off, hoping that Nature would effect the rest. In this I was disappointed; for although the pains continued good, and the head came low enough to put the perineum somewhat on the stretch, it remained within the cavity. In a little more than an hour I re-introduced them over the ears, and delivered by one effort. The child was alive, larger than the average; the placenta was soon expelled, and she recovered well.

Forceps Case.

Case 77.—On November 21, 1842, at 10 p.m., a Medical friend sent for me to Mrs. P., New Peckham, in labour with her first child. It commenced on Saturday morning, and my friend, who lived at a long distance from her house, had stayed with her all through Sunday, Sunday night, and Monday. The os uteri was very rigid from the commencement, and opened slowly. The woman had been very irritable, and had not slept since Friday night. The pains had been irregular till Monday noon, when the uterus began to act forcibly; at 8 p.m., however, the character of the pains completely changed, and they became of a crampy kind, occasioning much suffering. I found her very restless and impatient, constantly throwing herself about the bed, and complaining greatly. The pulse was about 100, and the tongue furred; the uterus externally was tender. The os uteri was not entirely dilated; it had evidently descended before the head, which was occupying the pelvic cavity and making a great pressure, although the membranes were still whole. I ruptured them immediately; the crampy pain instantly ceased, and she expressed herself as much relieved, although very little liquor amnii escaped. The uterus again began to act expulsively. In an hour I was able to feel the left ear high up above the right thyroid foramen, the face being directed to the left groin. At twelve o'clock, considering the length of time she had been suffering, I determined to deliver her, provided I could accomplish it safely by the forceps, although the os uteri could be felt all round. It was certainly very lax and soft, and I was sure would not offer any resistance to the descent of the head; but there was no small chance that it might be bruised by the working of the instrument unless great care was used. Nevertheless, I passed the blades of my long forceps within the os, along each ilium, so that they were applied over the right brow and left side of the occiput, and delivered in about twenty minutes without the least injury. The child was alive; the placenta passed in ten minutes, and the next day she had passed water, and was as well as if she had gone through an ordinary labour.

N.B.—I could by no means account for the crampy pain experienced in this case, nor for the relief produced by evacuating the liquor amnii, as that was in such small quantity. The length of time the labour lasted depended partly on the rigidity of the os uteri, and partly on the unfortunate form of the pelvis; the conjugate diameter at the brim was narrow, the cavity funnel-shaped, and the spinous processes of the ischia were too long, and bent too much inwards, diminishing the capacity of the outlet.

Forceps Case.

Case 78.—On November 25, 1842, at 5 a.m., I was sent for, by a professional friend, to Mrs. S., Old-street-road, a very stout and florid young woman, in labour with her first child. The membranes broke ten hours before; the pains had been very strong and forcing ever since, and were so still. The os uteri was entirely dilated; the head was fully in the pelvis, the face looking towards the right acetabulum; the right ear could be felt behind the pubes; it had occupied the same situation for four or five hours. The pulse was very quick, the tongue furred, and the countenance much flushed. There was no doubt as to the possibility of delivering by the forceps, nor any as to the propriety of doing so; I therefore, after removing more than a pint of urine from the bladder, passed the blades of the long forceps within the ilia, adapting one over the left brow, and the other over the right side of the occiput, and delivered in about thirty minutes, turning the face backwards. The funis was twisted three times round the child's neck, and I was obliged to cut it without tying it, for the purpose of freeing it. The child's heart was beating very languidly; but it never breathed, and could not be restored. The placenta was speedily expelled. For four days the patient required the introduction of the catheter; after that the bladder acted naturally, and she recovered well.

Forceps Case—Puerperal Mania.

Case 79.—On March 4, 1843, at 2 p.m., a Medical friend called for my attendance on Mrs. T., Wapping, in labour of her first child. The membranes broke at 11 the night before; the pains had been very strong and frequent ever since, and so continued; the pulse was quick, and the countenance flushed. The os uteri was entirely dilated, the head was in the pelvis, with the face looking towards the left acetabulum, and the left ear could be felt behind the right thyroid foramen; it had not made the least advance for seven hours. I drew off nearly two pints of urine, and applied the blades of my forceps within each ilium, one over the right brow, the other over the left side of the occiput, and delivered her of a living child without difficulty. The uterus expelled the placenta soon, but relaxed again and filled with blood; about two pints partly fluid, partly coagulated, escaped on the pressure of the hand externally; a state of permanent contraction ensued; and in an hour after the placenta had passed I left her safe. She went on perfectly well for six days; but I was sent for on the evening of the 10th, in consequence of her talking in a rambling manner. I immediately detected the accession of mania. On the next day she spoke of herself as being very sinful; she "knew she had not done anything very wrong, but felt as if her delusions were true;" was satisfied she could never love her child, etc. During this time she had good sleep, took a fair quantity of nourishment, and the animal functions seemed to be performed with tolerable exactness; but on the thirteenth day after delivery she broke into a state of furious mania, and her language was such as is characteristic of puerperal insanity. Morphia in grain doses composed her, and the next day she was tolerably quiet and rational. She remained sometimes better and sometimes worse till March 28, when I saw her sitting up; she then answered questions, but never spoke, except when spoken to; was very pale and dejected; the pulse 100; never asked for anything, but took food when offered her; if the child was brought to her and attempts were made to induce her to notice it, she said it was not her's. As there was but little hope that this distempered state of the mind would pass away soon, I recommended her being removed from home; this was done, and under judicious management she regained her reason, and returned to her family after an absence of a few months.

Long Forceps Case.

Case 80.—On March 15, 1843, at 4·30 p.m., I was requested, by one of the Surgeons of the Royal Maternity Charity, to see Mrs. M., in Old Kent-road, her fifth labour. With the first child she was in labour a week, but it passed naturally; that was a boy; then she had twins prematurely; then two girls, with each of whom the labour was easy. I found the membranes broke twenty-six hours before I saw her, and that she had been in strong labour ever since. The os uteri was completely dilated; a large portion of the cranium was occupying the pelvic cavity, the base being still entirely above the brim, with the face looking towards the right sacro-iliac symphysis; neither ear was within reach of the finger. The conjugate diameter at the brim did not measure more than three inches. She was beginning sensibly to feel the length of her labour. I therefore determined on immediate delivery, and passing up the blades of the forceps within each ilium I embraced the head over the right brow and left side of the occiput. With very little effort I brought the head through the brim; the face turned into the hollow of the sacrum, and the child was born alive in less than five minutes. The placenta was soon expelled, and the woman recovered well.

N.B.—This is another case which eminently shows the value of the long forceps. It would have been certainly necessary to sacrifice this child if we had not had that instrument to resort to; for after twenty-six hours of strong expulsive efforts it could scarcely be expected that Nature would have been able to accomplish delivery unaided; and the short forceps could not have been used, as the ears were both out of reach. The case shows, too, what trifling assistance is sometimes sufficient to draw the head through the brim, although it may have remained impacted there for many hours.

Forceps Case.

Case 81.—On March 16, 1843, at 2 a.m., I was called by a professional friend to Mrs. P., High-street, Shadwell, in labour of her first child, aged 35. The membranes broke at nine the evening before, when the os uteri was entirely dilated. The head came down with the face behind the right acetabulum. I found it looking towards the right ilium, and could just touch the right ear behind, or rather above, the pubes. The head had remained in the same position, without making the least progress, for four hours; indeed, it had become wedged in that position. The pains were exceedingly strong, and the face perfectly livid. Feeling the inutility of delay, I applied the blades of the forceps within the ilia, over the right brow and left side of the occiput, and delivered in fifteen minutes of a living child. The coccyx was anchylosed, but it did not break, and the perineum was very rigid, and gave way to a slight extent; but no particular after-inconvenience was felt. The placenta was almost immediately expelled from the uterus, and the woman recovered well.

Long Forceps Case.

Case 82.—On March 31, 1843, at 9·30 p.m., I was requested by one of the midwives of the Royal Maternity Charity to visit Mrs. McD., Lower Whitecross-street. Her first child; the membranes broke at 3 a.m.; the pelvis was almost filled by the head of the child, which was very much elongated, pressing on the perineum, and somewhat separating the labia, though the base of the skull was still quite above the brim; neither ear could be felt. The uterus had been acting very powerfully ever since the liquor amnii was evacuated, and the woman was a good deal exhausted. The pelvis was narrow at the brim, funnel-shaped in the cavity, and small throughout. After relieving the bladder of a pint of urine, I applied the blades of the long forceps, one over the right brow, the other over the left side of the occiput,—the face being inclined to the left acetabulum,—turned the face into the hollow of the sacrum, and delivered in ten minutes. The placenta passed soon; the child gasped once, but could not be restored. The head was very conical, with a puffy tumour on the left side of the vertex, the size of half a nonpareil apple, consequent on the pressure to which it had been exposed. The patient made a speedy and perfect recovery.

8, Portman-square.

(To be continued.)

EXPERIMENTS ON THE ADMINISTRATION OF COD-LIVER AND OTHER OILS.

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and to the St. Pancras Dispensary.

MILK, which may be regarded as the natural formula for the administration of oleaginous substances, shows microscopically a number of minute globules in a state of suspension, consisting mainly of oily fat, varying in diameter from a mere point to $\frac{1}{2000}$ inch: practically of all milks, that of asses is the most easily digested, human milk and that of goats coming next, while cows' milk from rich pasture lands is often mixed with water, even when taken by adults, as being otherwise too heavy for digestion. Chemically the following proportions of the relative milks is given in Bowman's "Medical Chemistry." (Chevallier and Henry's Analysis, p. 177.)

	Asses.	Human.	Goats.	Cows.	
Casein	1·8	3·9	4·	4 48	The remaining ingredients being salts (a trace) and sugar of milk, both of which are of minor importance in the present inquiry.
Butter	·11	2·6	3·8	3·13	
Water	91·6	88·9	86·8	87· in 100.	

An important practical conclusion is at once evident from the foregoing facts, viz., that the digestibility of oleaginous substances depends—First, on their dilution. Second, on their minute subdivision in a convenient menstruum. For, supposing that the whole of the oleaginous particles combined in a cup of milk were imparted in the solid form of butter to an infant, its stomach would at once reject the morsel.

But this is exactly how we, like rough workmen, disregarding the beautiful example afforded by Nature, administer solid cod-liver and other oils. We mostly, it is true, endeavour to obtain the conditions necessary for its digestion, by administering the solid oil immediately after a meal, reducing it at the expense of the vermicular action of the stomach aided by the food, to a state of minute subdivision and dilution. But if this process can be attained out of the body, it is clear that a great saving in the labour of the stomach will ensue, as also an avoidance to a great extent of the unpleasant repetition so often complained of; for the oleaginous particles will be received into the stomach in a state almost ready for immediate assimilation. Led by these considerations, and having observed the good effects of vinum ferri and ol. morrhuæ so constantly ordered together for children in Hospital practice, I was induced to try other media for the exhibition of cod-liver oil. Admixtures containing quinine and the tinct. ferri sequichloridi were tried, but these were more nauseous even than the pure oil. It was next mixed with cooked potatoes and other viands (*à la* Soyer's receipts), but though my stomach, unused to the medicine previous to these experiments, did not give me warning to discontinue this trial, yet I cannot recommend it, save to those who having got used to the oil may wish to vary the mode of taking it.

Vin. ferri, ʒj., glycerine (the best, Price's), ʒj., ol. morrhuæ, ʒij., were then successfully mixed together, and shaken up well before each dose, as the ingredients subsequently separate. The chief advantage of this combination is, that in addition to the tonic effect of the vin. ferri, the glycerine being heavier than the oil, leaves a sweet taste in the mouth, almost entirely doing away with nausea.

The substitution of the syrup ferri iodidi for the vin. ferri, forms also an equally palatable and easily digestible combination.

Equal parts of liq. calcis and ol. morrhuæ were next well shaken together; these did not subsequently separate readily, but remained in the form of an emulsion, thick, and of a milky hue.

Here, in addition to the tonic and sedative action of the liq. calcis (in itself so well suited to the many forms of disease in which cod-liver oil is recommended), a white-coloured, light, very palatable medicine is obtained (perhaps somewhat less disagreeable in its odour than the pure form, owing to the deodorising action of the liq. calcis), easily rolling over the palate, and, when taken with a little sherry or orange wine, almost devoid of the oily taste, and combining, perhaps in the highest degree of all formulæ that I have as yet tested, the advantages of the mode of administration which I now advocate.

The addition of a few drops of Condy's fluid to the mixture of liq. calcis and ol. morrhuæ, sufficient only to render it of a greenish yellow tint, rendered it a little less odorous, and, perhaps, more palatable. I am unable to say whether such addition would ozonise the oil, and thus render it more beneficial. The advantages gained by the mode of administration in other menstrua are:—

1. The minute subdivision into globules, rendering it thereby more palatable, easily swallowed, and less likely to adhere to the mouth and fauces.
2. A saving to the stomach of the labour of disintegrating and minutely subdividing the oil, similar to that effected by the teeth in the trituration of solids, both ingesta being thus rendered easy of digestion and assimilation.
3. The admixture of air-bubbles with the food is believed by many physiologists to assist digestion; this occurs to a very great extent during the shaking of the medicine, which should always be performed in a separate bottle at least twice as capacious as the dose, previous to its being taken.
4. It may be possible that the friction of the globules during the shaking may develope a portion of electricity in them, giving thereby a tonic character; but this I leave to electrologists to determine.

The microscopic characters of the mixture of liq. calcis and ol morrhuæ, recently shaken together, are as follows:—Oleaginous globules in a minute state of subdivision, pellucid, of a pale violet tint, many of them as small as milk globules, but many of larger size, having but little tendency to run together into larger globules, with numerous air-bubbles intermixed.

The microscopic character of the mixture of glycerine vin. ferri and ol. morrhuæ gave similar conditions, except that the globules were many of them much larger, and of a deeper tint.

This same principle of minute subdivision is well carried out in the admirable formula for infantile dysentery cited by Dr. West in his work on "Diseases of Infancy," p. 493, third edition, which consists of castor oil dissolved in mucilage, with sugar and a few drops of laudanum, which he first adopted at the suggestion of the late Dr. Baly. Very similar is the common domestic mode of giving ol. ricini, which is whipped up in a cup or boat with a lump of sugar semi-dissolved in a little water, so as to form a stiff milky fluid, which, with the addition or a little dill water, readily passes current with children.

I subjoin a few cases that have, while under my care, been enabled thus to take cod-liver oil when other methods had failed:—

1. E. G., aged 2, living in the country, a pale, flabby boy, but tall and stout for his age, with a slight cough, husky thick voice and much dyspnœa, tonsils very slightly enlarged, all the previous winter had suffered much from dyspnœa and cough. I recommended ol. morrhuæ and vin. ferri; the mother said that she had "tried the oil in every way, but it always made him sick." She promised to try it again in combination with glycerine and vin. ferri; when next she saw me, she said that, "though she had no faith in my promise of success, nevertheless she had tried it;" that "he took it well, was not sick, and continued it daily."

2. E. S., aged 28, a female, came under my care, November 1, with phthisis (first stage), and much dyspepsia. She stated that she "had tried to take cod-liver oil before, but it made her sick." Was ordered liq. calcis and ol. morrhuæ p. æ., to take ʒj bis. die, and a mixture containing bismuth. On November 8 she stated that "she can take the oil, has not brought it up, though it has repeated a little, and is much nicer to take this way."

3. A. B., aged 36, female, October 15, came to me with phthisis; right lung, third stage, left lung, second stage; states that she had "had oil twice or thrice previously, but it always made her sick;" ordered liq. calcis, ol. morrhuæ, as in No. 2. The following week she reported that "she could take the oil, it did not repeat, and did not make her feel sick." These two cases were ordered to increase the dose gradually.

4. F. C., aged 27, female, a dressmaker, August 3, complains of dyspepsia with pain about the clavicles; on auscultation, the expiratory sound is louder and harsher on the right side than on the left side, with increase of vocal resonance. She stated that "she never could take cod-liver oil, it always made her bilious and sick, and that it repeated." After the exhibition of sulphuric acid, magnesiæ sulphas, steel, and quassia, she was ordered to take of ol. morrhuæ two parts,

glycerine one part, and syrup of the iodide of iron one part: of this mixture to take ʒj. bis die. On her next visit she stated "the oil had never come up taken this way," and that she could take it well. She is now taking the liq. calcis and ol. morrhuæ.

5. E. Y., aged 42, female, phthisis, third stage, "has been an in-patient at the Brompton Hospital; was never able to take the oil." Was ordered the following mixture: Acid. nitrohydrochlor. dil. ʒss., spir. eth. chlor. ʒss., tinct. aurantii ʒss., aquæ ad ℥viij.; each dose ℥j., of this she was requested to put in a separate bottle, and to add thereto m. v. of cod-liver oil, and to increase the quantity drop by drop. In this way, shaking well each dose, she took it for a short period, getting up to m. xl. of the oil in each dose, when hæmoptysis came on, and the oil was discontinued.

In conclusion, I may add that valuable as are the results from this mode of administration with reference to those who cannot otherwise take the oil, experience during the last ten months has amply shown me that they are equally valuable in ordinary cases; as enabling the oil to be better borne, and a larger quantity taken, besides economising the digestive force, which is generally much weakened.

With reference to Hospital practice, it often does away with the necessity of bringing a separate bottle for the oil, which may advantageously be combined with other dyspeptic or tonic remedies. Bismuth, for instance, may be administered with the liq. calcis and ol. morrhuæ very readily.

My colleague, Dr. Andrew Smith, has treated many cases by liq. calcis in combination with ol. morrhuæ, with complete success, and I am much indebted to him for thus practically testing the value of my suggestions.

21, Bedford-place, W.C.

PRACTICAL HINTS ON THE USE OF THE LARYNGOSCOPE.

By MORELL MACKENZIE, M.B. Lond.

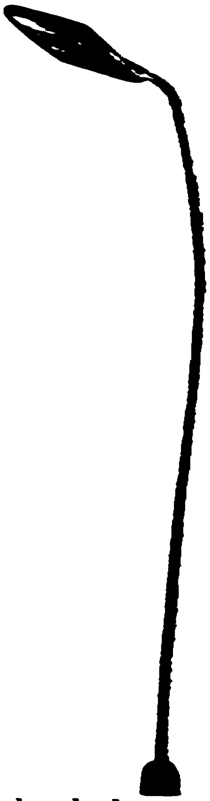
Resident Medical Officer to the London Hospital.

"Das sieht schon besser aus. Man sieht doch wo und wie."—Faust.

Since the genius and perseverance of Czermak brought the laryngoscope to its present state of perfection, the instrument has been much used both in Germany and France. In England, however, it can scarcely be said to have become acclimatised: a circumstance evidently independent of the instrument itself, and, therefore, due to another cause. In Germany, at each of the Medical Schools, there is a class of teachers called "Docenten," who, though not admitted to all the emoluments and status of the regular Professors, are recognised by the authorities as a valuable auxiliary force in the system of Medical education. These independent lecturers are allowed, subject to certain regulations, to give "cours" on any branch of professional knowledge; and as they are for the most part young and enthusiastic men, every fresh discovery, and each new invention, is eagerly welcomed and ambitiously taught. The exclusive character of our own Professional system being unfavourable to this independent lecturing, a very convenient method of circulating new inventions is necessarily lost. In England the Student of Medicine *learns*; in Germany he is *taught*; and as the laryngoscope is an instrument the use of which it is difficult to acquire without instruction, the reason why it has not been more favourably received in this country must be patent to every one. Journalism can alone to some extent supply this deficiency in the mechanism of our education; but there are certain delicacies in manipulation which are more easily demonstrated than described.

Czermak, whose interesting observations have been published in a recent volume of the New Sydenham Society, has with rare perspicuity already explained the principles of the laryngoscope, and given certain practical rules which greatly facilitate its use; but there still remain certain details—"certaines notions préliminaires," as his French translator well expresses it—which the author of this paper hopes, by being more generally known, will make the laryngoscope the familiar instrument of every well-educated Practitioner, instead of its remaining merely the hobby-horse of aspiring specialists.

The first matter for consideration, is the procuring of the necessary implements. These need be neither numerous or expensive, a reflector for throwing the light to the back of the throat, and a couple of laryngeal mirrors, being all that is required. A strong German silver spectacle-frame will be found very convenient for supporting the reflector. Though it is rather heavy, its security and firmness more than compensate for this inconvenience, and, though other and more elegant frameworks might be used, they are ill suited to support the reflector, which is necessarily heavy, and which, by wabbling about greatly interferes with observation. Another advantage of the thick German silver spectacle-frame is, that as it admits of being bent it readily accommodates itself to any head, and can be conveniently used by a large number of people. The only other point of importance as regards the reflector is, that but little space should intervene between its posterior surface and the spectacle-frame. The reflector may be made to screw on to the spectacle-frame, so that by being unattached it may be put into a small metal case only just large enough to contain it, in which it can be conveniently carried without any danger of its breaking. The spectacle-frame, in a small case with two laryngeal mirrors, will not be found a great burden, and the whole apparatus is not less portable than a stethoscope and pleximeter: if a lens be carried, the reflector can of course be used for ophthalmoscopic purposes. With respect to the size of the laryngeal mirror, it is of great importance to the beginner that it should not be too large. Even after the operator has become expert, a small mirror is preferable, for as it can be easily moved about after its introduction, the parts under observation can be seen from more points of view than one, a mode of examination which cannot be adopted when a large mirror is used. The subjoined wood-cut shows the laryngeal mirror, as seen in profile. The mirror should be square, with its edges rounded off, each side of the square measuring exactly five-eighths of an inch. After repeated trials, it has been found convenient to use a more highly curved rod, with a mirror forming a less obtuse angle with the stem, than the instrument recommended by Professor Czermak.(a) Before operating on a patient, it is very advisable to make some observations on a larynx taken from the dead subject. It is better to remove the parts en masse with the tongue and pharynx, and then to make an incision in the median line of the posterior wall of the pharynx, and allow the divided parts to fold over posteriorly. If this method of preparing the larynx for examination be not pursued, the mucous membrane, being no longer supported as in the living state, forms folds which intercept the line of reflection. The operator then, seizing the tongue with his left hand, his thumb being on the dorsum, and his fingers below, places the laryngeal mirror in a position corresponding to that of the base of the uvula in the living subject, and examining the image of the vocal cords and other parts reflected in the mirror, compares it with the parts themselves. By this means the operator learns to recognise rapidly the parts seen in the mirror in actual practice. After selecting instruments and practising on the larynx of the dead subject, the observation of the parts in the diagnosis of disease during life requires consideration. The patient should sit well back on an ordinary chair, with his body inclining forwards; and as it is desirable that the operator should be rather higher than the patient, he will find it convenient to place a hassock on a chair of the same height as that which the patient is using, and by this means to obtain the required elevation. Of course there are more refined modes of effecting the same end, but the one recommended is at once simple and satisfactory. The operator should now take up his position with his eyes as near as possible to the patient's mouth, for though by withdrawing a little back from the patient's mouth the focal circle is



(a) The mirror and reflector can be obtained of Messrs. Weiss and Son.

reduced in size and the light therefore more highly concentrated, the operator thereby loses so much power in manipulation that this advantage is more than neutralized. As the patient will be required to keep his head more or less stationary for some time, it is very important that he should choose a thoroughly comfortable position, subject only to what has already been remarked on that score. An arm-chair will be found to favour this indication, and render any constraint less irksome. The patient being in a suitable and comfortable posture, must now be directed to open his mouth widely, and the reflector should be arranged so as to illuminate the base of the uvula.

The patient may now shut his mouth, and, provided that he keeps his head in about the same position, he can talk or otherwise amuse himself till the operator is able to make his observations. It is to be remarked, that the operator can move away altogether if he chooses; for, as the reflector is firmly attached to the spectacle-frame, and as it has been so arranged as to illuminate the fauces, the operator finds, on returning to his position, that the light is well thrown on the base of the uvula. The patient is now to be directed to open his mouth widely, to put his tongue out as far as possible, and to keep it in that position by holding it with his forefinger and thumb, previously enveloped in a pocket-handkerchief to prevent slipping. By this artifice, the epiglottis is kept forcibly raised, all movements of the tongue are prevented, and the patient, by obtaining an occupation, has his attention distracted from any contingent uneasy sensations at the fauces. The last-mentioned circumstance is not less important than the others; for the laryngoscopist will soon become convinced that the inclination to vomit, which is occasionally present, is far more often what Dr. Carpenter calls ideo-motor, than excito-motor, due to actual irritation. The greater difficulty which the operator invariably experiences with Professional patients, who from preconceived notions expect to suffer from uneasy sensations in the throat, confirms this view.

The only objection to thus holding out the tongue, is that by it the anterior pillars are drawn forwards and slightly inwards, and that the space for manipulation is thereby diminished; the posterior part, too, of the dorsum of the tongue is in some cases thrown into an arch, which proves an obstacle to observation. This last difficulty is, however, generally to be overcome by the patient putting his tongue out directly forwards, instead of downwards (towards the chin). The complete command over the patient's throat which the operator thus obtains is really so great an advantage, that the device must be regarded as the "Open Sesame" to successful laryngoscopy. It is true that this expedient is not always necessary, but generally when the tongue is kept in the mouth, the epiglottis being only partially raised interferes with observation, whilst the tongue itself, proverbially a refractory organ, is almost sure to be guilty of involuntary tremulous movements, by which vision is obstructed and the mirror touched, and thereby spoilt for the moment as a reflector. The laryngeal mirror, fixed to a long, slender stem, must now be introduced; but before doing so it is well to explain to the patient, if he be possessed of even a small amount of intelligence, the principle of the laryngoscope, the paraphernalia of which are otherwise rather likely to make him nervous. It is a good plan after illuminating the fauces lightly to place the mirror for an instant at the back of the palate, without being too particular about seeing anything; or the operator may open his own mouth and, placing the mirror at the back of his throat, assure the patient that "it is nothing more than that." By a slight explanation of this sort the patient's confidence is secured—a matter of no small importance in laryngoscopy. In making use of the mirror, it is to be observed that it forms with the rod in which it is fixed a slight curve, and in introducing the mirror this curve should correspond to the curve of the dorsum of the tongue, the back of the mirror approaching as nearly as possible to the palate, so that its face may be removed from the tongue. The patient should now be directed to inspire deeply, or pronounce the sound *ah*, in doing which the uvula is raised, and that moment must be seized upon for introducing the mirror and placing it upon the elevated uvula. The exact locality, therefore, for the situation of the laryngeal mirror is the compressed uvula; if the mirror is placed in front of this, only the base of the tongue is reflected; if too far back, the posterior wall of the pharynx is likely to be tickled, and an inclination to vomit thereby induced, whilst the uvula, being in front of the mirror, of course interferes with observation. It is hoped that if attention be given to the details which have been somewhat minutely described in this paper, the knack of the laryngoscope will be readily acquired. With a little perseverance, the observer will be almost always able to examine the true and false vocal cords, the arytænoid cartilages, the ventricle of the larynx, and in most cases the anterior wall of the trachea, showing the rings through the mucous membrane. In conclusion, it may be added that whilst conducting a laryngoscopic examination, it is not at all important that the operator should look through the small hole in the centre of the reflector, for he may just as well make his observations with the other eye; indeed, the latter method, by diminishing the difficulty of managing the reflected light, is so much easier that it is to be strongly recommended to the beginner. So many cases having been published where the laryngoscope has been of use in the diagnosis of disease, it seems needless to insist on that point; but the author intends forthwith to submit to the Profession some more such cases in which he has already used this instrument with advantage, and hopes before long to read in the Journals of laryngeal affections where the laryngoscope has promoted the glory of the Practitioner and the happiness of the patient.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

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THE LONDON HOSPITAL.

CLINICAL LECTURE ON A CASE OF INJURY OF THE HEAD.

By JOHN ADAMS, Surgeon to the London Hospital.

[Reported by Mr. D. H. Dyte.]

Injury to the Head—Laceration of the Brain without Fracture of the Skull.

This patient, a man of intemperate habits, whilst cleaning paint outside a house, on a ladder twelve feet from the ground, suddenly fell and struck his right temple against the door-step. There was considerable doubt as to the cause of his falling. One person who saw it, said that the ladder slipping was the cause; and another person, who also saw it, said he fell suddenly as if in a fit, and drew the ladder with him. His hands were clenched, and he is stated to have foamed at the mouth. He was taken up in a state of insensibility, and brought immediately to the Hospital.

On admission he was unconscious, but could be roused with great difficulty, and was then very irritable, and would soon relapse into his former condition. His body and extremities were cold; pulse slow and feeble; breathing stertorous, and pupils equal and contracted. There was a lacerated wound of the right temple, about an inch in length; the bone beneath was carefully examined, but no fracture nor depression could be found, neither was there discovered any wound, swelling, or other injury at any other part of the head. He was placed in a warm bed, his head was shaved, a bladder containing ice applied (the wound having been dressed), and bottles of hot water to the feet, and five grains of calomel was administered. Milk diet and beef-tea were ordered, but the patient could hardly be made to swallow.

On the following day, when seen by Mr. Adams, he was in the same condition; the contents of the bladder and rectum had been discharged involuntarily. Towards evening the patient became worse; the pupils were now dilated; pulse 140, full and hard; the mouth was drawn to the left side, and the limbs of this side were violently convulsed, those of the opposite side being paralysed both as regards motion and sensation. Mr. Adams was sent for, and on his arrival made an exploratory incision, extending the wound in both directions, but detected no fracture nor depressed bone, and accordingly made no change in the treatment.

On the following day (Sunday) the symptoms were greatly increased in severity, and Mr. Adams not being at home, Mr. Gowlland was sent for, with a view to an operation being performed. After careful examination, Mr. Gowlland coincided with Mr. Adams, and declined to operate. The patient gradually sank, and died four hours afterwards, not having rallied at all since the accident.

It may, perhaps, be worthy of remark that this man's mother is stated to have had several fits in her lifetime, in one of which she died.

Post-mortem Examination Forty Hours after Death.—External Appearances.—Body moderately muscular, cadaveric, rigidity not persistent. Superficial veins of abdomen and other parts of the body extremely congested. *Head.*—A scalp wound two and a-half inches in length, partly lacerated and partly incised, occupied the right temporal fossa. The skull, when denuded of pericranium, was carefully examined, but not the slightest trace of fracture could be discovered. On opening the skull, a tumour the size of a small orange lay beneath the dura mater, and on making an incision into it, a quantity of dark coagulated blood escaped. This clot was underneath the left parietal bone, at about its centre, and rather posterior. *Brain.*—Weighed fifty ounces, of pretty firm consistence, and otherwise healthy, except that on the exterior part of the left cerebral hemisphere, rather towards the side, was a lacerated wound about half an inch in length, and corresponding with the clot exterior to it. From this wound there issued forth a small quantity of dark, venous, coagulated blood. At this part of the brain the consistence was more than ordinarily soft. Other organs not examined.

Gentlemen,—The case just read to you is one of unusual interest, and I shall take the opportunity of directing your attention to some points of this case which are set forth as bearing most forcibly on the treatment necessary for the relief of symptoms of pressure upon the brain. When I first saw this patient he appeared to be labouring under a series of mixed symptoms—I mean symptoms which might with equal fairness have been attributed to concussion or compression, or possibly to both at once. Thus his state of unconsciousness, his cold skin, his capability to be roused, are usually considered as the result of a violent shake of the brain, whilst stertorous breathing and a slow pulse are regarded as signs of pressure; the fact, however, is, that it is scarcely possible from the combination of symptoms in this case to say which class of symptoms preponderated; indeed, I shall show you that there were three causes in operation at once which influenced the man's condition, I mean concussion, compression, and laceration of the brain. Under these circumstances I was induced to temporise, and really regarding the case as one of severe concussion, I left him under the treatment which had been prescribed by the House-Surgeon, and which is that usually followed in cases of violent concussion.

I saw him on the following day and found him worse, inasmuch as, beside his other symptoms, he had passed his urine and his motions involuntarily; there was yet, however, no distinct hemiplegia, and I did not alter the treatment, although I was under the impression that there was some pressure on the brain. It will be seen that on the same evening his symptoms becoming more alarming; and his mouth being drawn to the left side, and as the limbs of this side were violently convulsed, and as this condition was accompanied by paralysis of the muscles of the right side, I was requested to examine him further, the House-Surgeon being under the impression that he could feel some depressed bone at the seat of the original injury—I mean, on the right side of the head; I confess I did not entertain the idea that he was labouring under the effects of any pressure on the right side of the head, for if this were the case, the left side of the body ought to have been paralysed, which was not the case. There was no depressed bone on the right side, nor could I find the slightest indication of any injury whatever on the left side. I therefore left the patient under the idea that there was effusion of blood on some part of the brain on the left side, which was beyond my reach, or, at any rate, to which there was nothing to direct me. I had, also, a notion that the brain was lacerated, and I attributed the convulsions to this presumed laceration; for this is a very common attendant an such an injury. It may fairly be said, therefore, that I did little or nothing in the case.

I shall not detain you with any extended remarks on the symptoms of concussion, compression, and laceration of brain in this case, but proceed to consider the question which I may reduce to its greatest simplicity in these words:—"Ought I to have cut down to the bone on the left side of the skull, and taken out a piece of bone with the trephine?"—that is, Should I have trephined on speculation?

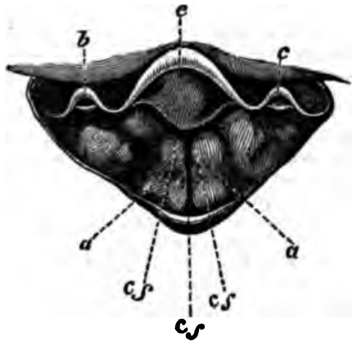
This mode of procedure has been suggested by Sir Benjamin Brodie, and put in operation successfully by Mr. Cock; and having Mr. Cock's case, detailed in the Guy's Hospital reports, I think, had I seen the case again, I should have done this; but it is quite clear that I should have failed to find the effused blood, for this plain reason, if you trephine on speculation you should trephine, as Mr. Cock did, in that situation which is most commonly the seat of effusion, namely, the region of the spinous artery of the dura mater. Now, in this case the blood did not come from the spinous artery, it was not effused upon but under the dura mater, and at some distance from the artery. It is also quite clear that little or no benefit could have resulted, as the brain was much lacerated, and the bleeding came evidently from the lacerated brain.

Nevertheless, I almost regret I did not operate, for the result would have justified the means, although the result could not have been fortunate.

There is, however, another point in connexion with the seat of effusion in this case of lacerated brain; it is this, the laceration obviously arose from *contre coup*, for it was nearly diametrically opposite the seat of the blow on the right side; this you know is a very common thing indeed, but the laceration under *contre coup* is generally at the base of the brain, and far beyond our reach, therefore we cannot by any brain or special symptoms say where the laceration may be; and the trephining on speculation is to be done under the impression that the hæmorrhage is from the spinous artery and not from a laceration of the brain itself; and the symptoms in this case did not impress me with the conviction that such was the case. Therefore, I think I did right, yet I do regret I did not do more in this case.

A CASE OF CONGENITAL FISSURE BETWEEN THE ARYTÆNOID CARTILAGES, WITH TRILOBATE EPIGLOTTIS, OCCURRING IN CONJUNCTION WITH CLEFT PALATE AND HARE-LIP.

[Communicated by Dr. Mackenzie.]



e. Epiglottis, with its cushion on the under surface, largely developed. *b.* and *c.* Two abnormal folds, producing the appearance of a trilobate epiglottis, with a wavy or crenated margin. *a.* Arytænoid cartilages. *cs.* Capitula Santorini. *cf.* Congenital fissure between the arytænoid cartilages.

Samuel E., aged 21, admitted into the London Hospital, under Mr. Hutchinson, to be operated on for cleft palate, which affects both the velum palati and osseous structures as far forward as within a few lines of the alveolar arch. The uvula is cleft, but the two halves, though widely separated, are well formed. There is also the cicatrix of an operation performed for the cure of hare-lip in early life. On examining this patient with the laryngoscope, the epiglottis was found to be trilobate, consisting of one central lobe, with two smaller ones on either side. The margin was regularly crenated, and the appearance of the epiglottis from above downwards bore some resemblance to a section of pie-crust. When the tongue was protruded as far as possible from the mouth, a position which, in the normal state, causes the epiglottis to be well raised, it was found that in this case the epiglottis still covered the entrance to the larynx, so that it was impossible to ascertain the condition of the vocal cords. Between the arytænoid cartilages, however, posteriorly there was a distinct fissure in the median line. Of course, there was no ocular proof as to the condition of the arytænoideus muscle, but from the appearance of the fissure it was inferred that the fibres of this muscle, instead of passing from the outer edge of one arytænoid cartilage to the corresponding part of the other cartilage, in this case arose from the outer border of each arytænoid cartilage, and were inserted into a raphè in the median line, a condition of parts which would necessarily prevent the arytænoideus from narrowing the chink of the glottis, and thereby render difficult the formation of the higher notes. The abnormal shape of the epiglottis, by keeping the superior cavity of the larynx closed, would cause all notes to be duller and, to a certain extent, muffled. The observations made with the laryngoscope in this case, though interesting physiologically, as showing that the arrested development of the laminæ ventrales of Baer involved the arytænoid cartilages, is of importance in a surgico-pathological point of view; for the probability of improvement in articulation from operation must be greatly affected by the presence or absence of deeper-seated defect of the vocal apparatus.

DURHAM COUNTY ASYLUM.

PHTHISIS—DEATH FROM COLLAPSE—AIR IN THE ARTERIES OF THE BRAIN AND OTHER VESSELS.

(Communicated by Dr. Kenneth M'Leod.)

The following case is an abstract of a letter from Dr. M'Leod to Professor Laycock, of Edinburgh:—

A woman, of neuro-arthritic diathesis, who had been many years the subject of chronic mania, subsiding into dementia consequent on a severe attack of puerperal mania, from which she did not recover. Since I joined the Asylum she had been labouring under phthisis, not very rapid in its progress, but of an arthritic form, accompanied by partial pleurisies and pueumonias, and their concomitant manifestations.

Latterly, towards the middle of March, she became very feeble, the pulmonary degeneration and inflammatory changes there and elsewhere progressing, and slowly sapping life.

On March 15 she was no worse than usual, and neither Dr. Smith nor I apprehended any immediate change for the worse.

During the whole night she continued tolerably well,—indeed, more lively and communicative than usual, and had with relish some wine and milk at intervals. She was carefully tended by an experienced night-attendant, who, so far from seeing reason to call any of us, did not even see reason to draw the special attention of the day-attendant to her.

About 8 a.m. she presented a sudden accession of collapse, became pale, insensible, cold, pulseless, features hippocratic, and respirations six per minute, accompanied by a respiratory rattle and respiratory groan. By periodical stimulants and compression of the abdominal aorta (performed more for experiment than the hope of permanent relief,) she lingered on till 4.40. I listened to the heart several times, and heard both sounds distinctly, though faintly and feebly, at the rate of twenty per minute. The lung apices disclosed to auscultation nothing beyond their usual rattle. Both Dr. Smith and I concluded that a vomica had burst, and that this was the proximate cause of the collapse. On examining the brain on the forenoon of the 18th, I found every one of the arteries of the brain occupied very largely by air, which gave them a peculiar beaded appearance; the air decidedly predominated, occupied larger spaces of the vessel, and ran along, pushing the blood before it when urged from behind.

On section of the vessel it bubbled out in bells of different sizes, which broke after expulsion. Every artery of any size in the encephalon possessed this peculiarity of contents, and the air-bubbles were seen in very small branches dipping into the cerebral sulci. The veins also contained air, though not in such large quantity. Of course, after thoroughly confirming first impressions and submitting the phenomenon to Dr. Smith's notice as well, I examined arteries and veins elsewhere, and found air in the carotids, jugulars, humerals, femorals, coronary of heart, and pulmonary.

The observation of the pulmonary vessels, owing to the previous section of the lung, was subject to the fallacy thence arising, but in all the rest it was undoubted.

The state of the left cavity had not arrested my attention when examining them, being occupied by sanguineous clot in detached curdy masses. The subject exhibited other phenomena of great interest, among others, tubercles of peritoneum, pleura, pericardium, and arachnoid.

Was the presence of air in the arteries and consequent interruption of nutritive supply to the already feeble cerebrum the cause of collapse?

Whence came the air? Did it enter the pulmonary veins through one of its branches, which either in or through a vomica or elsewhere came to communicate with an air-tube in the advancing disorganisation?

If the latter supposition be correct, the phenomenon under consideration becomes associated with others when occurrences at the terminal branchings of one twig of the circulatory tree become the real cause of general cachexia, as in ichoræmia, or special mischiefs elsewhere, as in embolia.

The entrance of air into the right side of the heart, its modes, consequences, and fatality, are well-known from frequent observation and record, but I am not aware that the condition which I have described has been either observed or recorded. It might, I think, be very appropriately called—Pneumo-Embolia.

YORK DISPENSARY.

CASE OF SYPHILITIC ENLARGEMENT OF THE TESTICLE IN A CHILD.

[Case communicated by Mr. North.]

J. W. G., aged 14 months, came under my care as a patient at the York Dispensary in August last. He was then thin and squalid, the nates and scrotum covered with dark copper-coloured papules. The left testicle was enlarged to nearly the size of a pigeon's-egg. The mother informed me that both herself and the father had suffered from syphilis; that the spots had appeared on the child soon after its birth; and that the testicle had enlarged somewhat rapidly during the preceding two or three weeks.

On examining the testicle, it was hard, heavy, and not particularly painful to the touch, the child not complaining when it was handled; it was not transparent, and the scrotum was empty. The spots of their natural colour. I prescribed small doses of the iodide of potassium with a dose of the hydrarg. cum cretâ every night. This treatment, with the occasional omission of the mercury, was continued for four or five weeks, when the testicle resumed its natural size and appearance, and the spots were nearly, if not altogether, removed. The child, however, still remained emaciated and sickly-looking.

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Medical Times and Gazette.

SATURDAY, APRIL 19.

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MEDICINE THE HANDMAID OF CHRISTIANITY.

We write at the season when the community is more than usually engaged in contemplating the most solemn and affecting mysteries of the Christian religion. We are sure, then, that we shall harmonise with our readers' thoughts if we say a few words on the mutual relations of Medicine and Christianity.

Accustomed as we are to read the New Testament narrative from the earliest age, insomuch that the significance of many of its details is obscured by reason of their familiarity, we do not perhaps give due weight to the exceedingly prominent place which the relief of every kind of bodily infirmity holds amongst the acts of the Saviour himself. Yet, from the first Sabbath-day on which He taught at Capernaum, His history presents one succession of cures of diseases mental and bodily. The healing of diseases was as much a part of the earliest duties entrusted to the twelve apostles as was preaching. The seventy disciples were equally commanded to heal the sick in whatever city they entered. The healing of the sick was promised, in the last commission delivered to the apostles, to be one of the signs that should follow the propagation of the faith. Constantly, therefore, do we find it mentioned in the Acts of the Apostles, from the time when the lame man in Jerusalem was made to walk, to that of Publius, the Prefect of Malta, whom St. Paul cured of his fever and dysentery.

In the ages which succeeded, the faith was first of all communicated to every part of the existing Roman Empire. When this Empire perished under the incursion of the Northern barbarians the faith was subverted likewise, till the conquerors were subdued by the religion of the vanquished. During this time the preaching of the Gospel was a work of danger, requiring the devotion of a lifetime; and the names of the heroic men who accomplished it were handed down to posterity by being enrolled in the catalogue of "Saints." In such of the lives of these as have reached us, it is rare not to find mention made of the work of healing. We may easily interpret the earlier legends by the later histories. In the earlier we read of miraculous cures, of sight given to the blind, and of the dead raised to life; in both we read of acts of devotion in braving the dangers of contagion, and personal ministrations to the sick. We read of bishops, who like St. Cyprian refused to leave his flock in a time of pestilence, but collected together a band of the faithful, to attend to the sick and bury the dead even of the pagans who despised and persecuted them; or like St. Gregory, who undertook the care of the sick in a plague which depopulated Rome; or a later example still, St. Charles Borromeo, at Milan. The memory of good deeds done by members of our own Profession in early times, has also been incorporated with the popular belief. "It is interesting to observe," says Mrs. Jamieson, "that Saints of the Medical Profession have been especially popular in the great trading towns, such as Venice, Florence, Lyons, Marseilles,— cities which were constantly exposed to the plague and other epidemic disorders." St. Roch, who lived in the fourteenth century, was a young man of fortune, a native of Montpelier, who, for the love of God, expended his property and his life in travelling from town to town in Italy, wherever he could hear of pestilence, and nursing the sick poor in the Hospitals. St. Cosmo, and his brother St. Damian (about 300), said to be Arabians by birth, and dwellers in Ægæ, where was a temple of Æsculapius, and where Medical knowledge was to be obtained, studied the healing art, and passed their time in prescribing for the sick and administering medicines. From their steady refusal of all pay they acquired the title of *Anargyri*, or the *Feeless*, a title which still falls to the lot of some who are not ambitious of that distinction. They were beheaded for their profession of the Christian faith. A church erected in their honour at Rome in the sixth century still remains. The history of St. Pantaleon, Physician to the Emperor Galerius, is exactly similar. He devoted his fortune and skill to the cure of the sick poor, and died a martyr for the faith.

They who are impatient at the slow progress made in the conversion of the heathen in our own day, may well take comfort from the fact that at least eleven or twelve hundred years passed before the North of Europe was Christianised. From the seventh century to the twelfth, bands of missionaries, amongst whom the most distinguished were sturdy West Saxons, natives of Dorsetshire and Wiltshire, used to go to preach, and to heal diseases as they preached, amongst those Pagan savages of Friesland (progenitors of the sleek and pacific Dutch), at whose hands many of them received the crown of martyrdom. There is no miracle recorded as having been worked by any one of them which would not be paralleled by the account which the natives of a Wiltshire village would now give if a Surgeon came from Salisbury to operate on a strangulated hernia.

In the Life of St. Francis Xavier, the "Apostle of India," are related numberless miraculous cures, and histories of conversions following them. Whatever we may think of the miracles, we know at least that he had passed years in the best preparation for missionary work, in nursing the sick in the Hospitals of Paris and Venice; and that no ulcer could be found too noisome, even in the Hospitals of the sixteenth century, to disgust him with his beneficent task.

When we turn to the accounts of later missions, such as those of the Society for the Propagation of the Gospel, the Church Missionary and the London Missionary Societies, we are incessantly met with the two facts of the immense usefulness of such Medical knowledge as the missionary may have happened to possess, and of the enormous field for the exercise of skill exclusively professional, and the opening which it would make for the propagation of the Christian faith. In the narratives of missionary work (a) amongst the Islands of the Pacific by the agents of the London Missionary Society it is lamentable to read of decreasing populations, of the importation of measles and small-pox, and still more of indigenous diseases—of fever, ague, and influenza; and although it seems to be satisfactorily proved that some causes of decrease of population are ceasing with the war, cannibalism, improvidence, superstition, and immorality, which flourished during the heathen period, yet there is abundant room for the exercise of Medical science. There seem to be few days in which the missionaries are not employed in dispensing medicine and visiting the sick.

The future employment of medicine in aid of the spread of Christianity may be effected in two ways. In the first place, the missionaries who go out in a distinctly spiritual capacity should likewise be taught medicine. This is thoroughly well done at St. Augustine's College, Canterbury (an Institution whose foundation is due to a suggestion of Mr. Brett, Surgeon, of Stoke Newington), in which the remains of the old monastery dedicated to the Apostle of England are restored, and converted into a college for the educating of Church of England missionaries to the heathen. Not only do the students visit the Canterbury Hospital twice a-week and receive clinical instruction from the Physicians, but they attend a course of fifty-nine lectures, delivered by Dr. Lochee, and are required to pass a Medical examination which would do no discredit to a M.B. of the University of London. It seems to be recorded as a thing of happy augury, that one of the first missionaries sent forth was successful in the treatment of the broken arm of a sailor in the ship which was conveying him to Nova Scotia.

(a) "Gems from the Coral Islands," by Rev. William Gill, of Raratonga. London. Two Vols. 1856. No chapter of these interesting volumes can be opened without seeing the scope for Medical Science, not only in the *treatment* of the fevers and dysenteries that appear to be indigenous, but also in their *prevention* by teaching the rules of hygiene. The number of accidents requiring surgical aid seems great. For instance, "a little girl having fallen from a precipice, was brought with fractured limbs to be dressed;" on the same day "a little boy was brought, whose stomach, while he was asleep, had been dreadfully mutilated by a savage pig—it was dressed, but the poor fellow died." "A native Christian at Mangaia had his hand shattered by the bursting of a gun."—We respectfully submit to the consideration of the promoters of missions amongst the heathen, that the Surgeon should accompany the preacher not merely as a fellow-worker towards the conversion of the natives, but for a protection to the latter against new diseases and forms of injury to which they become liable from their contact with other races, and with the arts of civilisation. It will be a shocking thing if the spread of Christian civilisation should be attended with a decay of the population. Surely Christianity is not well planted if the care of the body does not go with that of the soul. Increased mortality is not one of the "signs that shall follow them that believe."

But whilst it is expedient that every missionary (we may say every emigrant) should possess some rudiments of Medical knowledge, and should be armed with a medicine-chest, a few Manuals, and a case of surgical instruments, there is yet room for the employment of that higher and more perfect degree of skill which can only be attained by those who devote their best years to the exclusive study of medicine. The simple preacher who possesses some Medical knowledge *may* suffice for the childlike idolater of the Pacific Isles; but sharper tools are necessary to influence the astute Buddhist and Mohammedan of India and China. The division of the art of healing from the function of preaching the Gospel is evidently a thing which Providence has designed for the greater perfection of each; for it is not every man who, like the Bishop of Labuan, after having attained the highest distinction in Surgery, can then master the depths of theology, and combine the skill of the Surgeon with the authority of the Prelate. But because most men, in order to study medicine perfectly, cannot combine any distinctly spiritual office with it, that is no reason why they should not be truly missionaries. Men who will follow in the steps of Hobson, Parker, and Lockhart in China, who will exhibit the highest refinements of surgical skill, and still more that wondrous charity which benefits the thankless, must at last make the most thoughtless heathen ask, "By what power and in what Name" are these things done? The reply will be, "Our Profession has been made what it is by Christianity. We are disciples of One who made himself our brother, and gave Himself to save us, and who taught us that any kind deed done to one of the least of His brethren is done to Him." Doctrines may be disputed; but the most obdurate of heathens could not dispute that living Gospel which would be preached by the doings of a Christian Physician.

The idea of employing Medical missionaries in modern times first originated with the American Board of Missions, who employed Drs. Parker and Hobson. It was carried out by Medical Missionary Societies amongst the English in China; next by the London Missionary Society, and by an influential Society in Edinburgh, of whose Managing Committee Professor Miller is one of the most active members; and Dr. C. J. B. Williams, Dr. A. P. Stewart, and Professor W. A. Miller, of King's College, Corresponding Members. Now, we have reason to believe that there is no Missionary Society which is not ready to adopt the principle. The Society for the Propagation of the Gospel desires to find a Surgeon to proceed to Pekin. If, then, any of our younger readers desires to pass some of the earlier years of his professional life in a position which will give him enormous experience, the broadest possible views of disease, and much knowledge of the world, let him offer his services to the Missionary Society which best suits his religious predilections, and go to practise physic amongst the Chinese.

THE WEEK.

MR. WHITFIELD ON THE REMOVAL OF ST. THOMAS'S HOSPITAL.

The newspapers contain advertisements from the Charing-cross Railway Company offering the land and building of St. Thomas's Hospital for sale, and announcing that they can give possession in August next. Meanwhile the question of the new site is quite undecided. But if common sense and plain matter of fact are to weigh in the decision, a pamphlet just published by Mr. Whitfield, Resident Medical Officer of the Hospital, will settle the matter. We have seldom seen a more thoroughly searching and complete piece of argumentation. Why should the Hospital *not* be placed in a healthy situation? A writer in the *Times* would persuade us that the most dense and insalubrious neighbourhoods are just the places for Hospitals, and that the air of Hospitals so placed, if not good, is yet better than the air of the poor dwellings around, and is, in fact, good enough. Mr. Whitfield shows, in reply, that a great Hospital ought not to do the common work that may be done by a local Dispensary, and by the Poor-law staff of every parish. He shows that pure air would restore the patients to health more quickly, and, therefore, more economically :—

> "What the poor require is to be restored speedily to health. We do not want simply to remove them from the foul air of narrow 'courts and alleys' into the foul air and noise of an adjacent crowded thoroughfare. We want to restore them to health, and to save their lives.
>
> "The character and success of an Hospital depend quite as much on the salubrity of its site, on the nature of the soil on which it is built, and the atmosphere with which it is surrounded, as on the skill and dexterity of its Medical staff. Nor should the influence which the air of an Hospital exerts on its permanent residents, both on their mental and physical energies, be overlooked, as their active and unremitting attention to their duties depends on the state of their health, which in an Hospital 'where no one would voluntarily reside,' would soon convert the attendants into patients.
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> "In fevers and acute disorders, after operations, and under depression of the nervous system, the recovery of the patient in a great measure depends upon the devotion and attention of the sisters and nurses; to their zeal and watchfulness are the Governors as much indebted as to the acknowledged science of the staff. Does 'F.R.S.' suppose that the physical energies of these most valuable servants can be maintained in a normal state of health when the site is 'detestable as a residence' for the officers, who have not continuously the two-fold action from the ward miasma and the impure local atmosphere to contend against? That it cannot, has been seen during the present epidemic of fever; we have had many nurses and several patients attacked. Three nurses were almost at the point of death. Some of the other London Hospitals have not been so fortunate as we have; they have lost both sisters and nurses.
>
> "The officers reside with their families in the midst of many comforts, in houses separated from the general building occupied by the patients; therefore to them, comparatively, where they reside is of little consequence. Not so to the sisters and nurses, of whom there are upwards of seventy living constantly in the wards, surrounded with the most offensive emanations from every kind of loathsome disease."

Another reason urged against removing the Hospital is the alleged injury to the poor who are accustomed to resort to it. Mr. Whitfield tell us that in 1832 the whole Medical staff, including Williams, Elliotson, Roots, Travers, Green, and Tyrrell, urged the removal of the Hospital to "a more eligible situation!" not only on account of the "low, close, and confined position of the Hospital as it at present stands," but on account of "the greatly extended surface and population of the metropolis *requiring a more equal distribution* (!) of such charitable establishments; the greatly increased accommodation of *Guy's Hospital* within the last few years." The Medical staff in 1832 saw plainly enough that the Hospital stood in an unhealthy spot where it was not wanted, and that it ought to be removed to a healthy site where it would be more useful. The existence of Guy's is ignored by the persons who write to the *Times*. But Mr. Whitfield proves that whilst Guy's with its 600 beds would be ample for the accidents and cases of emergency in the neighbourhood, the new Hospital, if erected in Lewisham, to the south-east, would be planted in the centre of that very district from which at present "the supply of in-patients, out-patients, and accidents greatly preponderates." He discusses, with the fulness and clearness which a practical acquaintance with details has given him, the whole subject of the convenience of access to the Medical officers; of the transport of the sick; and of the position and prospects of the Medical School, which at present languishes under the "cold shade" of Guy's; he examines all the sites which have been proposed in Southwark and Vauxhall, some of them at a miserably low level.

surrounded with noisome factories, and with an impossibility of free ventilation; and he urges the policy of removal to Lewisham, near three railway-stations, offering abundance of communication in ten or fifteen minutes with Charing-cross and London-bridge; the soil a good gravel; the elevation 86 feet above mean water-mark, 70 feet higher than St. Thomas's; not liable to be overlooked nor hemmed in by buildings or factories; from 17 to 30 acres of land available; and the mortality of the district only 17 per 1000, whereas it is 33 in Southwark. Our only interest in the matter is the welfare of the poor and the advancement of science. What triumphs may not Surgery achieve! what a future for heroic operations and for conservative Surgery, when the skill of the St. Thomas's staff shall be unfettered by the miasm which hangs over a low town Hospital, and "pure fresh air," to use Mr. Whitfield's words, "exercises that greater and more direct influence than any drug or stimulant can do!"

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a large general meeting of the Fellows of the College of Physicians, held on Monday, April 14, Dr. Thomas Watson was unanimously elected President. This is the second occasion on which the Fellows at large have exercised their privilege of election. It is well known that up to a recent period the President was chosen by the Elects, a very limited body, from amongst themselves. Last year, Dr. Mayo, who was the last President chosen by the Elects, was unanimously re-elected by the Fellows in recognition of his high professional character and the services he had previously rendered to the College whilst filling the presidential chair. On this occasion, Dr. Mayo having positively declined to be nominated, the choice of the Fellows fell on Dr. Watson, whose election, we are sure, will be received with the greatest satisfaction by the Members and Licentiates of the College, and by the Profession generally. At the same meeting, Dr. John Spurgin, Dr. George Burrows, Dr. Richard Quain, and Dr. Alexander Patrick Stewart were chosen Members of Council. Five of the Examiners for the Licence of the College having retired by rotation, the following five gentlemen were elected in their place:—Dr. John Spurgin, Examiner in General Science and Literature; Dr. James Risdon Bennett, Examiner in Medicine; Dr. Francis Sibson, Examiner in Anatomy and Physiology; Dr. Alfred Baring Garrod, Examiner in Materia Medica; and Dr. Henry Oldham, Examiner in Midwifery.

MICROSCOPIC EXAMINATION OF BLOOD-STAINS.

On Tuesday, April 8, at the Dumfries Circuit Court, a woman named Mary Reed, or Timney, was found guilty of the murder of Ann Hannah by inflicting severe injuries of the head with a mallet. The most interesting point in the case to the Medical jurist was the evidence advanced by Dr. Douglas Maclagan as to the microscopic examination of some blood-stained articles. In his cross-examination, Dr. Maclagan is reported to have said:—

"I examined the stains with the view of discovering whether they were caused by blood or not. It is very difficult to discover this by the sight alone. Indeed, it is impossible. I also used the microscope. The value of the microscope test is, that if you find globules of oval shape or other shape different from human blood, it would show that it was not the blood of a human being. The blood of all the mammalia has round globules. The blood of a bird or fish would give the same chemical reaction. When we ascertain the presence of blood by the chemical test, we cannot tell till we use the microscope whether it is the blood of mammalia or of birds or fishes. There are other modes of testing for blood. The method by crystals of hæmatine is very satisfactory when a positive result is got. It can be done with very small quantities of blood. I am sure that the blood on the beetle was mammalian. I found blood on the bed-ticks; none on the child's pinafore, none on the prisoner's jacket. I have no doubt the blood on the beetle is the blood of some mammal. I say the same as to that on the green tartan dress and on the petticoat. The blood of a human being cannot with certainty be distinguished from that of any other of the mammalia."

This evidence certainly advances all that is warranted by the present teaching of science, which amounts to this, that the mammalian blood corpuscle can be distinguished from the oval nucleated blood-cells of birds, reptiles, and fishes. But the Judge (Lord Deas), in his charge to the jury, appears to have attributed to Dr. Maclagan's testimony a higher degree of precision. He said:—

"With reference to the stains that were found upon the prisoner's clothes, he would call the attention of the jury to the evidence of Dr. Maclagan, who spoke with the highest Medical authority, and who stated in his evidence that he had no reasonable doubt that the stains which he examined on the prisoner's clothes were produced by human blood, and who further stated that he had no reasonable doubt that they were not made by menstrual blood."

We believe it will be generally allowed that these are two points on which the professional witness is not warranted in expressing a scientific opinion. In his cross-examination, Dr. Maclagan acknowledged that there is no safe test by which the blood corpuscle of various mammalia can be distinguished from the human, and especially is this true after coagulation has taken place; the difference in size is then valueless as a criterion. The presence of fibrin in considerable quantity, also, and the absence of epithelial scales, are neither of them proofs sufficient to enable a witness to assert that a certain blood-stain is not menstrual. The former is not uncommon in menstrual blood in the most ordinary deviations from the healthy standard, whilst the presence of the vaginal epithelium is merely adventitious. The above report of Dr. Maclagan's testimony certainly does not countenance the conclusions the Judge appears to have drawn as to its import. It may be that a fuller account of the case, especially of the circumstantial evidence, would remove the apparent discrepancy.

ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.

Another name is now added to the list of Medical men who have become public benefactors to the capital of the Sister Island. The *Freeman's Journal* of Thursday, April 10, reports the absolute assignment by Dr. Wilde of "St. Mark's Ophthalmic Hospital to trustees for the use and advantage of the afflicted poor of Ireland." Ophthalmic Hospitals are amongst the very few exceptions which even the opponents of the Special Hospital system tolerate as having produced real good, not only to scientific progress but to the public at large. Until Dr. Wilde, at an expense of £1100, purchased the Park-street School of Medicine, and repaired and altered it for the purposes of an Eye Hospital, Dublin possessed no such Institution. The Hospital he thus founded he has munificently given to the public. The extent of his benefaction may be estimated by the fact that in the year ending September 30, 1861, 225 in-door patients and 2051 out-door patients were treated at it. The *Freeman's Journal* well suggests that, following the custom which has prevailed in Ireland and elsewhere of preserving the names of the founders in the designation of public charities, the only Dublin Ophthalmic Hospital should henceforth be called "Wilde's Hospital.

THE STEPNEY MANSLAUGHTER.

The case of J. F. Robinson, late one of the Surgeons of the Stepney Union, who was committed some weeks since to take his trial for manslaughter, was decided at the Central Criminal Court on Thursday, April 10. It will be remembered that the accused was sent for by a midwife to remove the placenta from a parturient woman named Jane Craze; that he attended, and ultimately cut off and removed a considerable portion of the small intestine which protruded through a rent in the vagina. The particulars of the post-mortem examination and the evidence of the midwife have been already laid before our readers. The defence was conducted by Mr. Sleigh, who laid particular stress upon the fact that a dose of ergot of rye had been administered by the midwife, and urged that the prisoner had been mistaken in his diagnosis. Several Medical men were called who gave the prisoner a high character for skill and humanity. The jury after an hour's deliberation returned a verdict of guilty. The Judge (Mr. Justice Mellor) in passing sentence said that, "taking into consideration the high character for skill which the prisoner had hitherto borne, and his having already been confined in prison for a month, he hoped he should be meeting the ends of justice by passing a lenient sentence." He then sentenced the prisoner to four months' imprisonment. One of the most important points in this case, and one which can never be satisfactorily cleared up is, whether the laceration of the vagina had taken place before the prisoner's arrival, or whether it were produced by unskilful manipulation on his part. Even, however, if the former explanation be received, it is impossible to conceive how a Surgeon of education and experience,—for such we are informed the prisoner is,—could, unless he were intoxicated or insane, commit the fatal error of removing a considerable length of small intestine with some of the mesentery in mistake for umbilical cord. Yet, extraordinary as it appears, this is by no means the first time that the same horrible blunder has been committed.

M. MICHEL LEVY ON HOSPITALS.

We make no apology for presenting our readers with copious extracts from M. Michel Lévy's speech at the Académie de Médecine, on March 25. The statements he makes, in addition to their intrinsic interest, will show the sentiments of an independent authority on the position and functions of Hospitals.

The earlier part of M. Michel Lévy's speech is occupied by a quotation from his celebrated work on Hygiene, which was published in 1844. He then explains that in the French provinces army patients are received by arrangement with the State into many of the Civil Hospitals, the sanitary condition of which is also placed under the inspection of military Medical officers. It is on this ground that M. Lévy claims the right to be heard upon the general subject of Hospital Hygiene. After these preliminary observations he thus proceeds:—

"On bringing together my recollections, extending far back, of inspection and of residence in the Hospitals of large and small towns, I can have no hesitation in forming a judgment as to their relative degrees of salubrity, and all my colleagues in the army will proclaim the advantage possessed by small Hospitals; not that they cannot become infected just like the large ones, nor yet that they do not sometimes exhibit an extraordinary mortality. If considerations of expediency, which everybody will understand, did not impose upon me a certain reserve, I could point out in the south as well as in the north of France, in the west as well as in the east, and even in the departments about Paris, small Hospitals in which our soldiers have paid a high tribute to seasonal diseases as well as to others. Small localities have, alas, their little epidemics, which fortify themselves, as it were, strongly within them, extend into the surrounding neighbourhood, and, finally, lay upon them a considerable tax of mortality. There are small Hospitals with large wards sometimes crowded at the time when we inspect them; there are even small Hospitals with small wards which are crowded because they contain too many beds. The crowding, then, is a relative thing, and it is a point of fundamental importance, it is a thing that we must not forget. Another difference among small Hospitals which is equally noticeable among the large ones, is this:—Those which are situated on the borders of towns, in the open country, as one may say, have always appeared more healthy, and have proved more happy in the results of treatment, than establishments set in populous quarters or embraced by the atmosphere of town populations.

"In order not to return to subjects which have been treated of, I pass in silence over a large number of conditions which, in spite of their evident utility, do not, when put all together, balance one single preponderating influence,—I mean that of the air dispensed to the sick; I have only assumed to speak in order to impress the sovereign importance of this. In my view, it is that which regulates the salubrity of Hospitals.

"1. *Quantity or Proportion of Air.*—The quantity of air indispensable for the sick, in order to compensate for the products of their respiration, of their pulmonary and cutaneous transpiration, and all the emanations more or less deleterious which are in operation about them is enormous. It would be useless to recall here the results of experiments which are still being carried on, by means of various modes of ventilation, and the effects of which appear very slightly, even if they are at all appreciable, in the mortuary statistics of the Paris Hospitals. If these official documents continue to show us that the numbers of deaths are pretty nearly counterbalanced in Hospitals endowed with a regular system of ventilation and in those which are not so provided, we shall be authorised to conclude, either that such ventilation does not effectually renew the total mass of the atmosphere of the wards, and is limited to the determination of partial currents, or that, in spite of its apparent freeness, it does not yet satisfy all that is demanded to render these places healthy, or that the air thus introduced into them does not possess the desired purity of composition.

"2. *Quality of the Air.*— . . . Thus it is not enough to provide the sick liberally with air, if this air have not the vivifying qualities of its normal constitution, if it be mixed with septic principles, and, as is actually the case, when it is burnt by contact with over-heated surfaces which it passes over before being distributed into the wards, when it is taken second-hand from corridors or staircases communicating with latrines, or when it proceeds from infected streets, from an over-crowded locality, or from a neighbourhood where a closely-packed population, various industrial trades, and numerous mephitic foci spread abroad their vaporous products and their dejections.

"The ideal of a nosocomical institution, in accordance with the principles and facts just referred to, would be, then, the small Hospital with small wards, without direct communication between them, well ventilated, and with beds at long intervals, placed at a distance from centres of population, and surrounded with promenades or free spaces. Would it be impossible to multiply these establishments around large towns, and at a convenient distance from them, leaving within the latter merely receiving-houses for first advice (*depôts de premiers secours*), with a restricted and isolated Medical and Surgical provision for urgent cases and those which cannot be removed to a distance, developing in other respects and rendering predominant the salutary and moral system of domiciliary aid, by a judicious combination of gifts and loans, as at present, and of gratuitous attendance and medicine? Still, I do not fear saying that this ideal of an Hospital will still have its mistakes and misfortunes. We had in the East some small Hospitals:—The palace of the Russian ambassador at Constantinople, and the Russian dragomanate, of which I urged the appropriation to the service of our sick, were nothing but small Hospitals, since both together they only held 400 beds. Both of them were well situated, commanding the heights of Pera opposite the Golden Horn, and surrounded with terraced gardens; the former at first only received a very few wounded officers who were free from internal complications; well, hospital miasma became developed there; in order to originate it, it sufficed to bring together a certain number of wounded persons without crowding them. The Surgeon, as conscientious as he was distinguished, who had the care of them, M. Maupin, and who is now the principal officer of the military Hospital at Bayonne, has well established these facts, and I content myself to referring to his work printed in the *Reccueil des Mémoires de la Médecine Militaire*. Another small Hospital which had less than 200 beds, a splendid villa upon the shore of the Bosphorus, several leagues from Constantinople, in the midst of gardens and of the summer palaces of the pachas, a kind of advanced guard of our line of Hospitals at Constantinople, nearer to the Black Sea, and fitted for the reception of the wounded and of those who had undergone operations that it was the most requisite to disembark, Canlidjé was visited by the same scourge. At some hours' distance from Paris I know of small civil Hospitals, where our small garrisons have counted many victims of typhoid fever and of dysentery. Allowing these the preference to small Hospitals over large ones, we must not promise for them more than they will give. The same remark applies to large Hospitals disposed in parallel series of buildings, independent the one of the other. Correctly speaking, they constitute so many small Hospitals, and where they are well situated, well distributed, well kept like those of Val-du-Grâce, they may fairly be likened to small Hospitals. The old convent of Val-du-Grâce, a rectangle with four stories, presented formerly on its four sides four rows of patients placed one over the other; at the time of my first connexion with this establishment, charged almost always with the principal attendance in the two upper floors, I could verify the correctness of this observation already old, that in Hospitals unhealthiness increases in a direct ratio to their height; moreover, on each floor there was a direct communication between the wards in such a manner as to exchange atmospheres; there was a mephitic promiscuousness with its well known pathological expression, serious typhoid forms of disease, gangrenous complications, erysipelas, diphtheritic exudations, etc., and as the final result a considerable mortality. At a later period, and particularly at my repeated request, the long wards of the convent were shortened and separated by partitions, with small apartments for the isolation of certain of the patients. In 1841, the buildings upon the old gardens were constructed, true models of a Hospital establishment, and which our colleague M. Guérard, so competent to judge upon the matter, has praised in a periodical devoted to public hygiène. Thanks to these improvements, the mortality at Val-du-Grâce has undergone a notable diminution. But still even in these buildings, so fit as they were, which, separated by luxuriant squares of vegetation, only received each 200 patients into four wards, two on the ground floor and two on an upper floor, with some adjacent small rooms, as soon as all the beds were occupied, Hospital infection appeared in a lowered form, and then the diseases became especially grave. Professor Laveran has recently brought out in a memoir, printed in the *Gazette Hebdomadaire* (1861), the part played by this influence in the variable mortality of epidemics of measles, and has sought to give a scientific expression to that which a kind of Medical mysticism still attributes to a general cause, which is termed 'epidemic influence.' . . . .

"But I hasten to leave these generalities for a subject to the elucidation of which I have been invited to bring the materials furnished by personal observation. One of our colleagues, M. Renaud, who has a happy way of coming to the main points of any question, after having shown by statistics of mortality the powerful influence of various plans of aëration upon healthy and diseased horses, has inquired if these facts—so plain in their meaning—would not meet with confirmation in the comparative results of treatment which, in Italy and in the East, have been carried on under tents, under extemporised shelters, almost in the open air, and of those met with in the wards of Hospitals, or of other closed buildings provisionally applied to the lodgment of the sick. M. Larrey has already replied to this appeal; permit me now to do the same in my turn, but only to the extent of that which a mission of ten or twelve months has enabled me to see in the East.

"I shall not do this with the precision of the statistician, nor yet with any great pathological detail. On the one hand, I do not propose to give here the Medical history of the early part of the Eastern campaign; and on the other, although I have corresponded freely with the chief Medical officers of all the corps of troops, of the ambulances, and of the Hospitals from the Piræus to Varna, and at a later period in the Crimea, to say nothing of Gallipoli, Nagara, and Constantinople; although I have inspected all the establishments formed at various spots, interruptions, and even deficiencies, have been met with on bringing together the medical and statistical documents. But, for the solution of the question put by M. Renaud, materials abound under my hand; and towards whatever shore my recollection passes—from the Dardanelles to the Bosphorus, from Bulgaria to the Crimea—everywhere I find the same causes, everywhere the same effects, everywhere the same conclusion. All may be summed up thus:—The salubrity of an Hospital depends almost entirely upon the conditions in the midst of which the sick are placed. I have already said it, and I repeat it. Far be it from me to deny the importance of regimen, of curative methods, modes of dressing, of nursing, of the arrangement of the movables, etc.; but all these elements of Hospital management are dominated by the necessity for a pure atmosphere; unite them all together to a degree of ideal perfection, still if the air be permanently vitiated, or if it be insufficient in quantity, all comes to the same thing—they will not alter the chances of treatment; they will not lessen the mortality.

"The history of epidemics, and that of armies at all periods, bears witness, on the authority of the greatest names and of the most painful recollections, to the toxic power exerted by accumulations of sick people. What has Pringle, whose name has not been mentioned in this discussion, left for us to say?

"Even in the best-regulated Hospitals of the interior, the military Medical man gives his aid in an uninterrupted succession of epidemic forms of disease; in times of peace, little epidemics, marsh fevers, typhoid fevers, cerebro-spinal meningitis, catarrhal affections, mumps, ulcerative and membranous stomatitis, diphtheritic affections; in time of war, dysentery, scurvy, typhus; at all periods cholera. . . .

"It was natural, then, that on my appointment to the Army in the East my first anxiety should have been to ward off such catastrophes by discountenancing great aggregations of sick persons; to obviate crowding by proposing to the military and administrative authorities a broad organisation of scattered (*échalonnés*) Hospitals, and a regular order of discharges, with a view of always holding the ambulances of the foremost line constantly at disposal for the exigencies arising out of bloody engagements; of emptying in due succession the establishments of the second line, and progressively of returning to France permanent invalids, or those whose cure was likely to be prolonged. The army being at one time concentrated at Varna, and at a subsequent period thrown upon the Crimea, where nothing fixed or complete could be organised for the treatment of the sick, Constantinople necessarily became the centre of them; at 120 kilomètres by sea from Varna and from Kamiesch, and almost the same distance from Gallipoli and Nagara, it was there only that it was possible to find and to unite all the resources essential to meet such great demands, to proceed to the selection of the infirm and sickly, whether with the view of sending them back to the Crimea on the re-establishment of their health, or to include them in the successive discharges to the stations on the Dardanelles, and finally to France. . . . .

"Thus we had three orders of Hospital establishments, corresponding exactly to the three grades of aëration of M. Renaud,—closed buildings, huts, and tents. A word upon each of these.

"The most detestable of Hospitals is any old Turkish building, but above all a Turkish barrack appropriated to this purpose. Almost always of a quadrilateral form, it has at each angle latrines *à la Turque*, which spread their horrible stench to a great distance, and envelope the whole edifice in their emanations. Within, there are no properly ceiled stories; these are replaced by narrow or railed galleries, where the beds are placed; the sick on every floor breathe the same air. New constructions, like the Pera Hospital, have stories; but, in place of separate and independent wards, there are parallel dormitories, communicating with one another by broad arches and openings without windows, the result of which still is a community of atmosphere of all the places on each floor, or at least in each of its aspects. Add to this, as at Gallipoli, at Rami Tchifflick, at Daoud-Pacha, at the Tunisian Barracks, at the Barrack Hospital at Varna, etc., the conditions of age or of decay of the woodwork, and of the flooring or paving (a kind of miasmatic impregnation from collective dwellings, on the mechanism of which our learned colleague, M. Devergie, has thrown light, by the experience of M. Reveil, at the Hospital Lariboisière, and of M. Chalvet, at the Hospital St. Louis), and you will understand how the Hospital infection had made its preparations in the greater part of our closed establishments, and in order to break out only awaited that an accumulation of individuals should commence.

"The construction of huts is one of the rare industries indigenous in the East. The greater part of the houses at Gallipoli, at Varna, and even in Constantinople are merely huts, not even excepting the palaces and pleasure-houses which succeed one another on the shores of the Bosphorus. An Hospital in huts can be rapidly raised; it offers us the multiple advantage of giving us the choice of situation, the determination of the capacity of each hut, which, limited to a ground-floor, represents a single ward with a double row of beds, a ready aëration in the longitudinal direction by the opposite doors at the two extremities, and transversely by the windows on the two side aspects. The orientation of these little buildings, the space between the huts, the classification of the patients,—all this was at the command of the authorities. I asked then and obtained the formation of several Hospitals of this nature. Of fourteen Hospitals that I left at Constantinople, three were made up only of huts, and two comprised huts in their circumference.

"The Tent-Hospital, permanent during the summer season, is a novelty of the Eastern campaign. At all times our Military Surgeons have treated the sick and have operated on the wounded under the frail shelter of a tent; but it was at Varna, for the first time, that what we may henceforth call the 'Hospital under Canvas' was regularly constituted, with its separate resources for camp service, awaiting the arrival of the completion of the regulation supplies to Hospitals in the field. We had left Gallipoli with an army in flourishing health; Varna was only to be a temporary station. The numerical increase of ordinary patients in the month of June necessitated that a portion of them should be treated in tents, and this measure afforded good results. A few days after the appearance of cholera (July 28, 1854), and the first cholera patients having been placed in the Barrack Hospital, I pointed out to the 'Intendant-in-Chief' of the army the danger of Hospital propagation,—that is to say, of the development of cases which may be called 'interior;' and, at my request, he gave orders that the wounded, venereal, and ordinary fever patients should leave the Hospital to be treated in tents upon the esplanade which extends from this building to the ramparts of the town.

"On August 5, two considerable discharges of cholera patients by sea from Dobrudsa to Varna were notified. There were no places at disposal, no beds, no utensils; I proposed to the 'Intendant-in-Chief' to convert into floating Hospitals in the roads two of the three frigates which were expected, and which during their short run from Mongolia and Cavarna to Varna must needs have several deaths. I developed in a conference, and then in a letter, the reasons for this measure, one which the English put in force a few days after the conference. But in an army there are high responsibilities which wants of one single order cannot be permitted to monopolise; the two frigates were indispensably necessary for the operations of the Commander, and nothing remained but to extemporise Tent-Hospitals upon the southern shores of the roads, at the distance of five or six kilomètres from the town, upon sloping ground near good sources of water, and near a little Greek monastery, from which our two establishments took their name, blessed, I make bold to say, by the sick, and made glorious by the devotions of our Medical officers and their assistants, under the name of the Hospitals of the Monastery, Nos. 1 and 2.

"Two days subsequently, the progress of the epidemic compelled us to open a third and larger one, under the same conditions, upon the plateau of Franka. The following were the arrangements common to all of them:—Upon a dry soil, previously cleansed and beaten, there were established at the distance, where possible, of three or four mètres or more, quadrilateral tents, marquees of regulation form; and in default of these, Turkish tents of conical form, such as experience had brought into general use, as offering less surface to the wind, and imbibing less of the rain. These also received fewer patients, only three or four, whilst the others, constructed for sixteen men, admitted on an average eight patients. Both kinds of tents were double, that is to say, there were two tents one over the other, so as to double the thickness of the canvas, and to render it at all times less permeable to moisture and to the rays of the sun. A double tent is an excellent shelter, and well fitted for the summer season in hot climates; openings on opposite sides permit of their being rapidly ventilated; by gathering up the canvas like a curtain on the opposite side to the sun, aëration and a certain freshness of atmosphere is obtained. But it must ever be kept in mind as an important point, which I believe I have been the first to insist upon, that either the Turkish or the French tent, hermetically closed, becomes infected rapidly like any other enclosed place, like a room without an aperture. This remark, made in my official reports at that period, has only acquired the force of an axiom for the whole world, since the cruel proofs of it afforded by the typhus which terminated the campaign in the East. As to the supply of bedding and attendance, nothing could have been more simple; mats extended upon the earth, the rushes composing which lay in parallel rows, and bore the pressure of the back of the cyanosed cholera patients; good coverlets, camp-cans for the ptisan, which were carried round every ten minutes by detachments of attendants; a field-tent dispensary, the medicine and administration being multiplied by ingenious devices, under the sympathetic encouragement of all the superior authorities of the army of the chivalrous Marshal Saint Arnaud, who was in the habit of visiting these extemporised Hospitals with a kind of predilection, and of the Intendant-General Blanchot, who set the example of self-denial and of the most useful activity, almost under the eye of the Emperor, whom his paternal vigilance and solicitude made present in our midst. Here, gentlemen, was that which will never be effaced from the memory of those who participated actively in the matter. Never were the affairs of a large Hospital, amply provided with all the necessary appliances, carried on in a more orderly manner or more skilfully.

To be continued.)

REVIEWS.

The Asclepiad. Clinical Essays. By Benjamin W. Richardson, M.A., M.D., Senior-Physician to the Royal Infirmary for Diseases of the Chest. Vol. I. 8vo. cloth. Pp. 272. Illustrated with Four Plates. London: Churchill. 1862.

With much pleasure, and no less confidence in its favourable reception, we have to introduce to the notice of the Profession the first volume of a new serial work by Dr. Richardson. We can honestly accord to it the merit of furnishing a positive addition to our stock of knowledge on the subjects it professes to treat—a merit which, if the aim, is certainly not the luck of many a new book to possess.

In his Preface the author states his intention to bring out, in occasional volumes similar to the one now presented, a series of essays on subjects relating to Medical Science in its various departments; and "to weave into the subjects discussed such matters bearing on the current theories of Medicine as shall tend to open the way to new and more comprehensive views, and to a sounder and more rational practice." He hopes to be able to publish one, if not two such volumes each year.

The diseases and symptoms discussed in the present volume are some of rare, some of common occurrence, but *all* of the deepest interest to the Medical Practitioner. They are: (1) subclavian murmur; (2) a diseased condition of the nails; (3) reduplication of the second heart-sound; (4) scarlet fever; (5) pulsatile pulmonic crepitation; (6) uræmic coma; (7) cardiac apnœa.

These subjects are treated all on a uniform plan. The author first cites and analyses instances of the disease observed by himself, and thence deduces his theory as to its cause and exact character. Then follows its diagnosis, both absolute and differential; this is given in each case with admirable clearness, fullness, and conciseness. Lastly come its bearings on practice, and its treatment. Each step in the investigation of the subject is discussed independently of the others, and is introduced with a special heading in bold type—an arrangement, by the way, which renders books far more easy and pleasant to read, as well as more valuable for the purposes of casual reference.

Want of space forbids our doing more than notice very briefly some of the principal points made out in each essay. To convey to our readers an adequate notion of the author's happy style and mode of treating his subject, we must refer them to the book itself. It is worth reading, if only to study the masterly manner in which facts and cases are analysed, and the extreme caution with which they are made the basis of inference.

The first, third, and fifth essays, are attempts to throw light upon three stethoscopic sounds hitherto imperfectly understood; and so satisfactorily has this been done by the author, that he has left very few points connected with these phenomena which require further elucidation. These three essays, together with the one on "Cardiac Apnœa," we cannot too strongly recommend to the careful perusal of every one who has to diagnose and treat diseases of the chest.

Subclavian Murmur, according to the usually received explanation, is caused by pressure exerted on the subclavian artery *by a portion of solidified lung* raised during inspiration. The author shows that this explanation, though correct as far as it goes, is insufficient to meet all cases, since the murmur is often heard without any accompanying disease of the lung structure; and he proves very conclusively that in such cases the murmur is due to pressure exerted on the artery *by the subclavian muscle.*

Reduplication of the Second Heart Sound is a rare phenomenon. The author, in his large experience, appears to have met with it only three times. He is led to attribute it to disturbance of the balance between the pulmonic and systemic circulations. Owing to some obstruction to the current of blood from the right side of the heart to the lungs (as, for instance, in lung-congestion), there sometimes ensues a want of simultaneous action in the aortic and pulmonary semilunar valves, and "the common sound produced by their tension is not struck in the same period." This, by the way, seems to us the only manner in which "the balance of the circulation" can really be said to be "disturbed." The words are ordinarily used with a very vague signification, denoting often merely excess or deficiency of blood in some part or parts of the body.

Pulsatile Pulmonic Crepitation.—By this he means "a stethoscopic sign in which, without any indication of pneumonia or tubercle, a crepitant sound connected with pulsation is presented to the ear." Some years ago, Dr. Richardson had the honour of being the first, if not to recognize, at any rate clearly to describe, and partially to interpret this peculiar auscultatory phenomenon. He at that time attributed the sound to the action of the *heart* on a tongue of lung. Subsequent observation has satisfied him that the sound may be produced by *other* pulsating structures also.

Cardiac Apnœa he defines to be "a form of breathlessness often terminating in death, which is due to the fact that, in the cases in which it is presented, the pulmonic current of blood is being withdrawn from the air." The various pathological conditions of the circulation, of which cardiac apnœa is the accompaniment, have been hitherto by no means fully recognized and understood. In this essay they are clearly enumerated and illustrated each by a typical case. Fresh light is thus thrown on the cause, nature, diagnosis, and treatment of this most distressing affection. The Practitioner and the scientific Student of Medicine will find in this essay a mass of valuable information and practical hints.

A Diseased Condition of the Nails, known in France as "Psoriasis of the Nails," is described, and illustrated by an excellent coloured plate. It is of rare occurrence, not necessarily of syphilitic origin, and hard to cure. The most successful remedy seems to be arsenic.

Contributions towards a more Perfect Clinical History of Scarlet Fever.—This essay embodies the result of much laborious and original research on several questions relating to scarlet fever. The influence of age, sex, and meteorological condition, on the disease; its recurrence in the same person; its various types; its occasional complication with rheumatic fever; the nature and mode of action of its poison; the treatment;—all these questions are discussed with results which furnish no mean contribution to our present stock of knowledge about this disorder. The investigation of the *mortality* of scarlet fever, as compared with that of the other zymotici, shows it to be a greater scourge to this country than is generally suspected. The author proves from the Registrar-General's Returns, that more people are carried off by scarlet fever than by any other zymotic except "typhus." He furthur states his belief that, if the returns under the head "typhus" were more correctly made, scarlet fever would prove to have the highest mortality of *all* the zymotici. The rational, and at the same time most effectual *treatment* he holds to consist (1) in encouraging free elimination by the skin with the hot air-bath; (2) in combating the tendency which there is in this disease to a deposition of fibrine in the right cavities of the heart. The medicines, according to our author, best adapted to this purpose are acetic acid and ammonia, both of which possess the property of holding the fibrine of the blood in solution. They may be used separately or combined, as in the liquor ammonia acetatis of the Pharmacopœia. (3.) Beyond the use of deodorising gargles, and clearing out the fauces with a piece of lint or sponge when excessive secretion threatens asphyxia, he does not advocate interference with the throat. "While," says our author, "I can recall no case in which the throat improved under any treatment while the general systemic mischief remained, I have never seen a throat that did not recover when the general symptoms led the way to convalescence."

Uræmic Coma.—This essay goes deeply into the subject of the exact nature of the poison in uræmia, a question which Dr. Richardson's well known "Researches on the Blood" singularly qualify him to investigate. He comes to the conclusion that the symptoms of uræmic coma are dependent on urea acting primarily as a poison, and not (as Frerichs maintains) on its resolution into another poison, viz., carbonate of ammonia. The part of this essay which concerns the diagnosis between uræmic coma and the coma of apoplexy, epilepsy, and certain kinds of narcotic poisoning, will be found to repay careful study. Cases such as these are sometimes among the most trying in a Medical man's practice. Summoned suddenly to the bedside of a patient lying comatose and convulsed; unable to glean but a most imperfect history of the case, and that perhaps calculated to mislead him; with no second opinion within reach; he has then and there to make and act upon a diagnosis, the correctness of which may materially affect his patient's chance of recovery as well as his own reputation.

The *Treatment* of uræmia, both medicinal and dietetic, is minutely explained. Stated generally, it amounts to encouraging free elimination by the skin and bowels, and giving the kidneys as little to do as possible. The eliminative action of the skin he would promote by daily ablution, active exercise, and in urgent cases the hot air-bath; that of the bowels, by (1) purging in case of constipation, employing for this purpose the simple vegetable and saline aperients,—never mercurials; (2) not checking diarrhœa, unless profuse, and then employing styptics, such as tannin, gallic and sulphuric acid,—never opium. Mercury, opium, and diuretics, he condemns *in toto* in this disease, as being contra-indicated by experience and physiological reasons.

The treatment just mentioned is, after all, merely preventive. When the attack of coma is fully developed, when the skin and bowels cannot any longer be got to act, and the patient will not come round, lying hour after hour comatose and convulsed, is there nothing more to be done? The author states his conviction that in such cases, provided "the patient is not excessively fat, nor yet poisoned with mercury, nor extremely emaciated, there is one, and only one, remedy to be adopted, and, 'evil be to him who evil thinks,' that remedy is none other than a free abstraction of blood." He related some striking cases illustrative of the value of this treatment, and defends it likewise on physiological grounds. We confess that our own practical experience has for some time past convinced us of its efficacy.

It would be unfair to conclude without noticing the beauty of the type, and the taste with which this volume has been got up.

COUNCIL OF THE COLLEGE OF SURGEONS.—Mr. Tatum and Mr. Cock are the Members of the Council who retire by rotation in July of the present year. Any speculation as to the results of the elections which will follow, or even as to the names of the candidates who may be brought forward, must be considered at present as premature. The Fellows of the College will be duly apprised in time to nominate their respective friends as candidates.

THE MOVEMENT AGAINST THE INCOME TAX.—The Birmingham Income Tax Repeal Committee have issued the following declaration, which they recommend should be adopted by the different electoral constituencies:—"We, the undersigned electors of the borough of Birmingham, declare that we will make secondary for a time all other political questions, and vote only for such candidates for Parliament as will heartily and resolutely, on every practicable occasion, advocate the total and final repeal of the Income Tax, and the substitution (if direct taxation be necessary) of an equitable Wealth Tax, whose administration shall be so regulated as to pay decent respect to the rights and feelings of the people." Few classes of the community are so much interested in this question as our own Profession, and now that the Income Tax threatens to become permanent, we think that Medical men of all shades of political opinion may well join in any movement which would relieve the country of an impost which the present Chancellor of the Exchequer has taught us to consider "unjust, unequal, and inquisitorial."

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

ON THE REMOVAL OF A LIVING CHILD FROM A DYING MOTHER.

By Professor ESTERLE.

Dr. Esterle, Professor of Obstetrics at the Maggiore Hospital, Novara, in the present essay brings a very important subject under the notice of the Profession, viz., the best means of saving the life of the child when the mother is the subject of a fatal disease. He points out the conclusion to be drawn from statistical researches, that the Cæsarean section, when performed post-mortem, rarely attains this end; and if Lange's figures be correct, it does so to a less and less extent, inasmuch as prior to 1700 as many as 70 per cent. of the lives of children so delivered were saved. Since 1800, there have been scarcely 2 per cent. rescued. All the information Esterle has been able to acquire from his own inquiries tends to show the rarity of the birth of living children being the result. Precious time has been lost, and before its liberation the fœtus is either dead or so enfeebled as to present little chance of continuing to live. His own procedure consists in delivering the child by the natural passages prior to the death of the mother; but he does not recommend its being indiscriminately carried into effect, and he lays down the following indications and contra-indications:—1. The extraction of the fœtus should be undertaken whenever the parturient woman is in such a condition that her death may be pronounced inevitable and imminent, the child being alive and at a viable age. 2. No operation should be attempted during the last moments of the life of the mother, unless indeed she is in a state of complete insensibility. 3. It should also be renounced when her powers are so exhausted that her death might take place during its execution. 4. When the imminent death of the mother cannot be predicted with certainty, but is only highly probable, we may operate when the procedure, executable without violence, not only is not likely to prove hurtful to the patient, but may even benefit her, and when the nature of the disease or the signs derived from auscultation indicate that the life of the child will be lost. 5. Pelvic deformities contra-indicate the operation in proportion to their degree and the epoch of the pregnancy. 6. The delivery should never be executed without the consent of the patient or of her representative. 7. The determination as to the probability of imminent death should always, when possible, be the subject of a consultation. To the objection that it is an act of cruelty to torment a woman with the pains of delivery just at her last moments, the author replies that it would be still more cruel to allow a child to perish who could be saved without any real aggravation of the condition of the mother, who, too, would almost always be found most desirous that the attempt at saving her offspring should be made. In many of the cases where this means is indicated, the woman is also in a state of complete insensibility.

The procedure will generally consist in the performance of version and extraction of the child, and fortunately it is often found in the last hours of life, without any sensations of the woman having indicated the fact, that the genital organs become so changed in condition as greatly to facilitate the operation; and, indeed, in such cases delivery is sometimes spontaneously in part or quite completed just before death,—Nature almost seeming to indicate the mode in which the child's life should be sought to be saved. Forced dilatation, or, what would be preferable, incisions are therefore rarely required. Where the case is not excessively urgent on the part of mother or child, and when the parts are not sufficiently disposed to allow of delivery being easily effected, they may be rendered so by the introduction of a bladder or caoutchouc filled with tepid water, or labour may be provoked by introducing an elastic syringe within the uterus. In some cases the forceps may be opportunely employed. It will not do to wait until the number and strength of the fœtal pulsations have become notably diminished, when the period of successful interference may have passed away. Even on the mother's account, too long delay is unadvisable, as leading to precipitancy. In the diseases in which the death of the child ordinarily precedes that of the mother (as cholera, phthisis, hæmorrhage, acute exanthemata, dropsy, cerebral inflammation, eclampsia, syphilitic and cancerous affections, and lead poisoning), promptitude is still more called for. This is especially the case in cholera, although death can here only be predicted as probable; for numerous observations have shown that many pregnant women who have been delivered have recovered, while all, or almost all die who still retain the fœtus in utero.

In conclusion, Professor Esterle refers to five cases which have come under his notice in which this practice was resorted to, with the result of saving three living children; and he refers to Roser's case in which the Cæsarean operation was performed just before death, the child being saved; so that of the six children four were saved, a result incomparably superior to that produceable by the Cæsarean operation when performed after death.—*Omodei's Annali*, November, pp. 317—332.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

◆

FRANCE.

Paris, April 1.

A NEW REMEDY FOR ADIPOSITY.

M. Duchesne-Duparc has directed the attention of the Medical Profession to the curative powers of the sea-weed *Fucus vesiculosus*, which was in former times much employed in scrofula and bronchocele, but which has been almost entirely forgotten after better preparations of iodine had come into general use. M. Duchesne recently administered the fucus in cases of obstinate psoriasis, for which its effects had been much vaunted. The psoriasis did not improve; but it was noticed that the patients who took this medicine became much emaciated, although they suffered neither from indisposition nor disturbed digestion. The diuresis was at the same time much increased, and if the urine was allowed to stand, a blackish layer formed on its surface. M. Duchesne thereupon prescribed the fucus for stout persons who wished to lose some of their superfluous fat, and was rewarded by the happiest results. Although the structure and the chemical composition of the different kinds of fucus are almost identical, and it might therefore be thought that it would not make much difference which species of it was employed, M. Duchesne insists that it is only the fucus vesiculosus which produces the effects mentioned. It may be administered either in a decoction, to be taken between and during meals; or, as the taste of this is very bad, in an extract made by water and alcohol, of which from three to four grammes (48 to 64 grains) are given per diem. After two or three weeks, the action of the medicine becomes manifest; more urine is passed, a blackish layer is formed on its surface, the appetite becomes increased, and emaciation follows. I hear that, in consequence of this discovery, M. Duchesne is at present the *enfant gâté* in many a Parisian drawing-room, whose fair mistress is obliged to him and his fucus for the disappearance of a too copiously-developed pauniculus adiposus, which is by Parisian ladies shunned more than the plague.

CARBONIC ACID FOR WOUNDS.

Messrs. Demarquay and Leconte have brought before the Academy the experiments made by them with carbonic acid and oxygen in the treatment of obstinate old wounds. They employ an apparatus of caoutchouc, in which the diseased part is placed, and which can be made to communicate with a gasometer, from which gas is driven into the apparatus. The gas is either left in contact with the limb for twenty-four hours, or it is renovated every six or eight hours. The physiological effects produced by the carbonic acid are as follows:—The patient perceives a sensation of heat and tickling in the whole extent of the limb subjected to the action of the gas, and more especially in the wound; hyperæmia of the skin is produced; the secretion of the wound is increased, and its colour improved. Better granulations are formed after some time, and cicatrisation is quickened. The effects of oxygen are much more exciting than those of carbonic acid gas. Both should not be employed in fresh wounds, but merely in such as have persisted for some time, and are of an obstinate and atonic character. It is only just to observe, that Messrs. Dobson and Graefe have long ago reported the same results of the application of carbonic acid to wounds; still, some credit is due to Messrs. Demarquay and Leconte for having again directed the attention of Surgeons to a valuable means of treatment, which should not be so much neglected as is actually the case.

LIVERPOOL.

LIVERPOOL, April 9.

THE importation of small-pox cases from America, which I mentioned in my last letter, does not appear to have caused the mischief which might have been anticipated. Zymotic diseases altogether have been lately rather below than over their average amount, excepting measles, which, about a fortnight since, caused a mortality just three times that which is the average from this specific cause. There have been a larger number than usual of cases of small-pox among children at the Workhouse, but this was due to the fact that a child who had received the small-pox infection was admitted into one of the sick children's wards. As soon as the symptoms showed themselves, the child was removed, and all the other little patients were vaccinated. Several were found not to have been vaccinated before, and in some of these variola developed itself; and there was seen the curious phenomenon of the evolution of the vaccine pustules and those of the genuine small-pox at the same time.

One of the most animated discussions which have occurred this Session at the Medical Society, originated in reference to some short notices, by Dr. Vose, of eleven cases of acute inflammatory disease treated by stimulants. These cases, eight of which were pneumonia—in some instances complicated with pleurisy,—two pericarditis, and one erysipelas of the head, were neither bled, mercurialised, or antimonialised; but simply stimulated, and they all got well. In detailing them, Dr. Vose carefully avoided pledging himself to the stimulant plan, or to any exclusive plan of treating this class of maladies; but adduced his cases in evidence of the value and safety of stimulants, not only when the disease and the patient are becoming exhausted together, but in the earlier stages and while the patient is comparatively in a good condition.

As might be expected, the consideration of this subject elicited some diversity of opinion. With regard especially to the treatment of pneumonia, several members recorded their experience in favour of venesection in the healthy and plethoric, and in favour also of the moderate use of antimony. One most important point referred to was the question whether experience shows that a patient for whom large quantities of stimulants are ordered while he is constitutionally depressed, does or does not find a difficulty in abandoning the use of them when the necessity for their administration has ceased. The opinion of those who spoke on this subject appeared to be that, as a rule, a patient finds that with returning health he can diminish or abandon entirely the stimulants which he had been taking; but that there are exceptional cases in which the difficulty in reducing the quantity of stimulant taken is very great.

On March 20 an interesting paper was read by Mr. Hakes, on "Loosening of the Sacro-Iliac Synchondrosis after Labour." It opened with a *resumé* of recorded cases from the time of Ambrose Paré onwards, and then gave the details of a recent case in which the signs of this lesion were very marked. A lady, aged 21, was delivered of her first child, after a labour of not more than usual severity, on March 1, 1861. For about the first week she went on well, though suffering from some tenderness in both the iliac regions. On the 15th she got up and walked a little. 16th.—Began to suffer sudden and most violent paroxysms of pain, beginning at the back of the right ilium and extending to the toes, an aching pain remained in the intervals of the paroxysms. There was no visible swelling; the hip-joint could be moved freely; there was tenderness between the trochanter and spine. Tongue clean, pulse quiet, no rigors; quinine and opium were ordered. 17th.—Still very uneasy in every position; lying was most uncomfortable, sitting the most easy; would not stay in bed for more than an hour at a time; some constitutional irritation. By the 23rd she was beginning decidedly to improve; and by the 28th could walk pretty well on a smooth hard floor, but not on grass or gravel, on which the sinking of her feet made her unsteady. She could at times hear a distinct crack, and feel a movement in the back and a twinge of pain, referred to the right hip.

When examined standing, the right thigh was found slightly bent, foot inverted, puffy swelling between trochanter and sacrum, pressure along the right sacro-iliac synchondrosis gave pain. Fixing the sacrum and pressing the right os innominatum backwards, an audible crack, accompanied by severe pain, was twice produced. There was some tenderness on deep pressure in the right iliac fossa.

Complete rest, an anodyne liniment, and a bandage round the hips were ordered, and quinine and iron internally. The creaking sensation in the hip continued till April 7. At the beginning of May she could walk across the room; by the end of that month, would walk more than a quarter of a mile, though with an unsteady gait; by November she could walk two or three miles without limping, and she is now as well as ever.

I should also mention a paper by Dr. Shearer on "Oxaluria," in which the author questioned whether this condition has any claim to the rank of a distinct disease, and whether, even as a symptom, its importance has not been much overrated. In support of his opinions on these points, Dr. Shearer adduced sixty-one cases,—of phthisis and bronchitis, 7 each; Bright's disease, aneurism, paralysis, articular rheumatism, and neuralgia, 4 each; pleurisy and its results, syphilis, and cerebral disturbance, 3 each; cirrhosis of liver, spermatorrhœa, skin disease, heart disease, hysteria, and hypochondriasis, 2 each; and of chronic vomiting, enteric fever, laryngitis, lactation, cancer, and scurvy, 1 each.

In a case of sciatica the oxalates were present for forty-two days; in one of aneurism for thirty; in one of phthisis the same, and then gave place to albumen in large quantities; in one case, albuminuria and oxaluria co-existed, and in two slight albuminuria was supplanted by oxaluria.

In all these cases there was some derangement of the digestive functions; in all of them oxalates were present in the urine, but in only two or three did there appear any relation between the presence of these salts and the disease of the patient. Dr. Shearer believed oxaluria to indicate simply a condition during which the assimilation of food is impaired, and that this condition may arise from the most widely different causes.

A successful case of ligature of the common iliac artery is now in one of Mr. Bickersteth's wards at the Royal Infirmary. The patient, aged 39, is a boiler-maker, strong and well made. He noticed about three months before the operation that walking often gave him pain in the right groin, and he had to stop and rest his foot on something above the level of the ground; and three weeks before his admission he noticed a swelling in the groin. The case was clearly one of aneurism involving a great portion of the external iliac artery. The common iliac was tied on March 4; the ligature came away on April 6, and the man is doing thoroughly well.

An interesting case of aneurism of the abdominal aorta was brought before the Medical Society at its last meeting by Dr. Gee. The patient, a sailor, aged 43, was admitted into the Workhouse Hospital on March 12. He presented then a strongly pulsating tumour, the apex of which was at the umbilicus. Its diameter appeared about six inches. He had had fever and ague ten years since, and a fall into a ship's hold three years since. Last August he suffered for forty-eight hours from weakness and numbness of his legs. On March 31 the aneurism gave way and he died. *Post-mortem.*—The aneurism was found to proceed from the aorta just above the superior mesenteric artery, it had opened into the duodenum by an aperture about the size of a florin. The lower portion of the duodenum was filled with a fibrinous mass, which was exactly modelled to the internal surface of the intestine, thus taking an accurate cast of all the valvulæ conniventes. The right renal artery appeared to have been partially obstructed by the pressure of the tumour, and the kidney on that side was atrophied, its fellow on the opposite side being correspondingly enlarged.

The case of an Albino woman, now in the Lying-in-ward of the Workhouse Hospital, is interesting in a physiological point of view; her hair, eyes, and skin are completely devoid of pigment, and there does not appear even a trace of it in the areolæ around the nipples, which are faintly pink. She has been recently delivered of her ninth child, a fine healthy-looking infant with dark hair and eyes, and it seems that all her children have taken after their father, who has a dark complexion.

I should not close this letter without mentioning, though it can scarcely be called a piece of Medical intelligence, the dinner given by the Mayor to the Honorary Medical Officers of the various Institutions of this town. The toast of the evening—"The Medical Profession"—was proposed by the Mayor in very cordial terms, which, coming from one who has taken a practical interest in the working of the Infirmary, and knows by personal observation what the work of Honorary Medical Officers really is, were not mere vague compliments, but the hearty and kindly recognition of the value of their services.

GENERAL CORRESPONDENCE.

RICH *v.* PIERPOINT.

LETTER FROM DR. GUSTAVUS MURRAY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to say a few words in answer to your comments on the above case. I knew nothing whatever of the parties concerned in this trial; I was called upon, and a case laid before me in which it was stated that a lady had been grossly neglected during her confinement; and having heard all the particulars, and believing them to be true, I was induced to promise to give my opinion at the trial on the evidence which had been laid before me.

Being subpœnaed, I attended, and solely on the hypothetical case put to me by counsel I gave evidence. Had I known before I went into Court as much as I did at the termination of the trial, nothing should have induced me to have appeared as a witness. I sincerely congratulate Mr. Pierpoint on the issue of the case, and have much pleasure in contributing £2 2s. to the fund opened on his behalf.

I am, &c.
GUSTAVUS MURRAY, M.D.
Physician to the British Lying-in Hospital.
Green-street, Grosvenor-square, April 14.

[We have much pleasure in publishing the above letter. Dr. Murray was evidently misled, but has taken the earliest opportunity of acknowledging his error.—ED.]

[To the Editor of the Medical Times and Gazette.]

SIR,—On the evening before the trial of Rich *v.* Pierpoint, a stranger called upon me and placed a subpœna upon my table. He offered to give an account of the case, but I was engaged, and would not allow him to proceed, expressing my resolution to have nothing to do with the trial. He stated that the penalty would require to be paid by me if I did not attend. On arriving at Kingston, and hearing the details of the case from both parties, I urged a compromise, expressing strongly my opinion that the case should not be allowed to come into Court. The action, however, was not stopped, and I was warned not to leave the Court until the trial was over. In compliance with this I remained, and heard the evidence adduced on the part of the plaintiff. Upon this and the Medical evidence I endeavoured to form a conscientious opinion, which I delivered before the jury. Whether my evidence was in favour of the plaintiff or defendant I will leave the members of the Medical Profession, the judge, barristers, and jury to decide.

I am, &c. R. LEE.
4, Savile-row, April 16, 1862.

[We are also glad to publish Dr. Lee's letter of explanation; but it is to be regretted, we think, that he should have felt himself justified in recommending a compromise, which would not have exculpated Mr. Pierpoint, but would have saddled him with the costs and guilt of a merciless and unjustifiable action.]

PNEUMO-EMBOLIA (?)

LETTER FROM DR. McLEOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—In dissecting the brain of a female, about forty-two hours after her death, my attention was arrested by a peculiar appearance of the encephalic vessels, which I found on more careful examination to result from the presence of air in them. The appearance in question was an alternation of light and dark in the course of the vessels. At first I attributed it to scantiness of blood, collapse of the walls of the vessels at intervals, and a consequent interruption of colour from the partial absence of coloured contents. But I found that at the site of the lighter spots, the vessel was rather rounder and fuller than elsewhere, so as to present a moniliform appearance, that light and dark spaces moved along unchanged in relative length when urged through the vessel, and that when the vessel was cut across, and the contents forced out of it, the air appeared in the form of bells of different size, which burst soon after their escape. This condition was observed in all the arteries of the brain, and extended to very small ramifications of them. Anterior, middle and posterior cerebral arteries presented the moniliform aspect through trunk and branch, and the vertebral and its lateral offsets likewise showed the same peculiarity, though not to the same extent. The air, indeed, exceeded the blood in bulk, and the air spaces were equal to or longer than the blood spaces. In the veins, too, air cylinders and bells were apparent, escaping out of the divided mouth of the vessels, floating to the surface of the discharged blood and then bursting; but the air here was more scanty, and the blood decidedly predominant. Anxious to ascertain whether the condition existed elsewhere, I examined the orifices of the carotids, iliacs (artery and vein), coronary arteries and veins, pulmonary arteries and veins, and cut down on the humeral and femoral, and in all when blood was exuded, air bubbles, in some places of large size, escaped and burst.

The case was one of puerperal mania, followed by a long period of chronic mania, and ultimately declining into dementia. Physically the patient was affected by acute phthisis, or tubercular degeneration of the lung, occurring in an individual of strong arthritic tendency, the organ while thus disorganizing having undergone inflammation of its serous covering and parenchyma of the plastic and progressive character.

Ten hours before death, collapse, supposed to result from the rupture of a vomica, came on, and the patient, after lingering in coma, died at the end of that period. On examination, no ruptured vomica was discovered; both apices were found riddled with cavities. The lungs were universally tubercular, hepatised, or enlarged, and the pleura either in a state of firm adhesion of opposed surfaces, or recent inflammation. Very interesting pathological conditions of other viscera were observed, which it would be out of place here to detail.

The important question is, How came the air into the systemic vessels, or the pneumo-embolia, as I have ventured to designate it? The most obvious theory, and that which I have adopted, is, that in the lung disorganisation,—one or more of the air-ducts communicated with one or more of the branches of the pulmonary veins, or both communicated with a vomica. Hence the air in the arteries, and its presence there in greater quantity. That air injected into arteries finds its way into veins I have seen proved by experiment.

My principal object in writing now is to enquire whether this pathological phenomenon, and this as a mode of death in phthisis or any other disease, has been observed or recorded? and, if so, where? The effects of the entrance of air into the systemic veins are well-known facts; but the condition, as far as I am aware, is of traumatic and accidental causation.

If I am alone in the observation of the state of matters above detailed, I shall be glad to lay before you a more minute detail of pre-mortem phenomena and post-mortem appearances, which have been the subjects of observation of the Medical Superintendent as well as mine.

I am, &c.
KENNETH McLEOD, A.M., M.D.
Assistant-Medical Superintendent.
Durham County Asylum, March 20.

POOR-LAW MEDICAL REFORM.

LETTER FROM DR. FOWLER.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you kindly insert the subjoined scheme in your next impression? It embraces, I believe, all the main requirements of the Poor-law Medical Officers, leaving all details to be worked out by the Executive.

One word as regards the Remuneration Clause. It is based on the idea that the administration of the Poor-law is but an extension of the operation of ordinary Benefit and Sick

Societies; that whereas these Societies pay their Medical Officers so much per member per annum, whether ill or well, so does the total number of paupers relieved represent the individuals who have been, and who are entitled to be recipients of the services of the Union Medical Officers.

The second element of the basis is intended to obviate, in the least objectionable mode possible, the alleged varying ratio of sickness to pauperism in different localities.

The sums I have stated would, I believe, produce a remunerative minimum in all the Metropolitan (and perhaps in other similar) Unions. In purely country districts, I believe that double, or, in some few cases, treble, the rates of my two first elements will, in conjunction with the third element, be adequately compensative.

With the assistance of the Union clerk, any gentleman can readily calculate what the figures, say of the half-year just ended, would produce as his next half-year's salary, according to my plan.

I shall be but too glad to receive, either publicly or privately, the opinions of my Poor-law brethren on this my scheme. I firmly believe that in its operation it would, on the one hand, prevent the indiscriminate issue of orders which results from the present system of fixed salaries; and, on the other, would invalidate the objections to the per-case system of payment,—viz., the imputation that the Medical Officers could manufacture cases, and that the poor would suffer the greatest hardship and oppression by reason of the increased difficulty of their getting orders.

I am, &c.
ROBERT FOWLER, M.D. Edin.
145, Bishopsgate-street, April 7.

"*Heads of a Scheme for a Suggested New Arrangement of Medical Relief,*" *by Robert Fowler, M.D. Edin., District Medical Officer of the East London Union.*

"1. Every Medical Officer already appointed, or to be appointed after shall 'continue in office until he may die, resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Board.'—(*Select Committee of the House of Commons on Medical Relief in* 1854.)

"2. After 'no person shall be qualified to be appointed to the office of Medical Officer, unless he be registered and shall be qualified by law to practise both Medicine and Surgery.'—(*Order of the Poor-law Board, December* 10, 1859.)

"⁂ Subject to the provisions of *Article* 169, *General Consolidated Order, July* 24, 1847.

"3. 'The Contract with each [District] Medical Officer shall be to this effect: that he will attend, when applied to, any poor person in the [District] for which the contract is made, viz.: — *Without an Order*, in the Class of — I. Those who are on the permanent relief list. II. Those who are in receipt of temporary relief, either for the head of the family, or any member of it. III. Urgent cases, whether of resident or casual poor. *With an Order*—Any poor person named in such order.'—(*Honourable T. Sotheron Estcourt.*) 'A list of persons comprised in the two first-named classes shall be furnished to the Medical Officer, and revised every three months.'—(*G. F. Wills, Chard and Yeovil; Griffin, Weymouth.*)

"4. Orders for Medical relief shall be given as at present.

"5. 'If in any of the three first-named classes, the Medical Officer has grounds for doubting whether the applicant has not sufficient means to provide Medical attendance at his own cost, he may require such applicant to produce an order before he gives his attendance.

"6. 'If the Medical Officer shall have attended a case, and the Guardians shall afterwards determine that the further attendance of the Medical Officer, at the charge of the [Union or] Parish, ought not to be given; such case shall, notwithstanding, be reckoned as one case in the [half-]yearly total.

"7. 'Each Medical Officer shall make a weekly report to the Guardians of the cases under his care, and shall attend the Board when summoned, as at present.'—(*Honourable T. Sotheron Estcourt.*)

"8. District Medical Officers shall have a similar power of ordering any necessary diet or clothing for out-door paupers under their care, as is conceded to the Medical Officers of Workhouses in *Articles* 108 *and* 207, *General Consolidated Order, July* 24, 1847.

"9. REMUNERATION.—Within fourteen days after March 25, and September 29 in every year, the clerk to each Board of Guardians shall calculate the salary for the half-year *next* ensuing, of every separate individual Medical Officer of the Union or Parish, upon the following basis:—(a) I. Not less than (say 10d.) per head of the (b) total number of paupers relieved during the past half-year, in the District or Workhouse of the Union or Parish. (a) II. An additional sum per head of the same number, when the amount of cases of illness in the District or Workhouse has, in the past half-year, exceeded (say 25) per cent. of the total number of paupers so relieved, according to the following scale:—

Ratio of Sickness.		Per head of the number of paupers relieved half-yearly.
Over.	Under.	
25 per cent.	35 per cent.	(say .. .. 1d.)
35 ,,	50 ,,	(say .. .. 2d.)
50 ,,	60 ,,	(say .. .. 3d.)
60 ,,	75 ,,	(say .. .. 4d.)
75 ,,	85 ,,	(say .. .. 5d.)
85 ,,	100 ,,	(say .. .. 6d.)

III. An additional gross sum to be fixed by the Guardians with the sanction of the Poor-law Board, as a remuneration in respect of the distance which the Medical Officer may have to travel in attending the sick poor, or in respect of other local circumstances.

"⁂ (Say one-third) of the whole salary (calculated as above) of every individual Medical Officer of a District or Workhouse, shall be deducted whenever the Guardians find all the drugs in such District or Workhouse.

"10. 'A table of fees for Midwifery and Surgical operations, and a list of more expensive drugs and appliances shall be drawn up by the Poor-law Board, with the advice of the Medical Council appointed under the new Medical Act. Every Medical Officer appointed to attend any Workhouse, town or country [district], shall, in addition to his salary or other remuneration, be entitled to his fee according to such table, after attending a case included in it; and any such Medical Officer shall be at liberty to direct any drug or Surgical appliance included in such list to be made up and supplied by some chemist approved by the Guardians, or at their own Dispensary, if they shall have established one.'—(*Honourable T. Sotheron Estcourt.*)

"11. Medical Officers shall have access, after the first fourteen days following March 25 and September 29, to the 'Pauper Classification Book' (*Schedule B., Form* 15), the In-door Relief List (*Schedule C., Form* 22), and the Out-door Relief List (*Schedule D., Form* 34, *General Order, March* 17, 1847.)

"12. Each Medical Officer shall indicate, by a figure in red ink, the entry of every fresh case reported in his Medical Relief Book. The same sick pauper shall be counted but once as a case of sickness during the half-year.

"13. Each case of sickness extending after March 25 and September 29, shall be considered as a fresh case in the ensuing half-year. But all extra fees for Midwifery and Surgical operations shall be payable but once, with respect to the same person, and in consequence of the same cause or injury.

"14. That a system of superannuation should be given to worn-out Union [Medical] Officers giving the whole of their time to the service of the Union, on the scale of the Civil Service Superannuation Act, and subject to the like restrictions as are contained in the said Act.'—(*Report of the Select Committee on Irish Poor Relief*, 1861.)

"145, Bishopsgate-street Without, February 20."

HONOURS TO COLONIAL MEDICAL MEN.—The *St. George's Chronicle and Grenada Official Gazette* announces that Dr. William Wells has been unanimously elected to the Speaker's chair in the House of Assembly. Dr. Wells was proposed by Mr. Aird, the senior member of the Assembly, and seconded by Mr. Sinclair. The choice of the House was subsequently approved by his Excellency the Lieutenant-Governor.

(a) In purely country districts double, or in some few cases treble, these minima rates.

(b) Omitting the "Non-resident paupers not in the Relief Lists."

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 8.

DR. BABINGTON, President, in the Chair.

A PAPER, by Dr. G. M. HUMPHRY, was read on

THE INFLUENCE UPON THE GROWTH OF THE BONES OF PARALYSIS, DISEASE OF THE JOINTS, DISEASE OF THE EPIPHYSIAL LINES, EXCISION OF THE KNEE, RICKETS, AND SOME OTHER MORBID CONDITIONS.

The paper consisted chiefly of the account and measurements of numerous cases and specimens, and the following are the principal conclusions:—Paralysis is usually attended with a deficiency in the growth of all the bones of the part affected; this is most marked in the segments where the paralysis is most complete. Its effect, however, is very irregular. Disease of an important joint, causing anchylosis or preventing movement in the joint, is often attended with imperfect growth throughout the limb, most marked, however, in the segments contiguous to the diseased joint. It is probable that anchylosis of the hip, in childhood, may induce deficiency of growth on that side of the pelvis, and so be a cause, in the female, of difficult parturition. The Author has not, however, been able to substantiate that point, and would be obliged by information bearing on the question. Disease in the epiphysial lines of bones deserves more attention than has usually been given to it. It is often, though not always, followed by impairment of the growth of the bone affected, and sometimes of the whole limb. It is most frequent and most deleterious at the lower end of the femur, where the growing process is more active and longer continued than in any other part of the body. In a segment of a limb where there are two long bones, as the forearm or leg, and one of them is stunted by disease, the other commonly is so too, but not necessarily. Thus the fibula sometimes outgrows the tibia, and runs below, or ascends above, its proper level with regard to it. Excision of the knee, if the epiphysial lines are removed, is followed by marked arrest of growth in all parts of the limb. If the epiphysial lines are spared, the growth, in most instances, keeps pace with that of the opposite limb. In some cases this is not so, owing, perhaps, to the effect of the preceding disease upon the limb, or to the epiphysial lines becoming involved and destroyed in the suppurative processes that follow the operation. Hence the proper growth of the limb, after excision, cannot be calculated on with certainty in any particular case. Still the short limb, even when there is a considerable difference between it and its fellow, is commonly so useful that the fear of arresting the growth of the limb is not a fatal objection to the operation in young subjects; and, after the age of fifteen or sixteen, it need scarcely to be taken into account. Rickets is characterised by a want of proper growth in bones, even more decidedly and more uniformly than by preternatural curvatures in them. The imperfection is commonly noticeable, more or less, in all parts of the skeleton; but is most marked in the limbs, and most of all in the proximal segments of the limbs. These segments of the limbs—*i.e.*, the thigh and the arm, grow more quickly after birth than other parts of the body; and the want of growing power attendant on rickets tells accordingly in a peculiar manner upon them. A bulging and knottiness at the epiphysial lines is a common feature in rickets, and is apt to be mistaken for swelling of the ends of the bones, which is very rare, except in the intra-uterine and infantile periods. This bulging is due to the calcification of the epiphysial stratum of cartilage not taking place in a proper manner, so that the part yields, or is squeezed out, and then undergoes ossification. The condition is most frequently observed at the lower end of the femur and at the upper end of the humerus.

The PRESIDENT said the paper was replete with interesting matter, and on very various subjects.

Mr. W. ADAMS said that there were many points of great interest in the paper, and though none of them were new, many were put in a new light; and though the influence of the various courses had been previously recognized, they had not been investigated in the minute way in which the Author had conducted his observations. Mr. Wm. Adams said that he had then under his care a case of inequality of the two sides of the body, the face, eye, ear, and, in fact, every part on one side being smaller than the corresponding parts on the other side. In rickets, Mr. Adams said, we have the lower extremities interfered with more than the other parts of the body, and get arrest of growth without necessarily deformity. It is, Mr. Adams said, of great importance to recognize the fact that there might be arrest of growth without deformity. He would add that he had found that the great cause of rickets was defective feeding.

Mr. BARWELL said that in the earlier part of the paper the Author had dwelt on the influence of paralysis and disease of joints in producing arrest of growth. Rest was of course a necessary attendant on both these conditions; and he (Mr. Barwell) considered that the arrest of growth was due to this rather than specially to the paralysis or to the disease of the joint. He asked the Author what method he had taken to ensure accuracy in his measurements. He (Mr. Barwell) had bestowed great care on measuring limbs in cases of disease of joints, but had never been able to estimate a difference so small as that of two lines, as mentioned in the measurement in the paper.

The AUTHOR agreed with Mr. Barwell that too great care could not be taken. In order to avoid fallacy in his own cases, measurements had been taken by other persons as well as by himself. As to the influence of rest, the Author said that it might be seen by watching other cases that rest had no great influence in producing arrest of growth. For instance, in fracture, a child might be in bed for months, or even for years, and yet there would be no arrest of growth of the limb. The Author then referred to other cases in which there was inequality of size on both sides of the body: one was mentioned in Dr. Brown-Séquard's *Journal de Physiologie;* and there was a skeleton in the Museum of Bonn in which this inequality was marked. He agreed with Mr. Adams that it was difficult to decide whether the inequality was due to arrest of growth of one side, or to increased growth on the other. The Author wished to know if any obstetrician had observed that in cases of anchylosis at the hip-joint there had been any difficulty in parturition from defective development of the pelvis.

Mr. HULKE said, in reference to the case of anchylosis of the lower jaw mentioned by the Author, that a case had recently been published by Professor Langenbeck, in which the jaw appeared to be fixed from too great length and abnormal direction of the coronoid process. By sawing off the coronoid process, the anchylosis was remedied, and fair movement was obtained.

Mr. MOORE said that it was well known that unequal growth of the same epiphysal line gave rise to altered direction of the tibia, and hence was often a cause of knock-knees. In reference to a case mentioned in the paper in which the tibia was bent very much backwards, he wished to ask the Author if there had been any previous fracture, or any separation of epiphysis, or if there was any scar over the skin in this position. Mr. Moore mentioned several cases in which injury and abscess in this part had produced a similar distortion.

Mr. BARWELL said, in reference to the Author's reply to his remarks, that the Author had in his paper given cases in which arrest of growth followed on fracture. He considered that these cases supported the views he (Mr. Barwell) held.

Mr. BIRKETT said that a year ago a woman, about 25 years of age, was under his care in Guy's Hospital, in whom there was shortening of one humerus, depending, he believed, on some defect in the epiphysis. She said that when three or four years of age an abscess formed in the region of the upper part of the humerus. There was no loss of bone. The right humerus was only two-thirds the length of the other. Several years ago Mr. Birkett saw a case of disease of the hip-joint, which at that time recovered. Recently the same patient had again been brought to him for falling in of one of the knuckles. He remembered that whilst attending her for disease of the hip-joint there had been an abscess over the metacarpal bone of this knuckle. He believed that this deformity was due to arrest of development, consequent on injury to the epiphysis of the metacarpal bone. Mr. Birkett then gave the particulars of a case of inequality in size of the lower extremities in a boy. He believed that the inequality was due to increase in size on one side, rather than to defective growth of the other. On the larger side the patella was very large.

The AUTHOR said that in the case alluded to by Mr. Moore there had been no acute mischief, merely uneasiness. In reply to Mr. Barwell, he said that he had mentioned cases in which there had been fracture, and in which there had been arrest of growth; but he attributed the arrest of growth not to the fracture, but to disease of the joint, which also existed.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 25.

Mr. Coulson, Vice-President, in the Chair.

Mr. **Holmes**, for Dr. **Carter**, of Bombay, read a communication and exhibited drawings showing the

CONDITION OF THE NERVE-TUBES IN ANÆSTHETIC LEPROSY.

Microscopical examination and careful dissection show that in the diseased nerve trunks the sheath, or neurilemma, is but little affected. The nerves are increased in size, and this increase is due to enlargement of the "funiculi," which become, like the whole nerve, sounder, firm, and semi-transparent, and also of a yellowish tinge. Normally, in a funiculus, the nerve fibres are in close and parallel apposition. In anæsthetic leprosy they are separated by an extensive and partly-organised deposit of what seems to be rather albuminous material, and gradually become atrophied or degenerated till not a trace of nerve-fibre remains. In this deposit, nucleated fibre-cells are developed, which spread out so as to form septa, or partitions, between the individual fibres; so that in a transverse section of the nerve we see the ends of a series of more or less regular canals, with their nucleated fibre-cells forming the walls; in the interior is the clear, albuminous deposit, imbedded in which may be seen the remains of the compressed and disintegrated nerve-fibre. Much granular matter and large granular nuclei remain after the addition of acetic acid, and they are particularly abundant just within the main sheath of the funiculus and the smaller septa sent between the various segments.

KNEE JOINT CONTAINING LARGE DEPOSITS OF URATE OF SODA, DISEASE FOLLOWING ON RHEUMATIC FEVER.

Mr. **Barwell** showed this specimen. The limb had been amputated by Mr. Canton in 1857. The disease in the joint began in 1847. It was the remnant of an attack of acute rheumatism, in which most of the joints of the body were affected. She recovered, except that one knee joint remained diseased. This continued, and at length it being evident that the joint was disorganised, amputation above the knee was performed by Mr. Canton. On examination of the joint the tendons and the ligaments were found to be infiltrated with a cretaceous material. The interior of the joint also contained a large quantity of milk-white material. The cartilages and all the contents of the joint had disappeared. This white substance, Mr. Barwell said, was urate of soda. This case he believed was unique, as showing as a result of rheumatic fever, deposit of urates, which deposit was generally believed to be found in gouty subjects only.

Dr. **Hillier** asked what evidence there was that the first attack was not one of acute gout, rather than acute rheumatism.

Mr. **Hutchinson** asked what the condition of the joint was at the time of the amputation, and if the deposit was pure urate of soda.

Dr. **Bristowe** asked if the deposit had been examined chemically.

Mr. **Barwell** said that the diagnosis of the Practitioner who attended her in the rheumatic fever was to be relied on implicitly. He, Mr. Barwell, having heard the history, had no doubt that it was rheumatic fever. The deposit had not been examined chemically. In reply to further remarks by Dr. Bristowe, Mr. Barwell said that the patient was only twenty years old at the time of the operation, being quite a child when she had rheumatic fever. He did not think that after this attack there had been any subsequent gouty inflammation of the joint.

Dr. **Dickinson** showed a specimen of

ABSCESS OF THE LIVER FROM DYSENTERY.

A woman was admitted into St. George's Hospital fourteen days ago. The history was imperfect. It was said that she had not had diarrhœa; she had never been out of England. Her complexion was dusky; eyes yellow. There was great swelling in the right hypochondria, and as low as the crest of the ilium. Her bowels were constipated, and for this colocynth was given. There was no diarrhœa during her stay in the Hospital, except a few loose stools whilst she was moribund. After death it was found that the whole right lobe of the liver was occupied by an abscess, the quantity of matter being about a gallon. There were many ulcers in the large intestines, and in the large intestines only.

Mr. **Canton** showed a specimen and a drawing of

FIBROID DEGENERATION OF THE CAPSULE OF THE SPLEEN.

This specimen was taken from a woman who died at the age of 70. Degeneration of the capsule of the spleen was nearly confined to elderly people, and was not uncommon; yet he believed there was no account of any specimen in the Society's *Transactions*. In the capsule were many nodulated points of cartilaginous consistence. It was associated with degeneration in other parts of the body, as the cartilages of the larynx and coats of arteries.

Mr. **Barwell** exhibited two specimens of

ENCHONDROMA.

One was of the finger, in a child 3 years of age. The other was a specimen of enchondroma of the metacarpal bone of the little finger. This specimen he showed for Mr. Williams, of the Norfolk and Norwich Hospital.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, April 2.

Dr. Tyler Smith, President, in the Chair.

The following gentlemen were duly elected Fellows of the Society:—John Brickwell, Esq., Sawbridgworth; J. T. Holt Dunn, L.R.C.P. Edin., Westbourne Park; John Marshall, Esq., Aldenham-street; Henry Simpson, M.B. Lond., Lymm, Cheshire; Sidney Smith, Esq., Tiverton; R. T. Tasker, Esq., Melbourne, near Derby.

The **President** congratulated the Society on the appearance of the volume of *Transactions* for the past year (vol. iii.) A copy was handed round for inspection.

Dr. **Robert Barnes** showed

A SPECIMEN AND DRAWING OF AN OVUM IN OVO.

The specimen submitted was a double egg, forwarded from Wales by Mr. F. H. Hora, R.I.N. It was the produce of a pullet belonging to Mr. Morgan, a farmer in Carmarthenshire. One perfect egg, enclosed in its own shell, was surrounded by the albumen of another egg, the whole being enclosed in a second shell. A remarkable point of interest consisted in the difference of kind of the two eggs. The inner shell was of a reddish colour, like the Cochin fowl's egg; whilst the outer one was of a dull chalky colour. The hen was a cross between the Dorking and Cochin varieties, and these varieties were represented in the double egg. The size of the outer egg was excessive, being 3 inches long by 2·25 inches broad; and its weight was 4¾ ounces. Dr. Barnes observed that there were two similar specimens in the museum of the College of Surgeons.

A paper, by Mr. **Spencer Wells**, was read on a

CASE OF OVARIOTOMY, AND A REPLY TO A STATEMENT RESPECTING IT MADE BY MR. BAKER BROWN AT THE LAST MEETING OF THE SOCIETY.

Mr. B. **Brown** inquired of the President by whose authority his name had been mentioned in the title of this paper?

The **President** replied, that the usual regulations respecting the admission of papers had been complied with as regarded the paper in question.

Mr. B. **Brown** then protested against the title of the paper wherein his name was used, as he considered, in an unjustifiable manner, and protested against its being read.

The **President** stated, that the Council had determined that the paper should be read.

The paper was then read, the following being an abstract of the same:—

Mr. Brown having said at the last meeting, "He knew that Mr. Wells had operated on a patient with a fatal result, which he and others of great experience had condemned as totally unfit for operation," Mr. Wells now narrated the case at length to the Society.—The patient was single, 30 years of age, the subject of a multilocular cystic tumour of the left ovary of about two years' growth, which was removed by Mr. Wells on January 13 last. There were some adhesions, both to the parietes and to the colon; but they were easily separated. From an unusual tendency to protrusion of the intestine, Mr. Wells did not sponge out all the ovarian fluid which had escaped into the peritoneal cavity; and he partly attributed to this fact the diffuse peritonitis which proved fatal twenty-nine hours after the operation. In order to prove that Mr. Brown had not "condemned" this case as "totally unfit for operation," Mr. Wells produced a letter from the uncle of the patient,—a Fellow of the Royal College of Surgeons,—which this gentleman authorised Mr. Wells to bring before the Society, in which he stated that Mr. Brown had written to him saying that his niece was "a fair case for operation." The uncle also enclosed for the information of the Society a letter from Mr. Brown to the father of the patient, in which Mr. Brown said that the tumour "could be removed by a dangerous operation. No one, however, can recommend it to be removed; yet if Miss —— determines she will elect to have the trial made, being fully aware of the danger, then I will undertake the operation, with the sanction of her uncle, feeling that there is a fair prospect of success—*i.e.*, as much reason to hope as to fear." These letters and the history of the case were read without any comment from Mr. Wells.

Dr. **Barnes** observed that each gentleman having had the opportunity of submitting his own account of the case to the Society, there could be no cause for discussing the matter any further in that place. In affording this opportunity the Society had done all that it could fairly be called upon to do. Any further discussion should be carried on elsewhere. He deprecated the idea of making the Society the arena of a personal contest of this kind.

Mr. **Brown** then again protested, and declined making any observations.

Dr. J. **Hall Davis** related a case of

COMPLETE OCCLUSION OF THE OS UTERI, AND RETENTION OF THE MENSES FOLLOWING DIFFICULT LABOUR.

In this case there was retention of the catamenia, caused by complete occlusion of the os uteri after a difficult primiparous labour, in a patient aged thirty-four. The obliteration was the effect of inflammation of the neck of the uterus, produced by the pressure upon it of the head of a large child, ten pounds and a-half in weight, for fifty-six hours after the discharge of the waters. Proper efforts were made, after full dilatation of the orifice of the uterus, to deliver by the forceps, and the child was thus extracted, but still-born. The patient was able to leave her bed at the end of a fortnight after delivery. She had a purulent discharge from the vagina for three months afterwards, most probably derived from the neck of the uterus. Dr. Davis was consulted by her Medical attendant fifteen months later on account of her ailing condition and her never having menstruated since delivery, and by his request he took charge of the patient. The uterus was then enlarged to the size of a four months' pregnancy; the neck of the uterus was rounded off, presenting a somewhat globular prominence, and fluctuation, but not the slightest indication of orifice or of its former site. The vagina was capacious, and exhibited no cicatrices. On November 2, 1861, Dr. Davis visited the patient at her residence in London, and made the requisite opening by a canulated stilet and the hysterotome, so as to admit No. 12 catheter, by which the orifice was maintained. Six ounces of menstrual fluid, of the consistence of treacle, not offensive, was thus discharged, and more followed in the next two days. The efforts to preserve the aperture, with premature exertion, and exposed to cold, ended in an attack of pyæmia, the symptoms being—shiverings; hot and cold perspirations; pulse 110—140; on two occasions in the night intermittent with cold sweats; diarrhœa; vomiting; delirium. At the close of the fever, examination per vaginum discovered an enlarged and fixed condition of the uterus as a result of the illness. The uterus afterwards returned to its natural size. The pyæmic fever was closely watched during its progress for seven consecutive days and nights, the patient being supported by large quantities of stimulants and nourishment. The patient then, by the aid of tonics and a moderate allowance of nourishment, recovered perfect health, and has since the operation passed through five menstrual periods, that in November, and those in January, February, and March having been most satisfactory, so that no fear need now be entertained of a return of the obstruction. The patient returned to her home in Devonshire in January, and reports up to the present time that she is perfectly well.

Dr. Davis referred also to another case of complete occlusion of the os uteri, but occurring in labour, in which he had been consulted in 1858. It was the patient's first confinement, and the occlusion appeared to have arisen from inflammation of the neck of the uterus in the fifth month of pregnancy. Dr. Davis adopted the plan proposed by Naëgelé, of using a blunt instrument—his index finger. By strong pressure during the action of the uterus against the centre of the globular swelling he thus effected an entry, and made a uterine orifice with jagged edges. The waters were discharged, and the child followed soon after. It had been dead some days, and the mother recovered as quickly as after a natural labour. In some of these cases undoubtedly incisions appear to be necessary, on account of the extreme thickness of the impeding structure.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, March 21.

Dr. **Fincham**, Vice-President, in the Chair.

A Paper, by Dr. **Marcet**, was read

ON A CASE ILLUSTRATING THE DIFFERENCE BETWEEN CHRONIC AND ACUTE ALCOHOLISM, WITH REMARKS ON THE TREATMENT OF CHRONIC ALCOHOLISM.

Having alluded to the principal characters of chronic alcoholism and acute alcoholism, or delirium tremens, the Author proceeded to relate a case well calculated to exhibit the main features of these two varieties of alcoholic poisoning. He afterwards offered a few remarks on the treatment of chronic alcoholism, and reminded the Society that he had for the first time, in December, 1858, recommended the administration of oxide of zinc to patients suffering from this affection. He had since then continued inquiring into the present subject, and given in his book on Chronic Alcoholism a tabular account of forty-eight cases of chronic alcoholism treated with oxide of zinc; the results were as follows:—Number of patients cured, or who ceased attending, having quite recovered, 25; number of patients who gave up attending, much relieved, 15; number of cases where the action of oxide of zinc could not be ascertained, 8. The additional experience obtained by Dr. Marcet was quite in accordance with these satisfactory results, and he now left the Medical Profession to test the value of the treatment in question. The Author concluded by describing a peculiar and very convenient form he had adopted in many cases for the exhibition of oxide of zinc, namely, its state of solution in water by means of carbonic acid. A number of experiments undertaken by himself, in conjunction with Mr. F. Dupré, showed that one ounce of water under the atmospheric pressure dissolved half a grain of oxide of zinc by the agency of carbonic acid. Eleven cubic centimètres of the solution contained exactly 0·013 grammes of oxide of zinc, or, in English weights and measures, 1 oz. of the solution contained exactly 0·517 grains of oxide of zinc. Mr. Squire was so kind as to prepare for the Author a solution of oxide of zinc in the effervescing condition, by acting on this substance with carbonic acid. Under pressure, this fluid was preserved in well-stoppered half-pint soda-water bottles. The Author's object in administering zinc under this form preferably to that of solid burnt oxide was,—1st. To give it in a dissolved condition. 2ndly. To maintain the form of oxide of zinc, inasmuch as the bicarbonate of zinc administered must be decomposed in the stomach by the acid gastric secretion, and consequently the zinc is absorbed into the blood in the same state of combination as if given under the form of solid oxide. 3rdly. To administer oxide of zinc under a form which allows the acid gastric juice to act more readily on it than it would on the precipitated and burnt powder. 4thly. To be able to administer oxide of zinc to patients without troubling them to take medicine; most drinkers like soda water, for which the solution may be substituted even without the patient being aware of it. If one bottle a-day (a common half-pint soda-water bottle) is to be taken, it should contain about one grain of oxide of zinc and be divided into two or three doses. If the patient is in the habit of drinking a large quantity of soda-water, as three or four bottles a-day, which sometimes happens in the case of inveterate drinkers in easy circumstances, then each bottle should contain at first about a quarter of a grain of oxide of zinc, the strength of the solution to be gradually increased, at all events a half-pint bottle should not contain more than three grains of oxide of zinc. This fluid produces precisely the same action on the body as the solid powdered oxide, and is equally, if not more, useful for the treatment of chronic alcoholism. It should be remembered, however, that the dose of oxide of zinc under the present form must be smaller than when given as a solid powder, for its action in the dissolved state is much more rapid than in the solid condition. On this account the Author prefers administering a weak solution three or four times a-day than a strong solution only once or twice daily. Dr. Marcet stated he had treated sixteen patients with the above solution of oxide of zinc, eight of them were suffering from chronic alcoholisms, some recovered entirely, others in a great measure from the symptoms due to alcoholic poisoning. The eight cases were affections of the nervous system quite unconnected with the abuse of alcohol, as epilepsy, chorea, hysteria, etc. The result was not near so satisfactory as in the former cases, as in no less than four of the latter the treatment was attended with no obvious benefit.

Dr. Marcet then exhibited his new apparatus for artificial respiration.

MEDICAL NEWS.

Royal College of Physicians of London. — At the Comitia Majora, held on Monday, April 14, the following gentleman having undergone the necessary examination were duly admitted Members of the College:—

Bridge, Alexander, 7, Argyll-place, Regent-street
Drysdale, Charles Robert, M.D., 39, Southampton-row
Fish, John Crockett, M.B., Caius College, Cambridge
Tatham, John, Holland-house, Kensington.

The following gentlemen having undergone the necessary Examination, and satisfied the College of their Proficiency in the Science and Practice of Medicine and Midwifery, were also duly admitted to practice Physic as Licentiates of the College:—

Broad, James, M.D., 164, Shoreditch
Deck, John Field, Nelson, New Zealand
Dyer, Samuel Sumner, Ringwood, Hants
Godrich, Thomas, 2, Blomfield-road, Maida-hill
Jay, Frederick Fitzherbert, Acle, near Norwich
Moore, Robert Wilson, Clifton-on-Teme, Worcester
Ray, Robert, Victoria, Australia
Rix, Samuel Babüt, Tunbridge Wells
Sloan, John Charles, Bellshill, Parish of Rothwell, Lanarkshire
Stevens, Robert Stead Jones, Christchurch, Hants
Swinhoe, George Money, New Swindon
Taylor, Frederic, Woodstock, Oxon
Tonge, Morris, M.B., Wimbledon-common
Venning, Edgcombe, 24, Belgrave-square
Vernon, John Bowater, Westfield
Walls, Charles, 97, Tachbrook-street, Pimlico
Weld, George Henry, 2, Carendon-villas, Plumstead.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 10, 1862:—

Gimblett, John, St. Thomas's Hospital
Griffin, William Henry, University College
Horrocks, William, Guy's Hospital
Jones, John, St. Bartholomew's Hospital
Ludlow, Ebenezer, St. Bartholomew's Hospital
Mottershead, John, Butley, Cheshire
Shepherd, Charles Dunbar, King's College.

The following gentlemen also on the same day passed their First Examination:—

Greaves, Charles Augustus, St. Thomas's Hospital
Kempthorne, H. L., King's College.

APPOINTMENTS.

Barnes.—Robert Barnes, M.D. Univ. Lond., F.R.C.P. Lond., M.R.C.S. Eng., Assistant Obstetric Physician at the London Hospital, has been appointed Lecturer, for this Session, on Midwifery and the Diseases of Women and Children, at St. Thomas's Hospital, *vice* Charles Waller, M.R.C.P. Lond., M.D. Erlangen, deceased.

Brazier.—Mr. Brazier has been appointed to the Chair of Chemistry at the University of Aberdeen, vacant by the death of Professor Andrew Fyfe, M.D. Univ. Edin., F.R.C.S. Edin.

Brent.—Robert Brent, M.D. St. And., F.R.C.P. Edin., M.R.C.S. Eng., has been re-elected Medical Officer for the District of Colyton Raleigh, of the St. Thomas's Union, Devonshire.

Collings.—Francis Henry Collings, M.R.C.S. Eng., has been elected Medical Officer for the Broadclist District of the St. Thomas's Union Devonshire.

Dunn.—Christopher Blencore Noble Dunn, M.R.C.S. Eng., has been elected Medical Officer for the Crich District of the Belper Union, Derbyshire, *vice* Nicholas Hathway, M.R.C.S. Eng., resigned.

Edye.—Stonard Edye, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the District of Heavitree and St. Leonard, of the St. Thomas's Union, Devonshire.

Groom.—William Groom, M.R.C.S. Eng., and L.M. L.S.A. Lond., has been appointed Medical Officer for one year of the Second District, Wisbeach Union, Cambridgeshire.

Guy.—William Augustus Guy, M.B. Univ. Cantab., F.R.C.P. Lond., has been appointed one of the Examiners in Forensic Medicine at the University of London.

Heath.—Christopher Heath, F.R.C.S., Eng. (exam.), has been appointed additional Surgeon at the Westminster Hospital.

Hunt.—William Coles Hunt, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical officer for the district of Bampforde Speke and Upton Pyne, of the St. Thomas's Union, Devonshire.

Hutchins.—Henry Ebenezer Hutchings, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the Kent and Canterbury Hospital, Canterbury, *vice* William Blasson, M.R.C.S. Eng., L.S.A. Lond., resigned.

Latham.—Peter Wallwork Latham, M.A. and M.B. Cantab., M.R.C.P. Eng. (exam.), Fellow of Downing College, Cambridge, has been appointed additional Assistant-Physician at the Westminster Hospital.

Liveing.—Edward Liveing, M.B. Cantab., M.R.C.P. Lond., (exam.) M.R.C.S. Eng., has been appointed Physician to the St. Marylebone General Dispensary, Welbeck-street, Cavendish-square, *vice* Henri Gueneau de Mussy, M.D. Paris, F.R.C.P. Lond., resigned.

Lyon.—William Lyon, M.D, Univ. Glasg., F.F.P.S Glasg., has been elected President of the Glasgow Medico-Chirurgical Society.

Odling.—William Odling, M.B. Lond., F.R.C.P. Lond., has been appointed one of the Examiners in Forensic Medicine at the University of London.

Paxton.—John Paxton, M.D. Univ. Edin., L.R.C.S. Edin., has been elected one of the Vice-Presidents of the Glasgow Medico-Chirurgical Society.

Puddicombe.—Edward Morgan Puddicombe, M.R.C.S. Eng., has been re-elected Medical Officer for the District of Netherexe, Rewe, and Stoke Canon, of the St. Thomas's Union, Devonshire.

Robertson.—George Robertson, M.D. Univ. Glasg., F.F.P.S. Glasg., has been elected one of the Vice-Presidents of the Glasgow Medico-Chirurgical Society.

Sandwith.—Humphry Sandwith, M.D. Univ. St. And., F.R.C.P. Lond., has been appointed Consulting Physician to the Hull General Infirmary, on resigning the office of Physician.

Summers.—Llewellyn John Summers, L.R.C.S. Edin., and L.M. L.S.A. Lond., has been elected Medical Officer for District No. 1 of the Axbridge Union, Somersetshire, *vice* William Henry Parsley, M.R.C.S. Eng., L.S.A. Lond., resigned.

DEATHS.

Fleming.—April 10, James Fleming, of Salford, Manchester, aged 55.

Fowler.—April 9, in College-street North, Camden-town, Francis Baker Fowler, late of Bath, M.R.C.S. Eng.

Niddrie.—April 9, at Buckingham-house, Great Malvern, Peter Niddrie, M.D., F.R.C.P.E., R.N. (seniority November 4, 1940.)

Richardson.—April 14, of fever, caught in the discharge of his duty as Medical Officer of the Western District of the St. George-in-the-East Union, Middlesex, Alfred Richardson, of No. 16, King's-place, Commercial-road, St. George's-in-the-East, M.D. King's Coll. Aberd., L.R.C.S. Edin., L.S.A. Lond., aged 34.

Shirley.—April 6, John Shirley, of Lanark, M.D. Univ. Edin., L.R.C.S. Edin., aged 76.

Williams.—April 4, of paralysis, John Williams, of Vron Dêg House, Abergele, Denbighshire, L.R.C.S. Edin., L.S.A. Lond., aged 59.

Unwholesome Meat.—In Dr. Letheby's last Quarterly Report on the Sanitary Condition of the City of London, March 29, 1862, he states, in reference to diseased and otherwise unwholesome meat, that of twenty-one tons of meat and 1611 head of game and poultry seized during the quarter as unfit for human food, that "all the game and poultry were putrid; but of the meat 18,025 lbs. were diseased, 1378 lbs. were putrid, and 5330 lbs. were from animals that had died from disease or natural causes. It is the practice now to sprinkle the meat with a solution of carbolic acid, or the creosote of coal tar, and then to send it to the boilers. By this means the further decomposition of the meat is arrested, and the use of it as human food is entirely prevented. Although the quantity of meat seized during this quarter is very large, it is only about half the amount of the corresponding quarter of last year. It is, however, considerably more than that of the preceding quarter; and there are signs of an increase in the proportion of bad meat sent to the City markets."

The Queen's Hospital, Birmingham, Postage-stamp Fund.—Our readers will recollect that the urgent necessity for additional wards for the more systematic classification of the in-patients, the want of more convenient accommodation for the out-patients, and more suitable apartments for the resident Medical officers, dispenser, matron, etc., of this Institution, determined Mr. W. Sands Cox, on his appointment as Principal of Queen's College, to endeavour to remedy these defects. With that view he proposed to raise the sum required for the new buildings (£1500) by donations and by contributions of penny postage-stamps. The idea was not only ridiculed in certain quarters, but the plan was opposed. Mr. Cox, however, began his arduous task on his own entire responsibility, under the most flattering auspices, namely, by a donation of £100 from her Most Gracious Majesty the Queen, and the result, as appears by an advertisement, is that all the expenses incurred have been paid, and that after deducting the cost of collection (£120) a sum of upwards of £27 remains in hand.—*Arts Birmingham Gazette.*

Proposed Surrey County Hospital.—We are informed that it is proposed to erect in the neighbourhood of Guildford an Hospital, to be called the Surrey County Hospital, as a tribute on the part of the county to the memory of the late Prince Consort. The Bishop of Winchester; the late High Sheriff of the county, Mr. S. Gurney; Lord Lovaine, and other persons of influence in the neighbourhood, are active supporters of the scheme. A public meeting, for settling the preliminary steps, is announced to be held in the Town Hall, Guildford, on Wednesday, April 23. Subscriptions have already commenced, one gentleman having offered to contribute the sum of £500 if five others will come forward with the like amounts. With the exception of the strictly metropolitan Hospitals of Guy's and St. Thomas's, and the little village Hospital at Cranley, which contains six beds, there is not a single Hospital or Infirmary in the county. The extreme healthiness of the neighbourhood of Guildford especially recommends it for a Convalescent Hospital, which might be most advantageously employed in receiving cases from some of the large London Hospitals.

Examples of Plural Births.—Dr. Varges (*Zeitschrift*, December, p. 356) relates the case of a woman who was delivered of seven children at three successive births. She had twins at each of her two first labours, and triplets at the third. These children were all either born living or speedily reanimated, and with the exception of one of the triplets, which died in a few hours, all continued to do well. During the three pregnancies he was enabled to prognosticate twins, and in the last to suggest the probability of triplets. He is of opinion that accoucheurs would do well to take more pains and devote more time in endeavouring to determine prior to delivery whether a woman is pregnant of more than one child, and he gives several examples of various accidents which might have been avoided, had she or her friends been in possession of such information. Dr. Benedix (*ibid.*, p. 396) relates a case which came under his care in which 4 children were born. On his arrival he found already 3 children in the bed besides the mother, 2 living, and the other enveloped in the membranes dead—the two first weighing 5 and 6 lbs. respectively, and the last 3½ lbs. The abdomen was still distended, and in an hour pains were reproduced, and soon becoming forcible, a fourth child, weighing 1¼ lb. was expelled, perfect contraction of the uterus at once succeeding. On a subsequent occasion the woman was delivered of twins, as, indeed, had also been the case some years prior to the birth of the four children. It always happens that the Americans outdo all others in remarkable cases, and the *Boston Journal* quotes from the *Medical and Surgical Reporter* an instance of *eight children* having been produced at a birth. Mrs. Bradlee had had twins already twice before this occurrence, when she gave birth to the eight living children, making 12 children at 3 births in 6 years. The mother herself was a triplet, her father and mother both having been twins, and her grandmother the mother of five pairs of twins.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·964 in.
Mean temperature	43·8
Highest point of thermometer	56·5
Lowest point of thermometer	30·4
Mean dew-point temperature	40·7
General direction of wind	N.E.
Whole amount of rain in the week	1·33 in.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 12, 1862.

BIRTHS.

Births of Boys, 964; Girls, 930; Total, 1894.
Average of 10 corresponding weeks, 1852–61, 1770·2.

DEATHS.

—	Males.	Females.	Total.
Deaths during the week	655	597	1252
Average of the ten years 1852–61	613·6	573 9	1187 5
Average corrected to increased population..	..	..	1306
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	* Typhus.	Diarrhœa.
West	463,388	..	1	6	4	5	7	3
North ..	618,210	1	1	9	5	12	15	2
Central ..	378,058	..	3	6	3	4	9	..
East	571,158	1	17	7	5	15	22	1
South ..	773,175	..	4	27	5	12	29	2
Total.. ..	2,803,989	2	26	55	22	48	82	8

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Edinburgh Medical Student.—Consult the Professor of Surgery.

G. R. M.—The title is given by courtesy, but the holder of the licence has no legal claim to it.

We are informed that the Committee of the Royal Pimlico Dispensary have prohibited Dr. Cecil Hastings from prescribing for the patients of that Dispensary the reptile excreta introduced by his father.

Pelham's death was curious, and he thought so; for it was his favourite maxim in politics never to stir an evil which lies quiet, "And now," said he, upon his death-bed, to his Doctor, "I die for having acted in contradiction to my own good rule,—taking unnecessary medicines for a stone which lay still enough in my bladder, and might, perhaps, never have given me serious injury."—*Life of Mrs. Piozzi.*

Caution to London Medical Men.—We have been informed that during the last week a man has called at the houses of several Medical men residing at the West-end of the town, during their absence from home, on the pretence of obtaining their professional services for a friend. At one house where he was asked by the servant to wait, he employed the time in endeavouring to force the lock of a sideboard. At another house he decamped, after waiting a short time, with a key-box. He is described as dark, short and stout, well-dressed, of gentlemanly appearance and good address.

Degrees in Surgery at the University of London.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your issue of April 12 appears a letter from a scholar of the University of London, suggesting the advisability of the Council granting Degrees in Surgery which will take rank with the Degrees in Medicine now so highly valued.

At this present time, when so many changes and improvements are being carried out in our Profession, and when the tendency of these changes is to assimilate, simplify, and unite in a higher standard the various elements of the Profession, I cannot think it advisable to add another title (or degree) to the many now existing. I hope to see the day when these titular distinctions, or handles to names, shall be done away with, and every properly qualified and registered Medical man addressed by the simple and universal title of Doctor. By this simple method a great deal of jealous feeling among ourselves, and bewilderment to the public, will be done away with; for it must be palpable to any one practically engaged in the Profession that there are many with Scotch and other degrees, obtained with very little trouble, and in many cases in not a very creditable manner, who are far below in status and abilities a still larger number who, although better qualified, would rather be without such degrees than obtain them upon the same terms. We can appreciate this, but the public do not, and titles often carry the day. Although addressed by the universal title of Doctor, it would still be open to every one to follow that department of the Profession for which he had taste, talent, or abilities, pure Consulting-Surgeon, or Physician, or General Practitioner, and to attach to his signature the University, College, etc., whose diploma he holds. The examinations for the degrees of the London University are so practical and severe as at once to stamp the owner of them, whatever may be the line he follows, whether Medicine or Surgery, and we already number among our graduates many rising and distinguished Surgeons who, I can hardly think, would benefit by the proposed new degree. Should this, however, be decided on, I cordially agree with your correspondent that B.Ch. and D.Ch. would be far preferable to C.M.

I am, &c.

April 14. M.B. Lond.

[illegible]

APPOINTMENTS FOR THE WEEK.

[illegible]

ORIGINAL LECTURES.

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CLINICAL LECTURE ON DIPHTHERIA.

By THOMAS HILLIER, M.D. Lond.

Senior Assistant-Physician to the Hospital for Sick Children, Great Ormond-street.

Gentlemen,—I propose to-day to call your attention to a few cases of *Diphtheria* which have come under my notice at this Hospital during the past twelve months, and to make a few remarks on them as I proceed. This disease, as you are aware, has been epidemic in different parts of this country for more than six years, in fact, since the summer of 1855.

The last great prevalence of the disease in Britain was in the middle of the last century; since then a few slight local epidemics have occurred, and isolated cases have come under the notice of Practitioners in large practice, but from their occurring at very long intervals, were frequently not understood or referred to their proper category. In France during the present century this disease has been much more prevalent than in this country. M. Bretonneau, in 1821, was the first, of recent years, to describe an epidemic of diphtheria, calling especial attention to the fact that it was not accompanied by gangrene but by a pellicle of false membrane; hence the name (from διφθερα, a hide or skin).

Since it first appeared in Cornwall in 1855, it has invaded the greater part of England, remaining in some places only a few weeks, in others having remained fixed for three or four years.

In London the disease has not been proportionally so rife as in many parts of the country. In 1860 there were in London 480 deaths registered from diphtheria, and in 1861, 697 deaths. There have been more deaths in the southern districts than in the northern or central districts of London.

In this Hospital in 1857 there were 5 cases; in 1858, 4 out-patients and 6 in-patients; in 1859, 12 out-patients and 5 in-patients; in 1860, 6 out-patients and 3 in-patients.

Besides these cases, which only include the diseases for which the patients came under treatment, there have been a few other secondary cases which developed themselves in the wards whilst children were under treatment for other maladies.

The cases on which my remarks will be based are fifteen in number, which have come under my own care here: out of this number there were seven deaths and eight recoveries; and I shall make some allusion to a few cases that have come under the care of my colleague, Dr. West, and to several which I have seen in private.

Of the seven fatal cases under my care, only three were previously in moderately good health, the other four being secondary,—one to acute tubercular disease, one to severe rickets, one to acute Bright's disease, and one to tubercular disease of the vertebræ and amyloid disease of the liver and kidneys, with advanced albuminuria and anæmia. Three of the four intercurrent cases were expected to die from their primary malady within a short period.

I will first read you the notes of a fatal case occurring in a healthy child of two years old, in whom the symptoms came on (as is often the case) insidiously, and were not appreciated by the Medical man in attendance, who ascribed her cough and fretfulness to a cold, combined with dentition. (Florence K.) She only came under my notice on the day before her death, having suffered from catarrhal symptoms and a cough for fourteen days previously.

In this case no time was given for any constitutional remedies to take effect. I regret, however, that tracheotomy was not employed, although there is reason to believe from the post-mortem examination that, even when admitted, the diphtheritic membrane had extended below the point at which an opening would have been made into the air-passages, and the disease would probably have extended after the operation.

In this instance the patient died mainly from asphyxia caused by the mechanical impediment to respiration, the general strength being also much reduced, no doubt, by the action of the disease on the system.

I will next read to you the notes of another fatal case, but one in which death was not hastened by the deposit extending to the air-passages, or to any other part, but occurred after the false membrane was quite removed, the patient dying of gradual asthenia, with great deficiency in the elimination of urinary products, and much albuminuria. (George E.)

This case is a very remarkable and instructive one. He was taken ill nine days before admission, complaining of sore-throat, with some pain in swallowing, and languor. Five days before admission his nurse noticed that there was a thick white deposit at the back of his throat.

On admission, there was a thick loose white membrane on both tonsils, the arches of the palate, and the sides of the uvula, with the appearance of a deposit at the back of the pharynx.

Under the use of the tincture of the sesquichloride of iron, applied locally and taken internally, with wine and fluid nourishment, the throat got well in about eight or nine days. There was no laryngeal cough or difficulty of breathing at any time, but slight hoarseness of the voice (especially after examination of the throat) for two or three days. The urine was albuminous on the day of admission, and continued so until death, becoming more and more so from day to day, whilst the amount of secretion was much diminished, so as to amount at last to about two or three ounces in twenty-four hours. The sediment from the urine showed under the microscope some crystals of uric acid; a few cells of renal epithelium, and casts of tubes, both of small and large sizes, some being granular, others being homogeneous waxy casts of medium size.

There was no anasarca or dropsy of any kind throughout.

There was but little difficulty or pain in swallowing at any time, and this was quite absent as the throat improved under local treatment. There was not that great aversion to food which is so common a symptom in this disease. The general strength was reduced on admission, and became gradually more and more so as time went on; for four days after admission he was strong enough to sit up in bed and play with his toys.

The pulse throughout was weak; for the first week it varied in frequency from 104 to 128; gradually rising the first four days of his stay in the Hospital, and then falling in frequency till, on the 27th and 28th, being his eighth and ninth days in the Hospital, and about the eighteenth and nineteenth days of the disease, his pulse fell to 88 in the minute. On the following day it rose to 104, being much weaker; two days later it had risen to 122, and was slightly irregular; the next day, being fourteen days after his admission, and twenty-three days from his first symptoms, the pulse was imperceptible, and about noon he died.

Sickness set in on January 30, three days before his death, and continued to be a serious and exhausting symptom till the last. Throughout the case the intellectual functions were undisturbed, and the child was contented and cheerful.

This case proves that the general disease is not always cured when the local lesion is arrested. Trousseau says,—"By interposing energetically to combat the first manifestation (by which he means the local affection), we can sometimes arrest the progress, and prevent the ulterior manifestations."—*Clinique Médicale*, p. 363.

I am inclined to think that he is right in saying that we may *sometimes* thus arrest the disease; in this case, however, mischief had been going on for nine days before the boy came under our observation, and the morbid changes had been going on during that time without any hindrance. He had already assumed that pale waxy appearance which is induced by this blood-poison.

Dr. Jenner maintains, "that *all* we are to expect from the topical employment of active agents, such as nitrate of silver, is the arrest of the exudation process before it has extended to the larynx, and the prevention of the absorption of fœtid matters." These objects are in themselves sufficiently important, and are enough to indicate the use of local applications in all cases where the disease has not extended so far downwards as to be beyond our reach. I cannot help thinking, however, that we do something more than this by acting locally on the throat, if the case comes under our notice at an early period; and that we really do in some way check the progress of the general disease. Be this as it may, there can be no question that the local lesion is but a small part of the disease, the anatomical characters of a constitutional malady, not by any means the cause of all the symptoms or the essence of the disease. The patient may die of the general disease, or of the severity of the local lesion, just as in *typhoid fever*.

The main anatomical character of diphtheria is an exudation of lymph on the mucous membrane, deposited usually at one point, and with a tendency to spread rapidly to adjoining parts. This exudation appears to be dependent on a peculiar and specific inflammation of the membrane on which it appears. The commonest seat of its origin is one of the tonsils; it may commence on the soft palate, or the uvula, or at the back of the pharynx. Occasionally the mucous membrane of the nares is the part from which it starts, giving rise to a very grave form of diphtheria which is often unsuspected until it has made considerable progress. In this case the membrane cannot be seen, but there is a muco-purulent discharge from the nostrils, with occasional ulceration of the orifice. The discharge may or may not be fœtid; usually not at first. There is a form of disease sometimes occurring after scarlatina in which there is a most offensive, thin, serous discharge from the nostrils, coming on about the seventh, eighth, or ninth day of the disease.

Trousseau thus refers to these cases:—"They have an attack of scarlatina of medium severity; they have a little nocturnal delirium, scarcely any nervous complications; the pulse is tolerably frequent; the pain in the throat is moderately severe. The disease arrived at the eighth or ninth day, it seems that recovery is certain; fever has fallen, the eruption has disappeared, and we congratulate the relations. Suddenly a considerable swelling shows itself at the angle of the jaws; it occupies not only this region, but extends even to the neck, and sometimes a part of the face; a sanious, fœtid, very abundant fluid flows from the nasal fossæ; the tonsils are much swollen, the breath gives out an insufferable odour; the pulse is small, and resumes suddenly its great frequency; delirium and other nervous symptoms are reproduced; delirium persists, coma supervenes, at the same time the skin grows cold, the pulse becomes feebler and feebler, and the patient dies gradually after three or four days, or dies suddenly, carried off as by syncope." He believes that cases such as this depend on diphtheria coming on as a disease secondary to the scarlatina, arguing from the general depression, the smallness of the pulse, the fœtor of the breath, and the pallor of the skin, and the extreme frequency of a fatal issue; but he does not say that he has ever seen the diphtheritic membrane. We know that true diphtheria may complicate scarlatina, or occur as a secondary disease soon after an attack of scarlatina; but I think it very doubtful whether this form of the disease is to be referred to diphtheria. A case of the kind came under my observation in November last, in the person of a boy aged three years (Joseph S.), who on the third day of an imperfectly-defined attack of scarlatina, was seized with running at the nose of a muco-purulent and excessively fœtid character. There was a good deal of swelling near the angles of the jaws, a very frequent pulse, and great debility. These symptoms very gradually subsided, not being completely removed till the end of nearly a month. The conjunctiva of the left eye and lachrymal sac became inflamed on the ninth day, and on the eleventh day there was divergent strabismus of that eye, which lasted for a week. There was slight desquamation of the skin from the eleventh to the nineteenth day, and traces of albumen in the urine during the same period. The extreme prostration attending these symptoms, and the great fœtor of the breath would, I suppose, induce M. Trousseau to class this case under the head of secondary diphtheria. In the absence of visible false membrane, I do not know whether we are justified in so regarding it. The strabismus of a transitory nature is very peculiar, unattended as it was by any other nervous symptoms. We must, I suppose, ascribe it to a temporary paralysis of the internal rectus of that eye, rather than to an excessive action of the external rectus, seeing that the inflammation was chiefly confined to the *inner* side of the eye. It may be somewhat analogous to the paralysis of the velum pendulum palate, which is not uncommonly met with after attacks of diphtheria.

It is frequently stated in books, that the breath in diphtheria is usually fœtid. This is certainly not commonly true in regard to children, at any rate until the disease has existed for many days, and the membrane has become much disintegrated, and portions of food entangled in it have become decomposed. As a general rule, in the cases I have seen, the breath has been not at all fœtid, affording a marked contrast with cases of sloughing sore-throat, or even of tonsillitis, which is often attended by a very disagreeable odour. M. Trousseau alludes to the swelling of the glands of the neck as another sign of some importance in diphtheria. I quite agree, however, with Dr. Jenner, that this symptom is not usually more marked in this disease than it commonly is in other affections where the pharynx or tonsils are inflamed; and that the enlargement of the glands "has generally been in proportion to the severity and depth of the local nasal, pharyngeal, and tracheal disease." Still, I can quite believe that in some epidemics of the disease, glandular swellings may be more marked, just as in some epidemics of scarlatina the swelling in and around the lymphatics of the neck has been out of proportion to the amount of disease within the throat.

At the onset of diphtheria there is redness and slight swelling of the part first attacked, with a little excess of tenacious mucus causing a glairy appearance, then a white or grey patch. The redness may be confined to the immediate neighbourhood of the spot attacked, or may extend to the whole mucous membrane at the back of the mouth which is visible; it is often of a dusky, rather purple, tint. There may be one starting-point, or much more rarely two or three. The exudation then commonly spreads downwards towards the upper surface of the epiglottis, over this process, over the arytæno-epiglottidean folds down into the larynx, the trachea and even the bronchi; it often extends forwards on to the soft palate, upwards to the nares, and more rarely down into the œsophagus. This last mode of extension I have never met with. Occasionally the deposit starts from the larynx, and then we get all the signs of croup at the onset. A remarkable case of this kind occurred in the person of a Medical friend of my own, whose case is alluded to by Dr. Jenner in his Lectures, and was reported by me in the *Medical Times and Gazette* for February, 1861.

Dyspnœa and croupy cough were here preceded only by symptoms of debility, but by no deposit on the fauces, and only slight pain in deglutition, and a little redness and swelling. In this case laryngotomy was performed by Mr. Quain on the third day, and the patient recovered after a lengthened illness, nearly dying about the fifth day from asthenia, which was averted by nutritive and stimulant enemata. I have also seen a case in which death occurred in thirty-six hours, just as in cases of croup; this was at University College Hospital.

How are these cases to be distinguished from croup? I maintain that it is impossible to distinguish them; in fact, I believe them to be the same disease. All the French writers on this disease I believe, without exception, regard them as one and the same complaint. If you turn to Dr. West's (a) account of twenty-three cases of croup that came under his notice between May, 1839, and April, 1849, at a time when diphtheria was not thought of here, you see that eleven were idiopathic and twelve secondary. Five of the former and two of the latter recovered. In two of the idiopathic cases that recovered, a scanty formation of false membrane was observed on the velum and tonsils; but no false membrane was found on the fauces of the other three idiopathic cases. Of the twelve secondary cases ten died, and of these seven presented false membrane on the soft palate or fauces, and two on the œsophagus. So that in nine instances out of twenty-three of these cases of croup, there was lymph deposited on the fauces. This account, it is true, does not entirely correspond with other descriptions of croup occurring in more healthy districts of England, but still they were undoubted cases of non-epidemic croup, which assumed an asthenic character, probably from the bad drainage of the district and the poverty of the people. In what respect do those cases with deposit on the fauces differ from some of our cases of diphtheria? In none whatever that I can discover. If we look to the character of the lymph exuded in diphtheria, this will not help us to draw a line between the two diseases; now and then, it is true, we get granular, pulpy, cream-like exudation; but in other equally undoubted cases of diphtheria the lymph is thick, tough, and elastic, and under the microscope exhibits a fibrillar arrangement, exactly the same as we meet with in the most sthenic cases of croup. "Between the two extremes we meet with every variety as regards consistence and tenacity." The corpuscular element predominates in the softer pulpy variety, and the fibrillar element in the tough plastic variety.

What, then, are the distinctions between diphtheria and croup as laid down by Dr. Jenner? "There is no evidence to show that croup is anything more than a local disease, that it is contagious, that it occurs as a wide-spread epidemic, that it affects a large proportion of adults, that there is albumen in the urine, that symptoms of disordered innervation follow recovery from the primary affection."

(a) Dr. West, "Diseases of Children."

First as to contagion: On this point there is much difference of opinion, even as it regards diphtheria; and if we suppose that the contagion is produced by direct contact of the contagious material (which is probably the lymph or sputa) with some mucous membrane or abraded surface, as there is good reason to suppose,—and that even this is not sufficient to induce the disease unless a person be predisposed to it, we can quite understand that diphtheria or croup may exist as an isolated disease, and when confined to the larynx, and there is no epidemic influence predisposing people generally to its occurrence, other children may not take it. Then as to its epidemic character; that appears to me to be begging the question. I maintain that diphtheria is epidemic croup, or that croup is sporadic diphtheria of the air-passages; when croup is epidemic, it assumes the form of diphtheria. We may get mild isolated cases of scarlatina simplex when there is no epidemic of the disease. Are they more unlike epidemic scarlatina anginosa than sthenic croup is unlike asthenic, pharyngeal, or nasal diphtheria? As to its attacking adults, we can readily understand that when the disease is not epidemic, children only will suffer; when it is epidemic, adults are unable to withstand its attacks; just as now we get every summer cholera in infants, but in adults we only get it when it becomes epidemic. As to albumen in the urine, there is albumen found in unmistakable severe cases of croup, as well as in diphtheria, as I have myself observed in two instances. "The symptoms of disordered innervation which sometimes follow recovery" from diphtheria, afford the strongest argument, in my mind, in favour of the theory of their distinctness. But when we see how recently attention has been called to these symptoms, even in diphtheria, that they have only been recognized in Paris about eight years, that they escaped the attention of M. Bretonneau in the epidemics which he so ably describes, if, indeed, they were present, which is very doubtful, we need not be much surprised that they should not have been seen in this country succeeding croup, or, at any rate, not be recognized as a direct sequel of that disease. The symptoms to which I refer, you are, I presume, acquainted with,—namely, different paralyses, such as of the velum pendulum palati and muscles of the pharynx, of the lower and upper extremities, amaurosis, loss of sensation in the limbs, and extreme infrequency of the pulse. Now, I am not aware that in any of the cases which have occurred at this Hospital during the last five years these nervous symptoms have been noted, clearly showing their infrequency and the fallacy of drawing any conclusion from their absence in the history of croup. (b) I may say that I have, in private, seen a case of paraplegia and a case of partial amaurosis, both of which got well in a few weeks after attacks of diphtheria.

Anatomically there appears not to be a shade of difference between the cases of asthenic croup, such as Dr. West described, in which there was false membrane of the fauces, and cases of diphtheria, involving the larynx at an early period. Sometimes when a case is brought to the Hospital with laryngeal obstruction and croupy cough, and the history of a sudden accession of such symptoms with a certain amount of febrile disturbance, the question is asked, is this diphtheria or is it croup? An examination is made of the fauces; if a patch of false membrane can be seen, it is commonly said to be diphtheria; if there is none to be seen, and the symptoms be not very asthenic, it is called croup. In either case there may be swollen lymphatics in the neck, and there may or may not be albumen in the urine. Now, it is quite certain that true diphtheria may have reached the larynx without any deposit having appeared on the fauces, and that true croup may be accompanied by a patch of false membrane on the fauces. How, then, are we to make a distinction? The question is not merely one of words, because generally if the case is pronounced croup, either antimony or calomel is prescribed, with or without leeches, and low diet; whilst if it is pronounced diphtheria, stimulants and tonics are more commonly ordered with abundant nutriment. When I come to speak of treatment, you will see that I do not make this distinction in practice.

I will now read you the notes of a case of diphtheria of medium severity in which there were some laryngeal symptoms, which came under treatment on the twelfth day, and was treated by small doses of calomel with very speedy improvement. (Henry S.)

In this case there was *albuminuria*, which lasted only three days whilst he was under observation; it was not present on the day of his admission, but existed on the next day. This is a symptom which was first noted in diphtheria by Dr. Wade, of Birmingham, and has since then been noted by many subsequent observers. I have now for more than two years been in the habit of testing the urine of all cases of diphtheria that have come under my notice. It is nearly always present after the first few days of all severe cases of the disease. I believe it to be a very important symptom in regard to prognosis, and to play a more serious part in the pathology of the disease than is generally supposed. I have seen one or two rather severe cases in which no albumen was detected. I believe in all my fatal cases in which urine could be obtained albumen was found in it. There is not generally any sediment, and no marked change in the appearance of the urine. In the case of George E., which I read to you just now, renal epithelium and casts of tubes were observed under the microscope. The explanation of the occurrence of albuminuria is not very obvious; it is not due to congestion of the kidneys induced mechanically by an impediment to the respiration, because it often exists where there is no impediment of this kind. It is one of the phenomena of the disease dependent, I presume, on the changes which the blood undergoes. The kidneys are sometimes found post-mortem to have experienced much the same changes which are met with in scarlatinal dropsy. The medullary portion of the kidney is usually of a dark purple colour, while the cortex is pale. The epithelial cells are swollen, opaque, with a large quantity of finely granular matter. There is not usually any considerable amount of epithelial desquamation. In some cases there is but little post-mortem change in the kidneys.

The following case (Jane R.) will serve as a fair specimen of secondary or intercurrent diphtheria occurring in a girl, the subject of Bright's disease, and proving fatal in three days. She was admitted to the Hospital suffering from anasarca and general dropsy, with albuminuria and scanty secretion of urine and extreme anæmia. Whilst under treatment from December 19 to January 7 (nineteen days) she did not improve. The dropsical symptoms increased up till January 2, at which time diarrhœa set in, and at the same period the dropsy rather decreased. On the evening of January 6 she was very sick, and the next morning complained of sore-throat. (See notes.) Within three days she was dead.

Cases of this description are peculiarly unpropitious, the diphtheria is almost as constantly fatal as is the asthenic pneumonia occurring during the last few days of life in many chronic diseases. This form of the disease may easily be confounded with aphthous inflammation, which is very frequently seen at the end of phthisis and many other exhausting diseases. The mistake has been made by eminent men. In the aphthous inflammation there is an abundant growth of the microscopic fungus (*oïdium albicaus*) in the epithelium of the part attacked. There is but rarely any vegetable growth to be found in diphtheritic exudation. The aphthæ appear as a number of small white points, at first quite distinct from each other, but which sometimes run into a continuous layer. The aphthous exudation cannot be separated in strips like a diphtheritic membrane, but it may be removed from the mucous membrane by a piece of rag or lint, leaving the membrane beneath red and inflamed. Aphthous inflammation never extends into the air passages. Aphthæ are preceded by a general inflammation of the mucous membrane of the mouth, which is very red and tender.

Diphtheria, when it has existed for some time, may be readily mistaken (especially in adults) for gangrenous or ulcerative inflammation; the thick shreds of false membrane, which may be of an ash-grey colour and much disintegrated, may resemble sloughing tissue, and it is difficult sometimes to ascertain during life whether this tissue is superimposed on the mucous membrane or not; but it may generally be determined by a careful inspection, and the use of a blunt instrument to the edge of it to detach it, when the mucous membrane will be found sound underneath. It is rarely the case that the subjacent mucous membrane in diphtheria is ulcerated.

Students and young Practitioners have been known to confound tonsillitis and the angina of scarlatina with diphtheria. The follicles of the tonsil when inflamed often present at their orifices patches of white exudation. This exudation may be distinguished from diptheritic deposit by the number of the patches which remain distinct, and their being scattered usually over both tonsils and accompanied with much swelling of these glands. In diphtheria the exudation usually starts from one, or at most two centres, and the tonsils are not commonly at the outset very much swollen.

(b) Since delivering this Lecture, a boy has been admitted to the Hospital who has had a very severe sore-throat (no doubt diphtheritic), and is now under the care of Dr. West, suffering from paralysis of the velum pendulum palati, partial loss of power in the legs, and slight strabismus, apparently from imperfect action of both external recti muscles.

In regard to prognosis, I may say that *all cases* of diphtheria are of grave import; it appears to be more fatal in children than in adults. The great danger during the first week is from extension to the larynx, as pointed out by Dr. Jenner; subsequently the danger is mainly from asthenia, loss of nervous power, and, I believe, in some cases from suppression of the renal secretion. Any amount of hoarseness or laryngeal cough is always a cause for the greatest anxiety.

Vomiting is a very unfavourable symptom, especially if repeated on several successive days.

A very weak and rapid pulse, or a *very slow* pulse, is of most serious moment. I have already mentioned that albuminuria is a serious symptom, especially if it exist to any great extent.

In conclusion, I must speak of *treatment*. In a paper which I wrote at the commencement of 1859 I said, "I think it has been too hastily concluded that mercurials are contra-indicated in the present epidemic. When the disease runs a slow course, and the air-passages are attacked by the extension of a tenacious false membrane from the pharynx, I should be disposed to employ calomel in small frequently-repeated doses, or mercurial inunction, not omitting stimulants and even tonics if the symptoms appear to require them." Even after saying and thinking this, so strong was the general opinion in this country against the use of mercury in this disease, that it was not until for two years I had tried chlorate of potash, quinine, or cinchona, and the tincture of the sesquichloride of iron, combined with stimulants, and met with but little success, that I have ventured to give calomel a fair trial. I have at present only tried it in four cases, and one of these was so far advanced when it came under treatment that there was no time to get mercury into the system before the patient died. The other three cases recovered remarkably well. In all three there was croupy cough and more or less laryngeal breathing, and in one albumen in the urine. There was certainly not more debility and anæmia than usually follows this disease, but I think very decidedly less, and no bad symptoms of any kind followed its use. I did not give it to two cases of secondary diphtheria, to which I have already referred, in which there were advanced albuminuria and much anæmia; nor do I suppose that it would be prudent to give it in such cases. The mode in which I give it is in grain or half-grain doses of calomel every hour or every two hours. In some cases I have used an abdominal belt, on which mercurial ointment was spread in order to hasten the absorption of mercury. M. Trousseau, who, like many others, has some theoretical objections to the employment of mercury in the treatment of this disease, is obliged to admit that when mercurial preparations have been tried, "the results have often been successful. Without the aid of any other medicament, calomel administered in minute doses, following the method of Dr. Law, has cured a certain number of patients." He goes on to say that he believes the benefits derived from the employment of calomel in this way are due entirely to the local effect of it on the fauces, whilst he believes that the general effect of the mercury on the blood is unfavourable. He says that when the treatment is confined to mercurial friction, *evil* results instead of *good*. It is quite possible that the local effect of calomel on the diphtheritic surface is beneficial, as it appears to be in cutaneous diphtherite, but it cannot act in this way on the interior of the larynx; and my own experience would seem to indicate that the mercury rather counteracts the noxious effect of the diphtheritic virus on the blood, than hastens the occurrence of the peculiar cachectic state which diphtheria induces. In giving mercury, *caution* is of course required; the gums must be carefully watched, and the mercury should not be continued beyond the production of slight sponginess, and may not be required even to that degree. I do not know that I should use mercurial inunction in future, unless the case was far advanced, and there seemed to be no time for the introduction of mercury by means of the stomach. I am inclined to think that to the local action is due some of the benefit. The presence of albumen in the urine would not deter me from its use—I mean if the albumen be due to the diphtheria, and not to old disease; in the latter case, I do not recommend it, any more than I would recommend its employment in the treatment of pericarditis, or any other serous inflammation secondary to Bright's disease. Whilst giving calomel internally, I give stimulants or not, according to the strength of the pulse and the general power of the system. I give beef-tea, milk, and eggs freely, if there be not great repugnance to them. In some cases, especially after tracheotomy, fluids cannot be swallowed, owing to their getting into the larynx and causing paroxysms of coughing; this may be due to a loss of irritability in the glottis, or to some condition of the epiglottis which prevents its covering the entrance to the larynx; in such instances, all fluids, such as milk, wine, beef-tea, etc., should be sopped in bread, sponge-cake, French roll, or tea-cake. Nutritive and stimulant enemata are, I believe, indicated in some cases where swallowing is difficult. Locally, I believe, it is well to employ caustic or astringent applications, if you can see the limits of the exudation,—that is to say, the mucous membrane on to which it is advancing. I do not believe it is of any use to cauterise the part on which lymph is exuded, unless the layer be very thin; but the parts on which it is just about to form are those that require it. The caustic which, on the whole, I prefer is the hydrochloric acid, either undiluted or with equal parts of honey. This may be applied freely two or three times during the first twenty-four or thirty-six hours, and then not used again until time has elapsed to allow the stains caused by it to disappear, otherwise you may go on cauterising the wounds which you have yourself made by the acid; for they do not look very different from the false membrane due to the disease. The muriated tincture of iron as a local application has appeared sometimes of service. In cases where from any cause calomel is not employed,—for instance, when the patient's previous health is much undermined by rickets, tubercular disease, renal disease, or extreme anæmia, or the case does not seem severe enough to call for so powerful a remedy, in these cases I give chlorate of potash in good doses. The local effect of this appears to be beneficial; it may be combined with 10 minims of liq. cinchonæ and given in the strength of 4 grains to 2 drachms of water every two hours.

The following mixture I have seen recommended, and have myself tried several times, once with apparently very decided advantage:—Pot. chlor. ℈ij.; tinct. guaiaci co., tinct. cinchonæ, āā ʒij.; mellis ℥j.; aquæ ad ℥iv.; M. ʒij. v. ℥ss., secundâ vel tertia quâque horâ. Around the throat I usually apply spongio-piline or warm water dressing if the glands be much swollen or tender.

If, in spite of general and local treatment, the larynx be clearly involved, as shown by croupy cough, by stridulous laryngeal breathing, both inspiratory and expiratory; and the soft parts of the chest, namely, the lower parts of the sternum and the lower margin of the chest, as well as the suprasternal and supra-clavicular regions and intercostal spaces, recede during inspiration, tracheotomy should be employed. In adults, laryngotomy is preferable because it is an easier operation, and there seems to be no objection to making a wound near the seat of, or even in the midst of the diseased mucous membrane. In children the crico-thyroid membrane is not wide enough to admit the tube for respiration, and it is necessary to cut into the cricoid cartilage, which is objectionable.

The mode of performing tracheotomy is a subject which I must leave for you to learn from your Surgical teachers; but there are one or two points in reference to it to which I should like to allude. Be prepared to find the operation, especially in a young child with a fat, short neck, a troublesome one, which must be done deliberately and with proper assistance. Make the opening as near the cricoid cartilage as you can. Use a good-sized *double* tracheal tube. It should be *double*, so that the inner surface of it may be kept clean and smooth; otherwise it will very soon get furred, and the passage so narrowed, that slow asphyxia will go on in spite of all your exertions to keep it free. It is well to be provided with tubes of several different sizes and different curves. The air should be kept at a temperature between 65° and 70°, and if the atmosphere be dry it should be moistened by some steaming apparatus with a bed enclosed by curtains. At the same time the air must be renewed, otherwise you will stifle your patient by allowing him to inspire the products of his own respiration.

A loose woollen comforter, or some other porous material, as a respirator, should be placed in front of the tube, in order to warm and moisten the air, and serve the same purpose which is accomplished by the mouth and nares in natural respiration.

In order to give the child an opportunity of coughing and clearing the tubes of mucus and other matters, the tube may be closed for two or three seconds by the finger; when the finger is removed a deep inspiration is taken, then the tube is closed again until an effort to cough is made, then the finger is suddenly taken away and the offending materials are expelled.

As might be expected, children under two years of age are unfavourable subjects for the operation, owing mainly to the softness of the chest walls and the ready occurrence of collapse. Rickety children, for the same reason, are peculiarly unfavourable subjects, in the same way as they suffer so much from even slight attacks of bronchitis. This operation has been more successful in France than in England, perhaps because it has been resorted to earlier, partly, also, perhaps, because of the greater frequency of rickets in England, as suggested by Dr. Jenner.(c)

In the convalescence from diphtheria, tonics are indicated, quinine and steel, also wine, and a nourishing diet. The use of galvanism may be beneficial where there is loss of power in the extremities. It appeared to do good in a case of paraplegia succeeding diphtheria which came under my notice.

ORIGINAL COMMUNICATIONS.

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TWO CASES OF

OBSCURE PULMONARY DISEASE FOLLOWING TYPHOID FEVER,

IN WHICH PUS WAS EXPECTORATED IN LARGE QUANTITIES, AND THE PATIENTS RECOVERED.

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THE facility with which we are now able to detect during life the nature, situation, and extent of most of the various affections of the chest, contrasts very strikingly with the obscurity in which such affections were involved when the Practitioner had to depend upon the information afforded by the general symptoms,—the seat of the pain or uneasiness, the difficulty of breathing, the position of the patient, the kind of cough, and the character of the matters expectorated, and the symptoms of constitutional disturbance. Indeed, at the present time, when we have become familiar with the employment of auscultation and percussion, the knowledge which we possess of various thoracic affections is greatly in advance of that of the diseases of any other important organs. Yet, while this is the case as to most forms of pulmonary disease, there still occasionally occur cases in which the diagnosis is involved in considerable obscurity, and which tax to the utmost the means for arriving at correct conclusions. I may especially instance,—

1st. The uncertainty of the signs in certain cases of early phthisis where the tuberculous deposit is diffused, combined with laryngeal disease, with bronchitis or with emphysema of the lungs.

2nd. The difficulty of detecting certain forms of pleurisy when the disease involves the diaphragmatic surface, or the lower lateral regions, and especially on the right side.

3rd. The obscurity of the signs afforded by certain forms of disease in the central portions of the lung, where the affected tissue does not come in contact with the parietes.

4th. The close resemblance between the signs in certain forms of malignant tumours in the chest and of empyema.

5th. The closeness with which all the signs and symptoms of serious pulmonary disease, both acute and chronic, may be simulated in hysterical females. It would have been easy to quote various instances of all the sources of fallacy which I have named, but I propose only to speak of two cases in which large quantities of pus were expectorated by patients who recovered entirely.

Case 1.—*Typhoid Fever—Profuse Diarrhœa, Pyæmia, and Expectoration of Large Quantities of Pus—Suppuration in Various Parts of the Body—Recovery after a Prolonged Illness.*

Miss A. H., aged 6, was taken ill on March 28, 1856, with a sharp febrile attack, followed by profuse watery diarrhœa. This was checked, and she was apparently convalescent, when, on the morning of April 1, she relapsed, and became very much exhausted. Stimulants were freely given, and she rallied and improved up to the 4th, when she had a second relapse, and the diarrhœa became very profuse. On the 6th, after a partial recovery, she again became excessively exhausted; the pulse was 136 to 140 in the minute, feeble and intermittent, and she was only saved by being plied with stimulants every few minutes. Indeed, during the twenty-four hours she took fully a bottle of wine, in addition to decoction and tincture of bark and ammonia.

On the 8th she was better, more intelligent-looking, and the pupils natural. Pulse only 104, and of fair volume. On the 9th a copious eruption of sudamina appeared, the skin being dry and without perspiration; but the following day the eruption had gone. From this time she gradually improved; the bowels were only acted upon once or twice in the twenty-four hours. She took food fairly, required very little stimulus and gained strength.

On the 18th she might be regarded as convalescent from the febrile symptoms; but began to complain of pain in the left arm, and on examination the outer side of the forearm was found swollen, hard, and tender. Her breathing also was constantly rapid; she had a frequent cough, but stated that she had no pain in the chest, and could lie either on the back or sides without inconvenience. The tongue, though moist, continued white with the papillæ red and projecting; the pulse was 120, and she was peculiarly fractious. Bronchitic rhonchi were heard on both sides of the chest posteriorly. Notwithstanding these symptoms she continued to gain strength, took her food well, and improved in appearance.

On the 23rd, however, the cough became much more severe, occurring in paroxysms which continued for a long time and greatly distressed her, and, after one of these attacks, she evacuated the contents of the stomach, and at the same time brought up a considerable quantity of what appeared on the handkerchief to be pus; after this the cough ceased, and though her expression of countenance was anxious, she was better when I saw her.

She continued easier on the 24th, but on the 25th she had a recurrence of the paroxysmal cough, followed by the expectoration of matter, but in less quantity, and she afterwards continued better till the 26th. On the evening of that day, however, the cough returned very severely, and after having been almost incessant for an hour and a-half, she suddenly brought up, with a gulping act, fully four ounces of pure pus, of a yellow colour, minutely intermixed with air. The cough and expectoration continued for fully an hour, and ceased, apparently from the complete exhaustion of the child. She then slept tranquilly, lying on the right side and partly on the back; the pulse was excessively feeble, and 132 in the minute. On examining the chest the right dorsal region was found entirely dull, loud whistling bronchial respiration was heard at the lower angle of the scapula and at the root of the lung; all breathing sounds were abolished in the lower lateral region, but the respiration and percussion sounds were natural above and in front. The abscess in the arm had advanced sufficiently to admit of puncture, and about four ounces of pus were evacuated.

April 28.—She passed a better day, but the cough returned and continued very severely all through the night, and this morning she expectorated nearly eight ounces of pus, and was greatly exhausted.

The day after the last report the child rallied and continued better, but, on May 1, the cough and expectoration recurred and she was almost suffocated. It continued for several hours and left her greatly exhausted. On the 2nd an abscess rapidly formed under the tongue, probably in the right sublingual gland, and in the course of five hours attained a large size and burst, discharging offensive pus. On the 4th the pulse was 120, and quiet; the tongue was white, and the mucous membrane of the mouth generally inflamed. The right side of the chest was less dull on percussion, and respiratory sounds were feebly heard everywhere in the dorsal region, and respiration was somewhat bronchial in the lateral regions.

(c) Trousseau says he has saved one quarter of 200 cases in which the operation has been performed. In favourable cases he thinks one half may be saved.

The arm had re-opened and discharged matter during the night.

On the 7th she had a return of the severe coughing, and brought up fully two ounces of pus, and the cough then subsided much more readily than formerly, and she was much less exhausted and rallied more rapidly. An abscess formed in the left sublingual gland, and burst as rapidly as the former one.

On the 8th she had again some coughing and expectoration, but the matter was mixed with clear mucus and only in small quantity, and she was not much exhausted by the attack.

On the 9th the pulse was 116, and stronger. The tongue was nearly clean, but still red and tender. She took her food well, and the bowels were regular.

May 12.—While I was with her to-day she was taken suddenly with the severe cough, which continued incessantly for some minutes, when, with a peculiar gulping sound, she suddenly ejected a large quantity of matter, and, after a minute or two, a second portion; the cough then gradually subsided.

On the 15th she was removed into the country, and though generally improving, an abscess began to form on the outer side of the left thigh; this was punctured about the 25th, but very little pus escaped. Before this time she had complained of pains in the thighs and knees, and kept the lower extremities flexed on the trunk. She continued to expectorate pus at intervals, but in less quantity and with less cough. The right side of the chest was smaller than the left; but respiration was audible in every part. In other respects she had considerably improved. The pulse was 120; the tongue brownish and somewhat dry; she took her food fairly, though sometimes she rejected it. When not suffering from the cough she was bright and cheerful.

The attacks of violent coughing continued to recur every three or four days, and were followed by copious expectoration of pure pus, free from air, till June 2, when she had a very severe paroxysm, and after that period there was no return. About this time a swelling was noticed at the upper part and outer side of the right thigh, and on the 7th the abscess in the left thigh was again punctured, but without satisfactory result; a week after it burst of itself through the opening, and discharged freely. A few days later, the abscess in the right thigh, which had involved the whole of the outer and anterior portion of the upper part as well as the buttock, was punctured and discharged freely. The abscess in the left thigh was deeply-seated, surrounding the bone; that in the right was more superficial. While in the neighbourhood of London she did not make much progress. Her pulse continued quiet, 120 to 130. She took her food irregularly, and occasionally ejected it; she was restless at night and perspired much, and did not gain strength. At the end of July she was taken to Southend. In the first week after, the abscesses began to discharge less and she improved in every respect, the tongue becoming clean and the pulse quieter and her appetite less capricious; her digestion also was better, and the perspirations became less.

On August 15, the abscesses in the right thigh had entirely ceased to discharge, and the thigh and buttock were quite sound. The left thigh was still swollen, tense, and tender, and a probe passed readily to the bone over a large space, but the bone did not appear to be anywhere denuded of the periosteum. The tongue was still somewhat furred towards the root; the pulse was 120, and feeble; the skin moist and natural. She was less irritable and more cheerful, and had gained flesh and strength. She took her food well, it agreed with her; and she slept comfortably, and did not perspire at night. There was very little difference to be detected between the two sides of the chest, either in the size or resonance on percussion, and the respiratory sounds on the right side were full, free, and natural. There was some enlargement of the abdomen, and she probably experienced pain there with tenderness on pressure. The bowels, however, generally acted naturally. After having remained for about a month at Southend, the child appeared to be making no further progress, and was removed to Margate, and remained there till the coldness of the season necessitated a further change to Brighton.

On October 30 she returned to town, and I found her quite well. There was no apparent difference between the two sides of the chest, either as respects the expansion, freedom of movement, resonance on percussion, or respiratory sounds. The abdomen was somewhat large, but not tender; the tongue clean, the pulse quiet, and the bowels regular. The right thigh was perfectly sound, and had recovered its proper form and size; but the left was still enlarged, and there was some induration and thickening at the lower part. She could bear her whole weight on either limb, but not so well on the left as on the right; in walking she turned her foot somewhat outwards from want of control over the muscles. The left leg was also slightly shorter than the right.

Since this time she has had a somewhat sharp attack of diarrhœa, brought on by cold, and has suffered slightly from scarlet fever and measles, but she readily recovered from these affections, and is quite well at the present time.

Remarks.—It may be doubted whether the term pyæmia applied to the above case is strictly correct; as in any similar instance where the patient recovers the precise nature of the affection may always be doubtful. When, however, we consider that the child had had a severe attack of typhoid fever, with very profuse and persistent diarrhœa, doubtless connected with extensive inflammation, ulceration, or sloughing of the intestinal mucous membrane; that during convalescence suppuration occurred in various parts of the body,—first in the right forearm, then in some portion of the pulmonary apparatus, then under the tongue, and, lastly, in both thighs; and that the abcesses rapidly formed and contained large quantities of matter, we must, I think, conclude that the blood was the seat of some foreign element, whether such may have been pus or not.

It is not, however, on this ground that I have brought the case before the Profession, though the recovery of the patient a condition so closely analogous, at any rate, to pyæmia, is an occurrence sufficiently rare to invest it with interest; but to illustrate the difficulty which occasionally attends the precise diagnosis in cases where even large quantities of matter are expectorated, and where every opportunity is afforded for a full and complete examination of the patient.

It must, I conceive, be conceded that the matter proceeded from some large cavity; for the pus, except at the early period when it was doubtless making its escape with difficulty through the lungs, was always free from any minute intermixture of air, or only contained the large air-bubbles which it would necessarily acquire in its passage along the bronchi. If this be admitted, it would appear that the sources from which the matter might probably be derived are,—Firstly. The substance of the lung. Secondly. The general cavity of the pleura. Thirdly. The diaphragmatic surface of the pleura or the interlobar pleura; and Fourthly. The mediastinum.

1st. When the expectoration of pus first occurred I was disposed to believe that it was derived from a pulmonary abscess, but subsequent observation induced me to abandon that idea. True abscesses in the lung are admitted by those who contend for their occasional occurrence to be very rare, and I have never myself met with a case which has appeared to be of that description. The nearest approach to anything of the kind is probably where there is a localised deposit of tubercle, or a portion of gangrenous lung around which suppuration occurs, and in cases of pyæmia. There is no reason to suppose that either of the two former conditions existed in the present instance; and, had the matter expectorated been derived from a purulent deposit, it seems scarcely possible that it could have attained dimensions equal to the outpouring of such an amount of matter without having involved a large portion of the lung. Such an abscess would also most probably have been combined with extensive consolidation of the pulmonary tissue around, and this could only have subsided after a considerable period; yet in this instance we find that the evidences of disease in the periphery of the lung were limited to the dorsal and lateral regions, and that they very quickly disappeared, and were almost entirely gone, while the child still continued to expectorate at intervals large quantities of pus.

2nd. There undoubtedly was some effusion into the pleural sac; but this was probably never very extensive, for bronchial respiration was heard at the lower angle of the scapula, and the dulness was limited to the lower portions of the right side. Generally speaking, also, but not always, when a communication takes place between the pleura and the lungs, more or less air enters into the cavity; but no evidence of pneumothorax was at any time detected. In cases of chronic pleurisy, whether the effusion be absorbed or evacuated in any other way—and especially when the effusion is purulent—the pleura usually recovers its natural condition very slowly; imperfect expansion, dulness on percussion, and defective respiration, continuing for weeks or even months, or remaining to a greater or less extent permanent. Yet, in the present case all the signs of effusion very rapidly disappeared, and the diseased side was left scarcely less fully expanded than the other. These conditions preclude, I think, an empyema being regarded as the source of the matter expectorated.

3rd and 4th. Was there either a diaphragmatic or interlobar pleural abscess, or an abscess in the mediastinum? Supposing that an abscess existed in the mediastinum, the matter would most probably penetrate directly into one of the main bronchi, and thus the evacuation would have been sudden, with little or no warning, and would not have taken place at the end of prolonged and distressing fits of coughing, as it did. It is difficult, also, to explain the dulness and defect of respiration which existed in the lower and lateral portions of the chest on such a supposition, but the curious coincidence between the sudden cessation of the expectoration, after an attack of unusual length and severity, and the appearence of the extensive abscess in the right thigh and hip, seems to point to some connexion between the two, which could only be explained by supposing the matter expectorated to have been derived from an abscess in the mediastinum, which had subsequeptly burrowed into the abdomen and thence into the thigh. I give this as a mere surmise, and with a full appreciation of the difficulties attending the acceptance of such an explanation; but the coincidence between the two was sufficiently striking to have attracted the attention of the child's attendants, and to have suggested to their minds the idea which I mention.

The objections to supposing the existence of a diaphragmatic pleural abscess are,—that there were not the severe pain and extreme difficulty of breathing which usually occur in cases of diaphragmatic pleurisy, and that the abscess, wherever it was situated, must have formed very insidiously.

Taking the whole of the facts of the case into consideration, the most probable conclusion seems to be, that the matter was expectorated from an interlobar pleural abscess. Such a supposition is in accordance with the circumstances, that at the earlier period there were decided evidences of pleurisy, though chiefly of the dry kind; that the matter first evacuated was minutely intermixed with air, probably from its having to make its way through the lung tissue into the bronchi; and that the evacuation of the matter was throughout attended with great effort and difficulty, most likely from the channel by which it passed being narrow or tortuous. According to this supposition, also, the signs of consolidation of the lung tissue, and their rapid subsidence and almost entire disappearance while the matter still continued to be expectorated, may be readily explained by the supposition that the lung was pressed against the parietes of the chest by an abscess in its centre, which, though less distended after the first evacuations, still continued of sufficient size rapidly to secrete considerable quantities of pus. Whatever be the true explanation—and the case must be regarded as involved in considerable obscurity,—it affords a very gratifying instance of the amount of disease which may be entirely recovered from in young and otherwise healthy subjects.

Case 2.—Typhoid Fever, with Predominant Cerebral Symptoms—Recovery after the Sudden Expectoration of a Large Quantity of Pus.

Mr. D., of the strumous diathesis and hereditarily predisposed to phthisis, aged 25, first came under my care in 1846, at which time he complained of cough and difficulty of breathing, and which were succeeded in June by a decided attack of typhoid fever. The predominant symptoms during his illness were those of cerebral disturbance, and he was entirely unconscious for a considerable period. He was regarded as convalescent on August 1, after which he began to suffer from considerable cough and difficulty of breathing, and became again greatly prostrated. On examining the chest the respiratory sounds were found entirely abolished on the left side, but the resonance on percussion was not impaired. In this state he was seen by Dr. Hughes, who gave the opinion that the left lung had become the seat of a copious deposit of miliary tubercle, and adhered to that opinion, though informed that the signs of pulmonary disease had suddenly become developed within the last day or two. Shortly after this he had a severe and prolonged fit of coughing, and then vomited a large quantity—he says a full pint and a-half—of matter mixed with blood. He immediately obtained great relief. On examining the chest the respiratory sounds were found to be restored on the left side, and after removal to the country he returned to town quite well. Though a delicate person, and subject to chest affections during winter, he is still alive, and, upon the whole, has enjoyed fair health since his recovery.

Though in this instance, as in the former, the matter was evacuated during convalescence from typhoid fever, yet it does not appear to have been a case of the same kind. On the contrary, it seems most probable that the abscess was an accidental occurrence, though probably excited by the state of fever.

The seat of the abscess is also obscure. It cannot have been in the neck, or it would most probably have been detected, and would have opened either into the trachea or bifurcation of the bronchi, so as to interfere with the respiration in both lungs. It seems, therefore, most probable that it was in a bronchial gland, and so placed as to press only on the left bronchus.

It is by no means uncommon to find both acute and chronic disease of the bronchial glands: the former in the form of enlargement and softening in cases of pneumonia; and the latter of tuberculous deposit, this being especially common in young persons, either with or without tubercle in the lungs. I have once seen a gland lying entirely loose in an abscess external to, and producing ulceration of the bronchus; and in another case found a large opening from the bronchus into a cavity in the lung, which was supposed to have resulted from disease of the gland. In the present instance, as the patient was of strumous diathesis and predisposed to phthisis, of which disease a brother had died, it seems probable that some deposit of tubercle might have existed in the glands from early life, and this during the fever might have been called into active operation so as to give rise to an abscess. It is, however, difficult to suppose that the formation of matter can have been by any means so large as was stated by the patient.

The only other remark which the case seems to call for is, that in drawing conclusions from the physical signs which we detect in the chest, we should be careful to give full weight and attention to the general symptoms; and this, perhaps, since the discovery of auscultation and percussion, we have most of us been apt not sufficiently to consider.

SEVERE INJURY TO THE FACE,

WITH FRACTURES OF BOTH UPPER AND LOWER MAXILLÆ, FOLLOWED BY GREAT HÆMORRHAGE—RECOVERY.

By GEORGE LAWSON, F.R.C.S.
Surgeon to the Great Northern Hospital, etc.

The following case of severe injury to the face is interesting, as it illustrates the advantage of following out that fundamental law of Surgery, that, in cases of hæmorrhage from wounds, we should endeavour to secure the bleeding vessels themselves rather than place a ligature on the main trunk. The hæmorrhage in this patient was so severe that it appeared as almost certain that the intermaxillary artery had been torn across, and the nature of the accident, and the parts implicated by it, favoured the supposition. On opening up the cheek such was proved, however, not to be the case, and the true source of the hæmorrhage was detected, and the bleeding vessels secured by ligature.

J. C., aged 43, was admitted into the Great Northern Hospital on the evening of April 1. Whilst very drunk, he slipped and fell with his head beneath the wheels of one of Jay's earth carts, which was employed in removing the soil from the excavations for the underground railway. The wheel went over his face, passing obliquely across it, from the left ear over the upper maxilla of that side, and gliding off by the nose.

On his admission he was noisily drunk, and perfectly unconcerned about the battered state of his face, and, indeed, endeavoured to lay violent hands upon the House-Surgeon for his proffered assistance. He soon, however, became quiet, and on examination the whole of the left side of the face was found much contused, with three lacerated apertures in the cheek, through which the teeth had been forced. The interior of the cheek was literally pulped. The lower jaw was fractured a little above its angle, and also at its symphisis, and the gum split down into the fracture, so as to render the detached position even more movable than it otherwise would have been. A tooth was knocked out of the upper maxilla, and a fracture extending across it caused the whole alveolar process of that side to be loose and movable.

The House-Surgeon having adjusted the parts as far as he could, the patient was put to bed. About three hours after his admission bleeding commenced from the mouth; it increased in severity, and all the ordinary applications—such as ice, astringents, etc.—failed to arrest it. I was then sent for, and, with my friend and colleague, Mr. Carr Jackson, who had also been summoned, examined into the actual condition of the patient. The night-shirt of the man and the bedding were saturated with blood. He was quite blanched, covered with a cold sweat, with a very small pulse, and on attempting to raise him to facilitate an examination of the parts, he became faint, and was obliged to be laid in the recumbent position. The bleeding, although now much diminished, still continued, and could be seen, on looking into the mouth, to be welling up.

Our first impression was that the internal maxillary had been torn, and that the excessive hæmorrhage was from that source; but, considering the lacerated condition of the inside of the cheek, Mr. Jackson agreed with me that it might possibly come from the facial, and that it would be well to open up the cheek, and secure, if possible, the bleeding vessels. This I accordingly did, by passing a bistoury through one of the wounds in the cheek, and carrying it onwards through the upper lip. We were thus enabled to make a careful examination, and, after removing all the clots, we discovered the source of the bleeding, and ligatures were put on vessels, which in situation corresponded to the facial and the transversalis faciei. The parts were brought together by hare-lip pins and the twisted suture. The broken portions of the jaw were secured in apposition by wire twisted across the teeth.

From this time all hæmorrhage ceased, and the man has progressed most satisfactorily.

It was found extremely difficult to keep the broken extremities of the lower jaw in anything like apposition. I therefore handed over this part of the treatment of the case to Mr. Statham, the Dentist to the Hospital, and he, by a series of ingenious contrivances, has managed to secure the parts *in situ.*

63, Park-street, Grosvenor-square.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.
Physician to the Metropolitan Free Hospital.

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KING'S COLLEGE HOSPITAL.

CLINICAL REMARKS ON THREE CASES OF MALINGERING, NAMELY, TWO CASES OF PRETENDED BLOOD-SPITTING OR VOMITING, AND ONE OF SUPPRESSION OF URINE.

In a recent clinical lecture Dr. Johnson referred to some cases of feigned disease as follows:—

In the course of our professional experience we sometimes have to deal with persons who, from various motives, attempt to impose upon us by feigning diseases or the symptoms of disease, which either have no real existence or which are voluntarily excited by the would-be patient. Medical officers in the army and navy find it necessary to be very watchful to avoid being deceived by malingering men; in civil practice these attempts at imposition are much more commonly made by women and especially by hysterical girls, whose especial delight it is to excite sympathy for themselves and to mystify the Doctor. I purpose now to say a few words respecting three cases of this kind which have recently come under my observation; two of the cases occurred in the Hospital, and one in my private practice.

Case 1.—The first case was that of a girl, E. S., who made a very poor attempt to feign vomiting of blood. She was 16 years of age, had a fresh colour, and a plump and healthy appearance. She stated that during the last four years she had been subject to fits which, from her description, were evidently of an hysterical character. The catamenia had for some time past occurred at irregular intervals of from fourteen days to six weeks, and had sometimes continued for a week. She said that a fortnight before her admission, on October 17, she began to vomit blood, and that she had daily since that time vomited about half-a-pint of blood; the vomiting being accompanied with a feeling of swelling in the throat.

There were no symptoms of dyspepsia, no cough, nor any signs of disease within the chest. I have already said that her appearance was that of good health. The day after her admission she had a well-marked fit of hysteria of half-an-hour's duration, during which she continually muttered, "He's going to shoot me."

She stated that during the past year her fits had been more frequent since she received a fright from the sudden appearance of a man in the garden at night. The day after her admission and the four succeeding days she pretended to have vomited blood, and she produced a liquid of a pale pink colour which the most careless observer could scarcely mistake for blood. It did not coagulate with heat, and under the microscope we saw, not blood corpuscles, but globules of oil, probably from milk.

The House-Physician took from her locker a small bottle containing a red liquid, apparently compound tincture of lavender. The pink liquid which our patient pretended to have vomited was evidently a mixture of milk with this compound tincture of lavender.

From this time there was no return of the pretended vomiting of blood, and after keeping her in the Hospital for a few days in order to give her the benefit of a daily shower-bath, we sent her out.

Case 2.—Elizabeth G., aged 19, a servant, was sent up to the Hospital from the country by a lady in whose service she had been for two months previously. Her mistress had taken great interest in her, and sent us an elaborate history of her symptoms. She came in on February 4. It was then stated that the catamenia had been absent or extremely scanty for the past ten months. She had been subject to frequent fits of fainting; she had had a cough for a month; and for a fortnight this had been attended with daily spitting of blood to a variable amount; the largest quantity brought up in the twenty-four hours, according to the statement of her mistress, being about a pint and a-half.

Notwithstanding this loss of blood, she had a healthy appearance and a florid face. The voice during the first few days after admission was whispering, and she had an occasional loud barking cough. There were no physical signs of disease within the chest. She spat daily about two ounces of blood, which was usually of a bright colour, always liquid, and apparently mixed with saliva; but it was never frothy, and never contained any material like mucous from the lungs.

It was evident that we had to deal with a case of hysteria, and from the first, suspecting some trick in connexion with the hæmoptysis, I desired the attendants to keep a particular watch upon this symptom. I learnt from the lady-sister in the ward that the blood was always spat out without cough or effort of any kind, as if it came from the back of the mouth or nostrils. I looked into her mouth several times before I discovered the source of the bleeding. At length, however, the mystery was explained. A few days since, at the time of my visit, the sun was shining brightly into the ward while I was examining her mouth with the aid of a bright metallic tongue depressor, which reflected a strong light upwards, and there, in the mucous membrane of the hard palate, I saw about twenty fine cuts or scratches, some of which were nearly healed, while others had evidently been made but a very short time before. When taxed with having deliberately attempted to deceive us her face confessed, though her tongue denied her guilt. She declared that she had not cut or pricked her mouth, and it was not until after she left the Hospital that she confessed, as I learn, that she had scratched her mouth with a long darning-needle. After we had discovered her trick she did not venture to repeat the operation. Within three days nearly all traces of the cuts and scratches had disappeared; and the bleeding, which had been going on daily for a considerable time, entirely ceased. In the meantime we had been treating her with shower-baths and steel. She had recovered her voice. The spasmodic cough was rarely heard; and now, having put a stop to the hæmoptysis, we dismissed her.

Amongst other statements, to which we paid little heed, she declared that she had occasionally gone a week without an evacuation of the bowels, and two days without passing urine.

A pretended suppression of urine is not an uncommon phenomenon in cases of hysteria. I have lately met with an example in private practice, of which I will give you a few particulars.

Case 3.—On March 7, I was asked by my friend, Dr. G., to see with him an unmarried lady, 21 years of age, of whom he gave the following history:—She had been troubled with round worms; and after trying a variety of vermifuge medicines with only partial success, he gave her nine days ago half an ounce of oil of turpentine. The oil acted freely on the bowels and brought away several worms. Two days afterwards he was sent for in consequence of no urine, or scarcely any, having been passed since the turpentine was given; and up to that time, that is, for a period of nine days, it was alleged that she had passed only about an ounce of urine a day. During this period she had remained in bed, eating and drinking as usual, apparently in good health; there had been no vomiting, nor any pains either in the urinary organs or elsewhere. Dr. G. had twice introduced the catheter, and had drawn off each time only about half an ounce of urine. These specimens he brought to me. One was turbid with urates, the other was clear; neither specimen contained a trace of blood or albumen, or any other morbid constituent.

I have never yet met with an instance of suppression of urine after a dose of turpentine in which there has not been more or less of strangury, nor one in which the urine, when any could be obtained, was not found to be both bloody and albuminous. I saw the patient the same day; she had a peculiar, shy, nervous manner, such as we should expect to find in one who was conscious of an attempt to deceive her friends, and there was an entire absence of the symptoms which must have been present if, as she would have us believe, the urine had been almost entirely suppressed for nine days. As I have already stated, there was no irritation of kidneys or bladder, no vomiting, and nothing abnormal in the urine which was obtained by the catheter. I had no hesitation in expressing to the patient's mother my conviction that her daughter was practising an imposition, and that in spite of the careful watch which was said to have been kept over her, she had contrived to dispose of the water after passing it. I advised that she should be more closely watched, and that the catheter should not be again used unless the bladder became paralysed by over-distension. I have heard from Dr. G. that three days after our visit he was sent for, when he found the bladder distended, and drew off a full quart of healthy urine by the catheter. It was alleged that only about an ounce had been passed during the previous three days. Yet no bad symptoms had occurred. Dr. G. now insisted upon her getting up as usual, and said he should not again interfere without some urgent need. After another interval of three days he was again sent for. The bladder was again distended; curiously enough, however, only about half a pint came away through the catheter, but a few minutes afterwards she passed voluntarily at least a quart of urine.

Here the history of the case ends. Dr. G. writes to me that he sees his patient walking about every day, that she "cuts" him "because he has said unkind things to her relatives"; but she sends for her steel medicine, and her mother reports that she takes it.

If you should ever be troubled with a case like this in which there is what you suspect to be only a pretended suppression of urine, you may, with the aid of a sensible and trustworthy nurse, quickly bring the symptoms to a decisive test. Let the nurse be instructed to ply the patient liberally with any simple liquid, frequent cups of tea, or toast-and-water, or barley-water, and if you please you may add to the diuretic tendency of the liquid by an occasional dose of compound spirit of juniper, or the spirit of nitric ether, or both combined. The nurse to be instructed on no account to leave the patient even for a moment. If at the end of twelve hours, no urine having been passed in the interval, the bladder is not distended, you may conclude that your suspicions have not been well-founded, and that there is some defect in the secreting power of the kidney.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

APOPLEXY OF THE PONS VAROLII—RECOVERY.

"Fit" (Nineteen Years Ago) followed by Paralysis of the External Recti and of the Face and Trunk both Motion and Sensation—Gradual Recovery—Clinical Remarks.

(Case under the care of Dr. BROWN-SEQUARD.)

THE following case is one of extreme rarity,—so rare, Dr. Brown-Séquard stated, that he scarcely remembered to have ever seen one quite of the same kind. It was interesting, too, for other reasons besides its rarity. Hæmorrhagic effusion in the pons Varolii is, in the great majority of cases, immediately fatal, and yet this patient had the attack nineteen years ago, and had all the time been slowly recovering. Again, the admirable illustrations which it presents of the precision in diagnosis, given by an extensive and accurate physiological knowledge, is very interesting.

The patient is a man, aged 58. He is intelligent, and his memory and mind seem to be unimpaired. At the period of the attack (about the age of 39), he was the editor of a newspaper, and had gone through much mental toil in that post. He was, however, he believed, apparently in good physical health. Whilst writing at his desk he was seized with a "fit," in which he lost his consciousness. His statements as to whether or not he was convulsed are very dubious. Dr. Brown-Séquard inquired particularly if his breathing had been affected in the fit, but the man denies that this has ever been the case, but as he was, he says, for two hours insensible, his answer to this question also is doubtful. On recovery from the insensibility, he found that he had lost sensation and the power of motion in all his four limbs, and also total loss of the power of speech. His face also was paralysed, both as to sensation and motion on both sides; but he thinks that the face was drawn a little to the right. He never had dropping of either upper eyelid, but saw double (paralysis of the sixth pair) both to the right and the left, and even now he sees double in these directions, and cannot move the eyes quite so far outwards as natural. From the time of the fit up to the present time he would appear to have been gradually recovering. The sensation and motion in the face and arms are now almost perfect, but were absent for seven years after the attack, but the legs are still much impaired and he shuffles them along, supporting himself on crutches. There is still impaired action of the external recti, and the pupils are contracted.

We gathered from a clinical lecture by Dr. Brown-Séquard many interesting observations bearing on this case and the subject of lesion of the pons Varolii. He said that the diagnosis of affections of this part of the brain could be made with greater certainty than of any other part, the symptoms produced being most definite and characteristic.

In this case there could be no doubt but that the lesion was situated in the middle line in the pons Varolii. He illustrated by a diagram the decussation of the facial nerves, and of the motor branch of the fifth, and of part of its sensitive branches. He showed that the greater part of the fibres of the sensitive division of the fifth passed down into the medulla oblongata, instead of upwards into the brain, as do the other fibres; and that in this part of the nervous system the motor and sensitive fibres were not blended to the same extent as they are in the cord; and thus that here there might be injury to one set only, producing paralysis of motion or of sensation, as the case might be; but in the cord, lesion producing paralysis of motion always produced also, to some extent, affections of sensibility. In the case of this patient, the subject of the clinical remarks, he said, that both sensation and motion were involved, from the extent of the injury. He showed how injury to one side of the pons Varolii might produce paralysis of both sides of the face and of one side of the body. Thus, in an injury on the right side, the facial nerve arising here and going to the left side of the pons, and thence to the left side of the face, might be injured *before* it crossed, and by the extension of the same injury the other nerve might be implicated *after* it had crossed. The double vision was due to implication of the sixth pair, which, arising from near the floor of the fourth ventricle, decussate in the pons. He then passed in review the various circumstances which established the diagnosis of disease in the middle line of the pons Varolii. It was clear, he stated, that it was above the origin of the nerves to the limbs, and above the facial and the sixth; but why, it might be asked, should it not be even beyond these in the corpus striatum and thalamus opticus, or in the crura cerebri? If in the crura cerebri, there would in all probability have been an affection of the third or motor oculi nerve, of which in this case there was no history. Then again, there would have been probably rotatory movements, as observed in experimental injuries of this part. Apoplexy into the corpus striatum and the thalamus opticus on one side, would not be followed by loss of motion and sensation on both sides of the body; and again, it is not possible that there would be that extensive loss of sensation of the face which the patient had had for some years; for as he pointed out, the great part of the sensitive division of the fifth does not pass higher than the pons, and yet in the patient's case the parts supplied by this nerve were deprived of sensation.

THE LONDON HOSPITAL.

CASE OF MORBUS ADDISONII.

(Under the care of Dr. FRASER.)

[Communicated by Dr. MORELL MACKENZIE.]

ELLEN A., aged 18, admitted into the London Hospital under Dr. Fraser's care, on February 18, 1862, suffering from morbus Addisonii. The pigmentary changes and the accompanying debility had been coming on for about two years. The patient was of a fine olive colour, but there were a few almost black patches here and there in different parts of the body. The discoloration was especially developed over the lower half of the trunk and at the flexures of the joints. The most careful examination failed to detect the existence of any disease of the heart and lungs, and there was no apparent alteration in the bulk of either the liver or spleen. The fæces and urine were normal, though the former was inclined to be dry, and the latter was generally scanty. The menses were irregular and deficient in quantity. The blood did not contain any free pigment, nor was there any excess of white cells. The patient fainted frequently, and was much troubled with sickness; and at length the prostration became so profound that she could not even sit up in bed. Her friends removed her from the Hospital on April 4, and she died on the 5th, at Cheshunt Common. She was quite sensible up to the time of death. The autopsy was objected to, but finally a partial examination was permitted. The right supra-renal capsule was found to be a mere diffluent mass, surrounded by strong adhesions which firmly connected together the liver, diaphragm, kidney, and supra-renal capsule. The left supra-renal capsule was also connected by dense adhesions to the diaphragm and spleen, and the close union which existed between it and the kidney (which had not been disturbed) could be well seen. Microscopic examination failed to discover a vestige of the true glandular structure, and there remained nothing but a strong fibrous envelope containing pus and a small amount of cretaceous matter. The kidneys, spleen, and uterus were quite healthy. The colon throughout the greater part of its extent was loaded with scybala. The other organs could not be examined.

GUY'S HOSPITAL.

ULCERATION OF THE PALM OF THE HAND IN A WOOD-SAWYER FROM DEFECTIVE INNERVATION.

(Under the care of Mr. COCK.)

THERE was recently, in Guy's Hospital, a case which, Mr. Cock believes, appears to show the effects of deficient innervation on nutrition. We give the following report of the case as obtained from the patient:—

John C., aged 28, was admitted February 25, 1862, for intractible ulceration of the palmar surface of the right hand. Fourteen years ago he began the occupation of wood-sawyer, which he still follows. One afternoon, about 4 o'clock, about four months after, whilst sawing, a "coldness took him" on one half of his body (the right), face, arm, and leg. He related this very circumstantially. He said that he felt ill, and mentioned the feeling to his brother, who told him not to mind it and to go on. He did; but in three-quarters of an hour he fell down insensible in "a fit." He would have bitten his tongue, but says that he was prevented from doing so by a knife-handle being put into his mouth. But he also says that he was quite still in the fit. It lasted about an hour or an hour and three-quarters. When he came to himself he found that he could not move the right side, and for three weeks was in bed. After this time he began to walk, but for some time imperfectly, and in fact he now rather drags the right leg. In three months he was back again at work, and kept at it until a few days before admission. The man was quite certain that he also lost sensation. He says that he remembers that the Surgeon pinched his arm, foot, and face, and is sure that there was then not the least feeling. He says, also, that for some time it was "wonderful cold," and that he could not get any warmth in it. He did not know whether or not it felt cold to other people. He had no pain in it. His face was not much drawn; he could shut both eyes; had no squinting; his sight was dim. For four or five years after this attack he was deaf on the right side, but he does not know whether it began at the same time as the paralysis or not.

He can now see and hear well on both sides, and there is no notable paralysis anywhere, but he drags the right leg a little. There is a little, but not marked, impairment of sensation on the right side of the face (tongue) and of the arm, as high as the middle of the lower arm.

He was admitted for ulceration of the right hand. He says that this began two or three days after the fit—first in the proximate flexures of the index finger, and it has been bad ever since. Since he has lost the terminal phalanx of this finger and two phalanges of the thumb. He has several ulcerations in the flexures of the other fingers.

The man was taken out of the Hospital by his friends nine days after admission; but his health had began to improve under tonic treatment and generous diet, and the ulcerations were assuming a much healthier aspect.

RADCLIFFE INFIRMARY, OXFORD.

INJURY TO THE FINGER FOLLOWED BY TETANIC SYMPTOMS—RECOVERY.

(Under the care of Mr. HESTER.)

WILLIAM N., a delicate boy, aged 11, was brought to the Hospital having torn a blunt hook through the ring finger of the right hand, causing a jagged wound on its flexor aspect, opposite the base of the first phalanx. The bleeding was trifling, and the tendon was not injured. The finger was dressed without the use of sutures, and the boy returned home. About three weeks after this he was brought to the Hospital by his mother, who had noticed a peculiar expression about his face, and that he did not swallow his food well. The history obtained was that four days previously, up to which time his health had been apparently good, he complained of a feeling of tightness across the forepart of the chest, and stiffness about the jaws. These symptoms were considered by a chemist who saw him to be the result of a cold, and treated accordingly. The boy, however, became worse; and on the day before he was brought to the Hospital it was noticed that the expression of his face was somewhat altered. He could not open his mouth very wide; the act of laughing caused pain all over the face, and he experienced some little difficulty in swallowing.

He was at once admitted, all the above symptoms being a little increased, and, in addition to them, there was twitching about the angles of the mouth, and general stiffness of the limbs, so that he walked, as his mother expressed it, "like one cramped with the rheumatics." Further examination showed the sterno-mastoid muscles to be tense, and the abdominal muscles quite rigid. The wound on the finger looked healthy, but had not made much progress towards healing. His bowels, generally costive, had not acted for several days. On the day of his admission, Mr. Hester amputated the finger with the head of the metacarpal bone, and administered large doses of calomel and scammony; and afterwards, as the bowels remained obstinate, croton oil. By these means, copious evacuation of the bowels was induced, the stools being dark coloured, very offensive, and not containing any worms. After the bowels had acted several times, liq. opii sedativ. and ipecacuanha were given in full doses every three hours.

On the next day the symptoms had subsided a little, and the same treatment was continued, a poultice being applied to the hand to encourage free suppuration. The boy's condition gradually improved, so that on the fifth day after his admission he expressed a wish to get up, as feeling quite well. There was still an unnatural expression about the face; abdomen still somewhat tense. He slept well, has good appetite, and swallows without any difficulty. These remaining symptoms soon disappeared, and the boy was discharged on March 5, having been in the Hospital just five weeks, the wound not being quite healed. He presented himself soon after with the wound quite healed, and very much improved in general condition.

DELIRIUM TREMENS TREATED WITH HALF-OUNCE DOSES OF THE TINCTURE OF DIGITALIS.

(Under the care of Mr. HESTER.)

A drayman, aged 28, of very powerful frame, was admitted for a contused wound in the occiput, caused by falling backwards whilst intoxicated. The hæmorrhage, which had been very free, was checked by the application of a little pressure; and being put to bed he soon fell asleep. Next day he appeared to be suffering from the effects of his debauch, and as he craved very much for a drop of beer, a pint of ale was allowed, which made him feel more comfortable; but in the evening he was seized with a violent fit of epileptiform convulsions, which lasted for about ten minutes. Another half-pint of ale was given to him, with the same result as before; and during the night he had two slighter fits of the same character.

On the second day he complained of pain in the head, and, his bowels being confined, a good dose of calomel and jalap was administered, to be followed by sulphate of magnesia every four hours, and cold applied to the head. His bowels were freely opened, and he was quiet throughout the day and the following night.

On the third day he became restless and fidgety, and was with difficulty kept in bed, being frightened by some imaginary object which he said constantly pursued him. In the night he got out of bed, and had to be carried back by force, in spite of his most violent efforts to the contrary. A strait-waistcoat was applied, and half an ounce of tincture of digitalis given in water. He soon became quiet, muttering a sentence in low voice now and then, and continued so through the night, but did not get any sleep. Next day he was restless, and towards night became again very violent. A second dose of the digitalis was administered, and in a few minutes he fell asleep and slept through the night and the greater part of the next day. After this he became very quiet and comfortable, and has progressed up to the present time very satisfactorily, the wound having nearly healed.

ACTION FOR MALPRAXIS.—MEDICAL RESPONSIBILITY.—The question of Medical responsibility has been stated with some precision in a judgment delivered by the Tribunal of the Seine in an action for malpraxis in which the damages were laid at 10,000 francs; being, in fact, a cross action in reply to one on the part of the Doctor for payment of his fees. The nature of the case is not detailed in the report, the fact of the patient remaining lame after treatment being alone stated. The judgment affirms that Medical Practitioners must not be rendered responsible on account of the manner in which they have thought proper to operate, the mode or system of treatment they have adopted, or the external applications which they have in certain cases had recourse to,—all these questions coming within the domain of practice and science. They must not, however, shelter themselves under this principle when it has been established that they have acted with gross want of skill or carelessness, and contrary to the rules of art and the conclusions of science. The *experts* (MM. Velpeau, Michon, and Boys de Loury), while admitting the reality of the infirmity complained of, declared that it was caused by no fault of the Practitioner, and the bill of 500 francs was ordered to be paid together with all expenses. The *Union Médicale* points out how important it is in the appointment of *experts* that they should be instructed to apply the above principle, which would require the proof of gross want of skill, to ensure the conviction of a Practitioner. Too often it happens that the *experts* are only instructed to inquire whether he has committed a fault, and if they disagree with him on some point of treatment, that, in their eyes, constitutes a fault.

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MEDICAL TIMES AND GAZETTE.

SATURDAY, APRIL 26.

◆

LESSONS FROM A LATE LAW-SUIT.

"EVERY man ought to be trusted in his own business." This is a saying which agrees with the common sense and common usage of mankind. It may fairly be taken for granted, until the contrary is proved, that the tailor understands the cut of a coat, and the baker the composition of a loaf. More especially should this rule hold good in the case of one who before beginning business has been forced to go through a systematic course of study, and pass an examination. When a man has become a legally-qualified Medical Practitioner, and to that end has received a solemn diploma testifying that he has been examined in the art and science of Medicine, and that he deserves to possess the rights and privileges of a Practitioner, which are then and there granted to him,—if a compulsory system of education and examination are good for anything, it should be for this:—that the man who has undergone them and holds the diploma is entitled to be trusted; and that when he forms a judgment in any case, he shall be protected in the exercise of it. The very conditions under which our art is practised require this trust and this protection. The cases submitted to us are often uncertain in their nature. If certain in their nature, there may be reasonable doubts as to the best mode of treatment. But the qualified Practitioner, whom public authority has declared to be fit to form a judgment, and who, in the exercise of that judgment, takes that one of the several possible lines of treatment which he conceives to be the best, ought to be protected, let the issue of the case be what it may. He ought not to be subject to an action for *malapraxis* merely on the hypothesis that if he had done otherwise the result would have been different. If this were the case, our Profession would be another *pandemonium*, and there would, we fear, be as little lack, here as there, of evil spirits ready to become accusers of their brethren.

Let us suppose, for example, a case of acute rheumatism. The patient is attended by Dr. A., who administers alkalies, gives nourishment freely, and one day orders brandy; but the friends for some reason or other are dissatisfied, they discharge Dr. A., and send for Dr. B., under whose care the patient dies. What would be thought if an action were brought against Dr. A.? if Dr. B. testified before the jury that in his opinion calomel and opium, bleeding, and low diet ought to have been administered? and that the giving stimulants during an attack of acute rheumatism was an "unusual practice"? Suppose that in some case in which a man's leg was a quarter of an inch shorter after a fracture of the thigh bone an action was brought, and Surgeon A. mulcted in damages because Surgeon B. and three others with him swore that they did not approve of the particular kind of fracture-bed or splints that had been used: or suppose that a man dies after some new variety of lithotomy has been performed by a young Surgeon, or after an operation for hernia, in which the sac has not been opened; or after excision of the knee-joint; or that the sight is lost after iridectomy;—what would be the effect on our Profession if in any such case it were the custom to bring actions, and to subpœna men who disapprove of those particular operations?

Every unsuccessful case might be a battle-field for contending Medical factions. There is no denying that in Midwifery, just as in Medicine and Surgery, there are different schools. Such a state of things is inevitable in every progressive art. Then, if tedious labour cases are to be grounds of action (we hope, by the way, it will be shown how a man can hinder a child from being born if the uterus be inclined to expel it), we may have some edifying instances of harmonious professional testimony. There are men who have studied midwifery at Edinburgh, Dublin, and Vienna; and others who believe that all perfection resides in the "British midwifery," as they call it, of thirty years ago. A Practitioner who uses chloroform, and piques himself on his skill with the long forceps, might have his reputation blasted by some of his brethren, who swear that they disapprove of them, and do not use them; again, in some case of lingering, painful labour, skilled witnesses might be found to swear that chloroform would have shortened the labour and saved the child. Any discontented litigious patient inclined to bring an action after an unlucky confinement, might find witnesses in the ranks of the party to which his own attendant did not belong.

Besides, our Profession would be degraded into a calling which no man of independence or originality could follow,—it would become what it was when a man could be sent to Newgate for acting contrary to Galen. Adieu to the exercise of ingenuity, and to the excogitation of fresh plans of treatment. Every man who would be safe, must practise according to some stereotyped horn-book. Scientific research would cease with the motive for it.

The very single condition on which progress is possible is, that members of our Profession shall be protected in the exercise of their judgment; that they shall be at liberty to choose any one of several already common modes of practice, or to devise one entirely new. By virtue of their diploma they are to be considered competent to form a judgment, and entitled to act upon it, and to be held blameless for the consequences.

If these remarks be consistent with common sense and morality, if the improvement of our art and the welfare of the sick depend upon the immunities which we ought to possess by virtue of our legal qualifications, then most certainly the persons who ought to be most scrupulous in respecting these rights are ourselves. Whoever applies to any one of us in the hope of extracting a condemnation of the practice pursued by any one of our brethren, whether it be the dissatisfied patient or the obsequious attorney's clerk with a subpœna in his waistcoat-pocket, should be met at once with the reply, "Sir, I have no right to condemn the actions of a man who is competent to form an opinion, and entitled to act upon it. There are and must be differences of opinion on the way of treating every case. I have mine, and Mr. A. has his. He seems not to have been lucky in this case; but he is a qualified man. I make no doubt he did what in his judgment was best, and he is not to be held responsible for the consequences."

Such we affirm to be the policy demanded by the interests of our Profession, not to say by that clear elementary rule of morality which requires us to do to our neighbour what we should wish him to do to us. As for the stories told by discontented patients, they are as trustworthy as those told by discarded servants. In the intercourse of private practice we are bound to give no ear to them; we should give our own opinion and prescribe our own treatment, and cautiously abstain from condemning those of other people. If applied to by some one who "hopes we shall have no objection to take a subpœna," and to give our opinion in Court on the treatment of a case, it is clearly a duty to refuse to listen to an *ex parte* statement, and to appear against a brother in the way that a skilled witness always appears,—as a judge whose mind is made up before he enters the Court, or who forms his opinion from the evidence given for the plaintiff before he has heard the other side of the story.

But it will be said, if a subpœna be served, it must be attended to; and the party subpœnaed must go, willingly or not, to swell the row of witnesses, and give the plaintiff's case whatever prestige a high professional name may confer on it in the eyes of the judge and jury. The following remarks by a barrister will show how this matter really stands:—

> "In the case of Webb *v.* Page,—'Carrington and Kirwan's Reports,' p. 23,—the late Mr. Justice Maule ruled as follows: 'There is a distinction,' said his lordship, 'between the case of a man who sees a fact, and is called to prove it in a Court of Justice, and that of a man who is selected by a party to give his opinion on a matter with which he is peculiarly conversant from the nature of his employment in life. The former is bound, as a matter of public duty, to speak to a fact which happens to have fallen within his own knowledge. Without such testimony the course of justice must be stopped. *The latter is under no such obligation.* There is no such necessity for his evidence, and the party who selects him must pay him.' In the case referred to by Mr. Justice Maule, a skilled witness had been subpœnaed, but refused to give evidence unless first paid for his services and loss of time."

The barrister goes on to say,

> "There is one reason why I should not advise any person in the position of a skilled witness totally to disregard a subpœna. It is quite clear that should such a person fail to attend a trial, no attachment could issue, even if he were called, as is usual, upon the subpœna, because the party subpœnaing him could not make the requisite affidavit that he was damnified by the witness's absence, and in what respect. But such party might bring an action for damages; and although he would recover none, he might not only worry, but might even put the defendant to a considerable expense, as taxed costs by no means include the entire costs in such cases. Although, therefore, I could not advise a total neglect of the subpœna, the safest course would be to obey it, and demand expenses before giving evidence. Such expenses would be only those allowed for a professional witness; but if the person so subpœnaed were willing to run the risk of an action, he might safely absent himself without any fear of an attachment from the Court for contempt."

With regard to the question whether a skilled witness can demand a heavy fee, the barrister adds, "To permit him legally to demand a heavy fee would perhaps look somewhat like countenancing a bribe. At all events, there is no such legal recognition."

There clearly is no *moral obligation* to attend to a subpœna served on a "skilled witness." The amount of *legal obligation* will be estimated from Mr. Justice Maule's dictum. The amount of risk in refusing depends on whether any attorney would be found so desperate as to bring an action against a man for not doing what he is neither legally nor morally bound to do. It remains to be seen, too, if public opinion would sanction the tyranny by which any man could be dragged away from his own avocations on grounds so frivolous as those of some actions for *malapraxis*. Practically, we know that there are high-minded and conscientious men amongst us who reject such subpœnas daily.

We are conscious that we are supported by the whole moral sense of the Profession when we protest against any multiplication of the already too frequent exhibitions of conflicting Medical testimony. More especially we protest against any countenance being given to actions against Medical men for *malapraxis*. On this point we appeal with confidence to those elder men whose high position causes them to be marked by the attorney as skilled witnesses. Even if they should be afraid of an attachment, and should go to the Court, surely they can exert their influence to protect their persecuted brother to the utmost. But should they, with nicer feelings of honour, be inclined to resist the subpœna, and brave the horrors of an attorney's action, they may recollect that the Profession is entitled to demand that sacrifice from them. They have been made what they are mainly by the suffrages of their Professional brethren. The position of teachers in Medical Schools, and of men who have enjoyed long years of consulting practice, surely brings with it some duties towards those who once received instruction, and now, as General Practitioners, seek consultation. It surely is a duty to submit to some inconvenience in order to protect them from merciless prosecution, and the whole Profession from an increasing source of demoralisation and scandal.

THE INTERNATIONAL EXHIBITION OF 1862.

The whole amount of space allotted to Surgical instruments and appliances by her Majesty's Commissioners is 800 square feet; and when that is subdivided among the 112 exhibitors to whom it has been decided that floor space should be given, the average amount for each candidate seems but small. Yet justice has been done to each exhibitor. Vertical or hanging space has been obtained by the construction of a screen extending between two of the iron pillars which exist in that part of the northern gallery devoted to Class 17, and on it shallow cases and other articles suited for that mode of exhibition will be hung.

It is curious to notice the variety of things for which space was demanded, and the entirely non-professional nature of some of them. One applicant desired to show an acoustic pulpit, modestly asking for 625 square feet, or more than three-fourths of the space allotted to the whole class; another was anxious to show a knife-cleaner; another, a deodorising ash-pit (! !), and so on. However, these claims have all been well examined, and the good plan of excluding everything which has not a direct professional bearing has been followed as much as possible. It is a pity that a simple advertisement seems to have been the sole aim of many, and that the more noble idea of wishing to diminish suffering and advance science has not been more prevalent. An Exhibition like that which is so soon to open, should not be merely a gigantic shop; it ought to be an indication of what human intellect and industry have accomplished since 1851. The manufacturer ought not to exhibit with the *sole* intention of increasing his trade. If he exhibits well, mercantile success will surely follow.

The instruments which are used by a Surgeon may be divided into two classes, in one of which originality of invention, or novelty of principle would be the chief characteristic; and in the other, excellence of materials and perfection of workmanship. The merit belonging to each of these is quite distinct in itself; and we trust that when the jurors come to decide on the distribution of medals, they will not forget this distinction. For good metal and finished manufacture we fancy few of the exhibitors are really *personally* deserving of credit. Surgeons know that the instruments they employ pass through many hands before they leave the shop in which they are sold; and we little doubt but that some artizans will be able to walk about Class 17, and point to instruments and say, again and again, "That is my work." When viewed in this light, a Surgical instrument is but a specimen of general cutlery, and the question is reduced to one of simple manufacture. The real merit of an "instrument" is that it is original in principle, and calculated to help the Surgeon in the task he has set himself, viz., to do his best to diminish suffering and remedy disease; so that it is clear that originality of invention and perfection of manufacture are two distinct grounds on which awards should be made.

There is no doubt but that in an Exhibition like that of 1862, uniformity is a most important element; and that in proportion as harmony in arrangement is obtained, so will the result be successful; this not only holds good as far as the cases are concerned, but even in the classification of the instruments themselves. A catalogue of Surgical instruments was published in connexion with the reports of the juries of 1851; and as it was thought desirable that it should be enlarged and made as perfect as possible, the Society of Arts invited a large number of metropolitan Surgeons, a year or two ago, to unite and produce such a catalogue as would not only form a full epitome of Surgical instruments, but also facilitate the duties of a jury who might be called upon to investigate the subject at any future time. They divided the labour: that part of the list relating to Ophthalmic Surgery was done by Mr. Streatfeild, that to Orthopædic Surgery by Mr. Coote, and that to General as well as Obstetric Surgery by Mr. Traer, the present superintendent of Class 17. These gentlemen submitted the result of their work to their respective sub-committees, and the whole catalogue was passed at a general meeting. Here, then, is such a list as will most decidedly be of use not only to the jury, but to professional men generally; and it is much to be regretted that the majority of Surgical instrument-makers in extensive business have not chosen a common plan of arrangement. Surgeons who visit the Exhibition would then have obtained a much more interesting *coup d'œil* of the whole class, and greater facility would have been afforded those who have to adjudicate on the merits of each case than they will now meet with.

In consequence of the number of exhibitors not exceeding 133 in Class 17, and of there being a separate superintendent to manage its general arrangement, it has progressed further, perhaps, than any other, and if no unforeseen cause of delay happens, there is no doubt but that it will be quite ready for inspection on the opening day; although the general attention will probably be more directed to the official ceremony and its musical adjuncts, than to the more minute details of the Exhibition itself.

It may be interesting to our readers to know the names of those gentlemen who have accepted the invitation of Her Majesty's Commissioners to act as jurors, and we, therefore, subjoin them:—Thomas Bell, Esq., V.P.R.S., F.R.C.S.; W. Bowman, Esq., F.R.C.S., F.R.S.; Arthur Farre, Esq., M.D., F.R.S.; F. Seymour Haden, Esq., F.R.C.S; James Luke, Esq., F.R.C.S., F.R.S.; and James Syme, Esq., F.R.C.S., Ed. and Lond., F.R.S. France is the only one of the foreign countries which has taken advantage of their power to elect a juror in this class; and we are sure that the gentlemen just named could not have a more scientific and amiable man associated with them than Professor Nélaton, on whom their choice has fallen.

It could not have been an easy task for Dr. Lyon Playfair, to whom the construction of the juries has been entrusted, to have made his selection from among the many men who occupy brilliant positions in our Profession. As to the pre-eminent qualifications of those whom he has chosen there can be no doubt; but why so few? We should have expected that the various apparatus used for the relief of deafness; the new instruments for the exploration of the cavities of the fauces and larynx by the speculum; and the older ones in the shape of probangs, etc.; the various stomach-pump and enema apparatus; the great variety of instruments for measuring the chest, the depth of its movements and its capacity, and for estimating the sounds developed by percussion; the varieties of stethoscope; the whole field of instruments for exploring the womb, and for the treatment of various derangements by mechanical means; uterine douches, gouges, specula, and sounds; hysterotomes and pessaries; and the various instruments for closing vaginal fistula, would have afforded scope for the labour of more than one other Medical and Obstetrical juror.

Class 2, that for "Chemical Substances and Products, and Pharmaceutical Processes," will contain much that is interesting to the Medical man, as will also Classes 3 and 4; the former being devoted to "Substances used for Food," and the latter to "Animal and Vegetable Substances used in Manufacture." These classes are under the superintendence of Mr. Quin, F.C.S., and are situated in the Eastern annexe. One of the most striking features in Class 2 will be the exhibition of drugs sent by the Pharmaceutical Society, which, we hear, will contain specimens of every preparation which will be found in our new Pharmacopœia. (May we live to see it!) Dr. Hassall is going to exhibit a great number of articles of food in an adulterated state, and, side by side with them, he will show the deluded public the article with which the adulteration is effected. There will be the usual number of gigantic crystals, obtained by great trouble, and of very little value when prepared; there will be splendid specimens of manufacturing chemistry in all its branches; and there will, indeed, be everything to render this Exhibition a worthy representative of the advanced state of art, science, and industry of the present day.

With an earnest hope that Medicine and Surgery, through the medium of the International Exhibition of 1862, will be able to render still greater service to suffering humanity than heretofore, we for the present take leave of the subject.

THE WEEK.

LECTURES AT THE COLLEGE OF PHYSICIANS.

Dr. Williams resumed his remarks on spasmodic asthma in his third and concluding Lecture. He recommends the simultaneous use of tonic and antispasmodic medicines: for example, when stramonium is given at night, nux vomica, strychnia, and the salts of zinc, may be used with advantage during the day, to counteract the general depression and exhaustion of the muscular fibre brought about by a long-continued attack. In proportion as the asthma is complicated with bronchitis it is less favourable for a complete cure. When the bronchial glands become enlarged, and deposits are formed at the root of the lung, the most valuable remedy is the iodide of potassium; cod-liver oil also may be of great use. Diuretics must be employed when the disease, in children, is accompanied by eczema. Tincture of cantharides is useful in cases where spasmodic asthma appears in conjunction with a gouty diathesis or a disposition to skin disease, with defective action of the kidneys. Emphysema, when fully established, only admits of palliative treatment. The object to be aimed at by this treatment must be the removal of any remaining causes of obstruction to the bronchial tubes, and the avoidance of any demands on the damaged tissues which they are incapable of supplying. The Lecturer then passed on to the subjects of hæmoptysis and phthisis. The cases in which the former occurs apart from the latter are so comparatively few, probably not more than $\frac{1}{100}$ of the whole number, that the two can scarcely be considered separately; as far, at least, as those cases are concerned in which the quantity of blood exceeds a drachm. Hæmoptysis produced by pulmonary apoplexy, usually in conjunction with a diseased heart and contracted mitral valve, almost always falls very far short in quantity of that caused by tuberculous disease. The deposit of tubercle not only causes local congestion, but makes the blood-vessels brittle, and their coats fatty and atheromatous. The cases in which the largest amount of blood escapes are those in which the disease has attacked the parts near the root of the lung, in the neighbourhood of the great vessels. Consequently, when the indications of disease are interscapular, hæmoptysis, when it does take place, may be expected to be severe. It is in the early stage of the disease, when the blood-vessels are fuller, and the circulation more free than it afterwards becomes, that hæmoptysis usually occurs. Styptic medicines, and those which moderate the circulation, are the best means of arresting the discharge; and of these, Dr. Williams prefers simple styptics, given in large doses,—gallic acid, for example, in doses of ten grains at least. As a derivative, cream of tartar, in itself a styptic, is useful, especially in combination with digitalis, opium, or tartarised antimony. Such means are generally successful. If they fail, the acetate of lead may be given in large doses—as much as five grains every hour or half-hour—in combination with laudanum and acetic acid; no risk is incurred, provided the bowels be thoroughly cleared out once a-day and the lead neutralised, by means of a sulphate. Dr. Williams states that colic is the only ill consequence that he has known to follow from such treatment. He does not recommend the application of ice to the chest. He considers that its power of arresting the hæmorrhage is counter-balanced by a worse evil,—the possible excitement of inflammation in the tuberculous lung. The worse cases of what is called "galloping consumption" that he has met with, have arisen, he believes, from this cause. Among the seven years' notes from which he has drawn his cases, he finds only three instances of fatal hæmoptysis. Two of them occurred in boys of fifteen, who had both made apparently good recoveries from tuberculous disease, but were attacked with sudden and violent hæmorrhage after too great exertion and exposure to the weather. The third was a young man who had long been tuberculous, and had resided much abroad in consequence. He had had many attacks of partial hæmoptysis, but as his health improved greatly he returned home to his duties. A sudden discharge of two or three pints of blood was followed by suppuration in the lung and signs of pyæmia, with which he died. Against these three fatal cases Dr. Williams sets thirteen more or less complete recoveries. One patient whom Dr. Williams saw twelve years ago, and who then was suffering from a severe attack after eight years of occasional slight attacks, was relieved by the use of gallic and tannic acids, and remained in comparatively good health, taking cod-liver oil regularly, up till 1858. A trifling return of the malady brought him to Dr. Williams a few days ago,—twenty years from the commencement of his disease. At first there was much disease; now only a small portion of the left lung, near the root, is affected. This patient remains at his occupations as before. Another case was that of a clergyman, the duration of whose disease extended over fifteen or sixteen years, under Dr. Williams's notice. In speaking of phthisis itself, that reproach of Physicians, the Lecturer remarked that it can never again be spoken of or thought of as a local disease. It is a disease of the blood, and of certain functions connected with the blood: it is, in fact, a disease of nutrition. The more this is kept in view, the less ill success will attend the treatment of phthisis; for as the constitutional character of the disease is acknowledged, so will the worthlessness of local remedies be recognized. The causes of phthisis are of many kinds, but defective nutrition is the essence of all. In proportion as tissue is renewed by material laid down in an improper state, so will tubercle be formed instead of healthy tissue. Since the elements of tubercle may be found in the lymph and blood-vessels, the view which regards the disease as belonging entirely to the epithelium is somewhat too narrow. It matters little, however, in what precise light the elements of the disease are regarded; it is clear that they follow the course of defective nutrition; and if that nutrition be exaggerated by inflammation or otherwise, tubercle may be developed in the course of a few days. The material deposited, incapable of forming healthy membrane, or of being absorbed like good lymph, remains either as the increment of present, or the basis of future disease. The view which Dr. Williams now holds is the same, he says, that he held thirty years ago, modified by the increased pathological knowledge with which those years have furnished us. The treatment of phthisis must be directed to the improvement of nutrition, and of the condition and circulation of the blood, while at the same time all depressing causes are removed. The problem, it must be confessed, is a hard one. As in some structural and functional diseases, and in blood-poisoning, the morbid action, whatever it is, may be so powerful as to neutralize all our remedies, so here, a disease which saps the very nutritive groundwork on which we must base our efforts, seems to shut the door against Medicine, and to destroy the food of the system on its very threshhold. It is only in early and simple cases that the prognosis can be called hopeful. The combination of all the influences that tend to exalt nutrition,—good air, food, exercise, and discipline,—must be the means used to combat the disease; in comparison with these, drugs are useless. Among the many so-called remedies for phthisis, cod-liver oil stands alone in its power of counteracting the disease. It is a mistake, Dr. Williams thinks, to consider the oil as a simple nutrient. An experience of twenty years has convinced him that it has power not only in improving general nutrition, but in diminishing the amount of tubercle deposited, and even in promoting the absorption and removal of that already laid down. The efficacy of cod-liver oil, he considers, is connected with the exceptional power which it possesses of pervading the system, besides the ease with which it is tolerated by stomachs which would reject other oils. Its great divisibility, and the ease with which it forms an emulsion, are properties which allow its distribution over the whole body. The same penetrative power makes it extremely useful in the currying of leather. It has also the power of dissolving solid fat or margaric acid, which forms a part of tubercle as of other caco-plastic materials. In short, Dr. Williams rates it far above all other medicines, and even above change of climate. He has known patients who have returned in a worse plight than ever, while others with a similar amount of disease have improved at home upon cod-liver oil. About 6000 cases came under his notice during the seven years to which he has referred. In the immense majority of these the disease terminated in death. Formerly, as Laennec and others estimated, the average duration of the disease was about two years. Then, however, the treatment was little or nothing. Now, the average duration of the disease is extended, Dr. Williams thinks, to four years; and this extension he attributes to improved treatment, but mainly to the introduction of cod-liver-oil. It is doubtful whether the major or complete success can be claimed at all. Patients survive during periods of from 2 to 18 years in comparative health, but in almost all some signs of the disease remain. Out of the 6000 cases Dr. Williams can only select 24 which can be called cures; cases, that is to say, in which from 2 to 18 years have elapsed without any signs of progressing disease. Then there are 31 patients who have survived with more or less of the signs of disease progressing, but with little suffering, for periods varying from 6 to 31 years. These may ultimately be cases of cure. Another set, comprising 20 cases, consists of patients who survived from 6 to 16 years with various degrees of disease, but who are now probably dead. This short list, only 75 in all, contains all the cases among those 6000 in which any sort of success can be claimed. The result is discouraging enough, but when so great strides towards the prevention of the disease and the prolongation of life have already been made, we have no need to despair. All researches made with the view of combating disease must be commenced on a thoroughly scientific basis, and with a resolute determination to let no preconceived ideas interfere with our aim. We must be optimists; always hoping and expecting progress; for by this only can progress be ensured. Above all, the search for infallible systems and specific remedies outside the pale of science must be utterly discarded. Dr. Williams concluded his brief but most valuable and interesting course of lectures with some forcible remarks, addressed to the junior portion of his auditory, on the necessity of studying the elements of disease.

Dr. Beale reserved for his last two lectures the most interesting part of his subject; namely, the bearing which his demonstrations have on the pathology of the liver. At his seventh lecture were exhibited some excellent specimens showing the confirmation afforded to his views by the results of disease, either by alterations in the structure and calibre of the vessels, or by changes taking place in the cells. It is impossible to define the exact limits of health; the gradations by which the natural balance is overthrown are so slight as to escape our observation, though they would, of course, if discovered, surpass in interest all other stages of disease. The most important changes are those which occur in the cells; which sometimes shrink and wither, and sometimes are distended with abnormal materials, as in the fatty and scrofulous or amyloid livers. Congestion is made apparent by a change of colour, as was noticed long ago; the lobules exhibiting a brown stratum and a yellow stratum, varying according to the different amount of congestion. This state of things can be imitated by injection in a healthy liver. The appearance of hepatic venous congestion, caused usually by the backward pressure of blood resulting from a diseased heart, may be mistaken for that of portal venous congestion; the central capillaries of one lobule communicating with those of adjacent lobules, and giving the appearance of circles. The mistake can be immediately rectified by injection. The phrase "fatty degeneration," as applied to the liver, is open to some objections; for in health the cells contain many fat-globules, and in this disease are gorged and increased in size by the presence of additional fatty matter. This is probably the result of a fatty pabulum supplied to the liver, the pabulum being furnished by the disintegration of other tissues. Decaying muscle, or even fibrin, will furnish this fat, which in health is removed, but in disease is stored up in enormous quantity. Fatty matter at the circumference of the lobule is more commonly present than absent in well-fed persons after the age of 40 or 45. In phthisis it is very common, showing a white ring by reflected light. The appearances exhibited by the cells are,—first, a few oil-globules in the formed material of the so-called cell; next, one or two large globules adjacent to the nucleus; then a very large globule with the granular matter of the so-called cell extended round it like a cell-wall, with nuclei here and there in its substance; lastly, this covering sometimes bursts. Among the substances furnished by these cells are fat, resinous bile, colouring matter, and sugar, or rather amyloid substance, as Dr. Pavy's interesting experiments seem to show. The deposit of fat, this observer notices, may be caused by dividing or galvanising the sympathetic nerve. It is in the cells at the margin of the lobule where, according to Dr. Beale's theory, the greatest activity always prevails, from the proximity of the portal vein, that fat is usually deposited; but in some cases it is found at the centre. Specimens were shown, which demonstrated this, from the liver of a girl of 14, who died of starvation. Here the fat does not come from the portal blood; the youngest cells, those nearest to the hepatic vein, are the first affected. Much yet remains to be learnt on this subject. It is possible that the supply and degree of oxygenation of the arterial blood may have some influence. In speaking of cysts in the liver, Dr. Beale, in his eighth and concluding lecture, said that they might arise in several ways; either by an obstruction in the large ducts producing distension of the minute ones at the margins of the lobules, and causing extravasation of bile; or by wasting of the capillary network and cell-tubes, and the effusion of serum to supply their places; or by obstructions growing out from the walls of the ducts, such as have been observed in the kidney. In a case quoted, a man had died from the occlusion of the common duct by a small tumour at its orifice. Here there was great dilatation of the minute ducts and disintegration of the cells, which had degenerated into a soft, yellow, fatty, and glutinous substance. Cysts may originate between the cell-network and the capillaries, and as they grow obliterate these, and acquire a lining of false membrane. It is difficult to explain the precise manner in which this happens. In albuminous liver the principal change takes place at the centre of the lobules, where a glistening substance containing much albumen and material which can be tinged by iodine make their appearance. The same condition is called by some bacon-liver; but there is no waxy substance present, and less fat than in the healthy liver. The change probably takes place in the cells, where a firm, clear, transparent substance is produced, which interferes with the circulation and compresses the vessels. Dr. Beale has found what are apparently starch-globules in one case only. They appear in whatever direction the liver is cut, so that their presence cannot be accidental. It is wholly impossible to account for them satisfactorily. Dr. Beale exhibited a specimen of a cancerous tumour commencing in the liver. It was not more than $\frac{1}{300}$th of an inch in diameter, and contained not much more than a score of cells: it may possibly have commenced in one of the lymphatic vessels, along which it is frequently propagated. The account usually given of cirrhosis is that it is an adhesive inflammation of Glisson's capsule; the lymph effused in which compresses and causes contraction of the lobules and vessels. Dr. Beale considers that this view is not borne out by the appearances found. Large white interlobular spaces are seen, enclosing very small lobules. But that the vessels, except in extreme cases, are quite pervious, is shown by the fact that injection passes with perfect ease, and imparts the same appearance as in health to the central part of the lobule. In extreme cases the lobules have almost wasted away, and only a few communicating branches remain between the portal and hepatic veins. Dr. Beale remarked on the insufficient notice taken of this disease in the elaborate work of Professor Frerichs, of Berlin, recently published. He admits that if these structures are examined in water with moderate powers, the space between the lobules appears filled with connective tissue and its so-called corpuscles. But if glycerine is used, and the examination is made with high powers, the same tissue may easily be seen to consist of the collapsed cell-network with the shrunken cells contained in it. The nuclei of these cells may be coloured by being steeped in carmine and ammonia, and in fortunate cases both cells and tubes may be traced quite into continuity with the healthy tissue remaining at the centre of the lobule. These appearances have been seen by Dr. Beale in every case that he has examined carefully; and they are in harmony with a general law by which highly organised structures, when worn out, degenerate into lower tissues, and especially into connective tissue. Dr. Beale declined committing himself to any opinions on the treatment of diseases of the liver, on the ground that conclusions of that kind should only be arrived at after a long life of observation. A vast quantity of facts still remain to be made out; and we may remark that the progress of discovery would advance with no tardy step if all students brought to the work the zeal, perseverance, and ingenuity of Dr. Beale. The specimens shown at the last two lectures illustrated various conditions of the liver in disease.

THE LATE MR. NUSSEY.

About twenty years ago, when an English nobleman was murdered by his valet, there stood up one Medical witness at the murderer's trial, who, after he had answered to his name, said "I am an Apothecary." That man was John Nussey, whose name now appears in our obituary. Instead of shirking the name "Apothecary," as if it were a thing to be ashamed of, and calling himself "Surgeon," Mr. Nussey was proud of his calling, and had a good right to be so. He was an almost sole relic of a race of men who flourished under a style of professional arrangements which modern improvements have abolished, but who, nevertheless, did good service, and held first-rate positions in their day. The London Apothecaries, during the last two centuries, were good Practitioners, and had a high repute for scientific attainment. During the dark ages of physic, when educated Physicians were only met with in large towns, and when any man who chose, could combine the trade of Apothecary with that of oilman or grocer in the country, the London Apothecary was a man of mark. He was tested by a scientific and classical examination before he was admitted a member at the "Hall;" and it should be borne in mind that the Society of Apothecaries used to furnish lecturers on Chemistry and Materia Medica, and to give facilities for the study of Botany in their garden at Chelsea, when as yet Medical Schools were not. They had, too, the cream of London practice in their hands, and the highest of them were the intimate confidential friends and advisers of the aristocracy. Their condition, however, was one which could not be permanent. They studied their profession from the purely empirical side; aiming at a knowledge of symptoms and of remedies appropriate to them, rather than of pathology and minute diagnosis. What they did, however, we dare say they did well. He who can compound a mess that shall soothe a cough, and charm away the drastic horrors of a purgative, lives no useless life, nor yet an unrewarded one, though he may know little of the minute anatomy of the lungs, and of the nerves which, as we are told, are so plentiful in the bowels. Nevertheless, the professional status of the Apothecary was false. He was a trader in remedies, and knew how to use the *s'il plût à Dieu*. He did not study disease first, and drugs second. He never took responsibility. If the sick man's case were serious, the Physician was sent for to prescribe the treatment. Common diseases alone were in the Apothecary's province. Now, the inexorable order of human progress has so swept away the pure Apothecary, that we doubt if one man in all England at this moment, if asked his calling, would say "I am an Apothecary." Even of the twelve men who compose the present Court of Examiners, nine are Physicians. Nevertheless, Mr. Nussey gloried in the name, and justly. He enjoyed a lucrative practice, and the confidence and esteem of a large circle of aristocratic and Royal patients. He was at the head of his own branch, though there might be other branches higher than that. He took a prominent part in all Medical political movements, and struggled, as he was bound, for the rights of his Society, and of the general Practitioners, whose interests he believed to be identical. He filled every possible post of honour and trust in the ancient and reputable Society of Apothecaries, and was elected their representative in the Medical Council of the nation. He lived and he died with the honourable regard of those to whom he was known; he did good in his generation, and paved the way for a better state of things to come.

CASE OF SUSPECTED POISONING AT READING.

An adjourned inquest was held last week at Reading on the body of a woman named Sarah Gard, who died at the Reading Hospital, on March 27. It appeared that she had been pregnant, that premature labour commenced on February 28, and on the following evening she was delivered of a six months child. Three or four days after the birth of the child she began to suffer from vomiting and other symptoms of gastro-intestinal irritation, which continued to increase in intensity until March 25, when she was removed, in a condition of extreme prostration, to the Hospital, where she died on the day but one after. The post-mortem examination revealed an injected or inflamed state of the lining membrane of the œsophagus, stomach, and of portions of the small and large intestines, but no ulceration; there was also slight inflammation of the endocardium. Dr. Wells, under whose care she was admitted at the Hospital, declined to give a certificate of natural death, as he held that the appearances were not likely to have been produced by natural disease. An inquest was accordingly held and afterwards adjourned, in order that the viscera might be submitted to chemical and microscopic examination by Professor Taylor. That gentleman reported to the effect that no poison had been discovered in any organ of the body which had been sent him for examination, and he concluded that there was no poison present. He attributed the death to gastro-intestinal inflammation, but he believed that it had not been caused by irritant poison. Two of the Medical men who saw the case (Mr. Maurice, the House-Surgeon, and Dr. Wells) still professed themselves unconvinced that the death had arisen from natural causes, and Dr. Wells declined signing a certificate. The jury, however, returned a verdict of "Death from gastro-intestinal inflammation." The case appears to have been an example of one of those obscure forms of inflammation of the alimentary mucous membrane which have been of late years not infrequently observed in pregnant and suckling women. The woman had not been well before her confinement. No suspicion attached to any of her attendants, and the duration of her illness, taken together with the absence of any appearance of ulceration or corrosion, completely disposes of the theory of irritant poisoning.

DIPHTHERIA AND DRAINAGE.

THE Registrar-General's Return of Births and Deaths in London for the week ending March 29, contains the following statement, which Mr. Ancell, a highly respectable Surgeon, and well-known author of works on the Blood, took upon himself the responsibility of making:—

> "This is the second case of death from diphtheria, occurring in its most malignant and intractable form, at 18, Edgware-road, Marylebone, within fifteen days. The drains belonging to this house were disturbed by the authority of the Vestry of St. Marylebone, on the 26th of November last, and kept open until the 7th of December. The drain, which is stated to have been a perfectly efficient one, and passed from the back of this and the adjoining houses to the sewer, was reversed and carried through the basement to another sewer. This was done, not on account of any effluvium or defect of drainage in this house, but ostensibly on account of the drains being out of order at 33, Upper Seymour-street, the next street, running at a right angle. The portion of the old drain belonging to this house was bricked up, and accordingly the two sections of the old drain abut this house as *cul de sacs*, the alteration having been carried out in this house only. Since this disturbance of the drain and alteration of its course, it is stated that the water-closets, etc., of the house have never been free from effluvium as heretofore, and it is impossible to disassociate the occurrence of this malignant disease in this particular house and family from the circumstances herein stated relating to the drainage."

We have always endeavoured to enlist the sympathies of our readers with the efforts which are being made to render London healthy. One of the first conditions of health is the removal of cesspools and stagnant collections of fæcal matters. Such collections are believed to be, if not the first cause of diphtheria, yet the most efficient mode of rendering it malignant, and giving power of spreading. There is little doubt but that mere disturbance, or partial removal of old deposits, is, for a time, more dangerous than leaving them alone. Mr. Ancell's statement avers in substance that the Vestry of St. Marylebone wantonly, and without due cause, interfered with the drainage of the houses in the Edgware-road; and that having begun this work it has been done partially, which is more dangerous than leaving things as they were. Finding that charges so grave were publicly made against the officials to whom the sanitary work in St. Marylebone is entrusted, we have taken pains to inquire into the facts, and learn as follows:—

> "Formerly the houses in that division of the Edgware-road between Upper Seymour-street and Upper Berkeley-street drained into a very old drain in the rear, having a trifling fall, with a flat bottom, and being in a dilapidated state. Previous to 1855 the old Commission of Sewers, who termed it a 'surreptitious drain,' ordered it to be destroyed, and required the houses to drain into the new front sewer in Edgware-road. Many of the owners of these houses complied with this order at once; but when the Vestry succeeded to the charge of the sewers in 1855, under the Local Management Act, some houses were found which still possessed the old mode of drainage. The Vestry, finding that the drain was in a very bad condition, and passed under some of the houses into Upper Seymour-street, ordered, in accordance with the orders previously given by the Commission of Sewers, the drainage to be altered. In several cases, the order being resisted by the owner and occupiers, the Vestry were under the necessity of proceeding to do the work according to law, and charging the expenses to the owner. They selected one of these houses —No. 18, the most northerly under the old system of drainage —and completed the drain in the beginning of December, having repeatedly deferred the works at the request of the occupier for various reasons, and latterly in consequence of sickness in the house. Two deaths from diphtheria occurred in March in this house. The new pipe house-drain has been carefully examined, and found perfectly free from deposit, while the effluvium-trap at its mouth in the sewer is reported as being in complete action. It is reasonable to conclude, that if any smells were perceptible in the house they must have been derived from the soakage of soil from the remaining portion of the old drain, which, it is estimated, contains fourteen cart-loads of sewage within the distance of a few yards from No. 18, and which cannot be removed in consequence of the obstruction by the owner except by a tedious legal process. It is proper to state that the old house-drain at No. 18 was found nearly blocked with sewage, and it is considered by the official who examined it, that in the course of a month it would have been thoroughly closed."

It is to be regretted that Mr. Ancell's certificate did not put the public in possession of all the facts of the case. It did not state that Mr. Ancell had himself, in August last, desired that the drainage of No. 18 should be delayed because of sickness in the house. He seems to think nothing of the sickness and horrible smells existing at 33, Upper Seymour-street; and he prefers laying the blame on the new and sound system of drainage provided by the Vestry of St. Marylebone, rather than on the abominable state of the old drain behind.

THE BATTLE OF BRIGHTON.

ANY doubts that may have existed as to the practicability of concentrating an army of Volunteers upon our coast in the space of a few hours, have been dissipated by the complete success which attended the gathering on Monday last upon the Downs in the neighbourhood of Brighton. In spite of the difficulties arising from the ordinary large traffic upon the Brighton Railway at Easter time, increased manifold on the present occasion by the excitement attendant upon the expected review, 15,000 Volunteers were taken down by rail so expeditiously as to enable them to be massed by one o'clock upon White Hawk Down, along with about 5000 others who had either previously arrived or had journeyed to the scene of action by other routes. The accomplishment of this feat, without delay or accident, speaks well for the arrangements of the railway officials, and of the authorities at the War Office who had the management of the review. When we remember that in case of actual necessity the ordinary traffic would be suspended, and the line given up entirely for military purposes, we feel a comforting assurance that our coast need never be for many hours without a defending army at any point threatened by an invading enemy. It is true that, in order to manage so remarkable a feat, our energetic Volunteers had to leave their beds, in many cases, soon after three o'clock in the morning; but the appearance of the men on Monday last, and their endurance of the fatigues of the day, gave a convincing proof that what so little affected them on an occasion of mimic fight, would not be likely to interfere with their effectiveness if called upon to defend in earnest their hearths and homes. Indeed, the *physique* of the men constituting the Volunteer Army of Great Britain, is as remarkable as the aptitude which they show for learning the necessary drill. It is not too much to say that no country in the world could show such "material;" and if, in the event of actual engagement, they were found to fall short of expectation, the reason would certainly not be due to any lack of courage. The question whether a want of discipline would not constitute in them a point of great difficulty is, and must remain for the present, an open one. Under existing circumstances, it is difficult for a Volunteer to forget the fact that his services are voluntary, and he is, perhaps, a little too apt, as a rule, to overlook the importance of unhesitating and unquestioning obedience to orders. It is fair, however, to expect that with the occasion the requisite condition of mind would arrive, and his intelligence, so superior to that of the majority of common soldiers, would at least impress him with the obvious necessity of implicit obedience. Certainly, on Monday there was infinitely less of that "talking in the ranks," which is a source of such continual irritation to commanding officers. *Apropos* of this, we remember hearing a witty adjutant rebuke the cadet company of his regiment for the like offence, by shouting out in a voice heard throughout the whole ranks, "Silence, boys! you're as bad as the men!" How the men generally obtained their breakfasts on the eventful morning, or whether they got any at all, is one of those mysteries which will probably never be cleared. Food of some kind or other was carried by each man in a haversack; but, as no time was avowedly recognized for eating it, nothing like a luxurious repast was practicable. Did a hungry man venture, when standing at ease, to smuggle a parcel of sandwiches from his pocket, there was sure to be a shout of "Front!" and up would come the General of Brigade, or one of those intensely smart and dreadfully severe Staff officers in scarlet and cocked hat, who seemed for ever bent upon self-destruction by spurring into a mad galop down hill. It is not our part to describe the movements of the day; how the marching past the grand stand consumed an hour and a-half, which appeared like three hours; nor how each company naturally imagined that it had excelled all others in keeping an even line at that trying point, where nothing was to be seen but a mist of staring faces, and nothing heard but the clang of very brassy bands. We are not in a position, either, even if it were our province, to describe the sham fight, for we never succeeded in acquiring a clear idea of which was the "enemy," or whether there was one at all, until about six o'clock, when an obliging spectator informed us that we had thoroughly routed and driven him into the sea! The Medical staff mustered very strongly in the field. Never, probably, were there so many Surgeons congregated together with so little for them to do; for, happily, not a single accident of any importance, so far as we could learn, occurred throughout the day. There were a certain number of cases of men falling out from exhaustion, but the timely help of the Regimental Surgeon speedily restored them, and in most instances they were enabled to take their places again in the ranks. A circular, signed by Surgeon Cordy Burrows, of the 1st Brigade of Sussex Artillery, was distributed to every Medical Officer, informing him that, in the event of accident, every convenience would be found at temporary Hospitals in three different positions,—the Race Stand, to the west; the Industrial School, to the north-east; and a tent at the south of the field. In the latter situation we found a large marquee, containing half-a-dozen beds made up ready for occupation, tables, chairs, water, padded splints, bandages, and other appliances. The prudent forethought in arranging these Field Hospitals reflects great credit, we think, upon Mr. Burrows and those who assisted him: it was certainly a great source of comfort to every Surgeon to know that in the event of a serious accident he would be able to treat his patient under such favourable circumstances. The Medical staff of the Queen's (Westminster) brought with them a very handy field-case, which had been liberally presented to the regiment by Messrs. Savory and Moore. Light (weighing but seven or eight pounds), conveniently shaped so as to be easily slung from a man's shoulder, and covered with cowhide to exclude wet, it seemed admirably adapted for its purpose. Amongst its contents were a field splint suitable for temporary adjustment to any kind of fracture; lint, bandages, plaster, cotton-wool, sponges, tourniquet, brandy, laudanum, chloroform, ammonia, with a few surgical instruments. This, together with a metal bottle holding two quarts of water slung from the opposite shoulder, was an easy burthen for one man, who followed close behind the regiment. It is especially necessary for the Medical officer to be provided with water on field days, for there is nothing so difficult to procure. Polluted in some way or other, and confined in stone bottles under the name of ginger-beer, it was frequently quoted at ninepence a bottle, and rose in some places to a shilling and eighteenpence! In its natural state no money could purchase it! The fortunate exemption from accident on Monday will hardly be a subject of congratulation if it should have the effect of rendering Medical officers of the Volunteer Service less careful in their precautions against contingencies. There are still very many corps which are quite unprovided with the necessary means of treating a wounded man as he has a right to expect he should be treated in a highly civilised country in a state of peace; and we would venture to remind the Surgeons of these corps that they will be considered responsible for any ill effects arising from such omission, if they do not urge upon commanding officers the necessity of proper preparations.

REVIEWS.

An Essay on the Malformations and Congenital Diseases of the Organs of Sight. By W. R. Wilde, M.D., F.R.C.S., Surgeon Oculist in Ordinary in Ireland to the Queen, etc. London: Churchill, 1862.

This work, which Dr. Wilde in his preface modestly calls a "tract," is, in fact, a most admirable and exhaustive treatise on a class of pathological conditions which have received but scant attention from systematic writers on Ophthalmic Surgery. We can do little more in the present notice than indicate its scope; but we most heartily recommend it, not merely to those of our readers who are engaged in special practice as oculists, but to the much larger class of Practitioners in midwifery, as affording a fund of most interesting and useful information on a subject about which, in this country at least, but little has hitherto written.

The first section of the work is devoted to malformations and congenital diseases of the defences of the eye and ocular appendages. It is curious that some malformations which are found occasionally occurring amongst European populations represent in reality only an exaggerated degree of those physical features which form the peculiarities of other races. Thus, epicanthus, "which consists in a general superfluity of skin over the root of the nose, which, falling outwards on either side, forms a crescentic fold, covering over the inner canthus of the eye, completely hiding the caruncula, and in some instances advancing over the inner margin of the cornea, so as to give the appearance of strabismus," is only an exaggerated form of the typical condition of the integument in the Chinese and Kalmuk. It would appear that epicanthus is more common in Germany than here, a fact which we suspect may be accounted for by a greater leaven of Mongol blood derived from Hungary and Russia. Again, blepharophimosis, or phimosis palpebrarum, is an abnormal degree of a condition which is normal amongst the Samoides of the coast of Siberia, and is typified in a minor degree by the long narrow palpebral apertures of the Chinese and Japanese, and also of the ancient Egyptians, if we may trust their sepulchral representations. In fact, as Dr. Wilde observes, there is scarcely an abnormal condition of the form and position of the brow, the lids, and the globe which is not to be observed as the stereotyped character of particular races either living or extinct. Amongst the more interesting malformations of the defences of the eye is a peculiar form of ptosis in which the levator palpebræ muscle has been found either entirely deficient or existing only in a rudimentary state, and the condition of anchyloblepharon, or union of the tarsal margins, a malformation regarded by some anatomists as analogous to that union of the eyelids by a continuity of the palpebral conjunctiva which is observed in the new-born young of the felidæ. All observers agree that the human eyelids are adherent at their edges, even up to the fifth month of uterine existence; but whether their connexion be owing to internal vascular continuity, external continuity of skin, or mere mucous adhesion, is a disputed point. Meckel and Von Walther believed that the human eyelids at an early period of fœtal life are closed by a vascular and membranous connexion; an arrest of development at this period would therefore account for the existence at birth of anchyloblepharon. Others, amongst whom are Vicq d'Azyr, Sprengel, and Burdach, assert that originally the skin is completely continuous without interruption over the organs of vision. In a case of anchyloblepharon operated on and recorded by Mr. Middlemore, there was no cleft or fissure over the eyeball, and no sign or mark of tarsus ciliæ or glands. According to another view, the lids are free till the beginning of the third month; the skin then passes completely and smoothly over them, at first assuming the characters of conjunctiva, and at the end of the tenth week the eyelids commence by folds, which, by the end of the fourth month, cover over the globe, and are glued together by meibomian secretion. Another and rarer malformation is coloboma palpebræ, or cleft eyelid, which is frequently found in connexion with hare-lip, and, like it, is chiefly and generally confined to the upper. Congenital deficiency or irregularity of development in the lachrymal organs is exceedingly rare, except in cases of defect in the organs of sight, to which they are subservient. Some cases of absence of the lachrymal gland are referred to by Dr. Wilde, but in most of them there was a deficiency of the globe of the eye. Occlusion of the ducts, and puncta, and fistula lachrymalis have been noticed as congenital affections.

The section on alterations in the size, form, structure, and position of the globe, commences with a description of that condition to which the term microphthalmus is applied by Continental writers. It consists in an arrest of growth in the organ at some period of uterine life, without apparently either atrophy or disease, the eye appearing at birth natural in all its parts, and perhaps perfect as an optical instrument, although very small in comparison with the rest of the body. The arrest of growth may, however, occur at an early period before the formation of the iris, which in such instances will be found wanting; or at a period when the iris, although formed, is not completely closed, in which case coloboma iridis, or cat's pupil, will generally be present; or in a third set of cases, the pupil may be irregular in position, and the iris defective in colour and structure. A diminished size of the posterior part of the bulb, with a lengthening of the longitudinal diameter of the eye, together with a malformation in the orbits and the bones of the upper portion of the face, which is usually preternaturally small, have been observed in microphthalmus. In another class of instances the relative proportions of the different structures of the globe have been also interfered with, the cornea, for instance, being too large or too small for the sclerotica. These cases are all distinct from those in which one or both bulbs are found diminished from atrophy or synchesis, attributable to disease *in utero*. Megalophthalmus, the condition in which the globe of the eye is preternaturally large, is a pathological effect, arising, in some instances, from disease in the bulb alone, as in hydrophthalmia; in other cases connected with hydrocephalic disease of the brain. Dr. Wilde has collected several cases of anophthalmus, or complete absence of both eyes. The orbits are filled up with condensed cellular tissue; the lids may be normal and well formed. The motive apparatus has been found in some instances imbedded in the cellular membrane. Anophthalmus is frequently accompanied by congenital deformity of the mouth.

The next subject to which attention is directed is that of congenital abnormities in the motor apparatus of the globe. We may only observe that Dr. Wilde is of opinion that the causes producing squint are seldom congenital. He writes:—

"I believe a rarer form of congenital disease scarcely exists; and where it does prevail at birth, it is generally the result of some diseased condition of the sensorium, such as congenital hydrocephalus, and then most likely it would affect both globes."

"I have never heard of an authentic case of strabismus divergens congenitus, nor do I think it likely to occur."

"The varieties of functional disease, such as one retina being weaker than another, seldom present—at least, we are not cognisant of their existence—till after the infantile period, and the varieties of adapting powers of the eye which might produce strabism are mostly all acquired subsequent to birth or infancy."

Congenital abnormities in the conjunctiva are referable to alterations in colour and vascularity, tumours of various kinds growing from the conjunctival surface, lipoma crinosum, or a growth of hair from the membrane, and congenital xeroma, or cuticular conjunctiva, in which the membrane is converted into a dry, thin cuticle, which may allow the sclerotic and cornea to shine through, but is so opaque as to destroy vision. Congenital imperfections in the structure of the cornea resemble more those which occur as the result of accidental disease in after life than those of any other part of the eye. Thus, opacities of varying intensity, "annulus juvenilis," an opaque ring closely resembling arcus senilis, and conical cornea, may all be congenital affections. Opacity may be a retention of the fœtal condition, for until the sixth week the cornea presents a bluish translucent appearance, and is indistinguishable from the sclerotic. The fact that the clearing process commences at the centre of the cornea, and proceeds gradually towards the sclerotic border, accounts for the frequent occurrence of congenital opacity at the periphery, the cornea looking as if the sclerotic had partially grown over it. In other cases, congenital opacity is the result of intra-uterine ophthalmia. Micro-cornea and megalo-cornea are both observed congenital conditions, although the former is rare. To one form of the latter Dr. Wilde gives the name "globous cornea." It is unattended by opacity, the insertion of the cornea into the sclerotic is round and defined, but the cornea itself is of large size, and more convex than natural. The eye has the peculiar glancing metallic look which is seen in staphyloma pellucida, a disease with which the globous cornea is not unfrequently confounded.

Our space will only permit us to notice the author's account of congenital abnormities of the iris. Varieties of colour include albinism, heterophthalmus or partial variations in hue, the development or deficiency in the peculiar striæ on the surface of the iris, and korestonoma, in which not only is there a difference of colour, but also an unnatural partial projection of the iris within the circle of the pupil. Besides congenital malformations of the pupil as regards size and form, and plurality of pupils, which has been occasionally observed, the pupil is sometimes found closed by a persistence of the pupillary membrane. This last affection Dr. Wilde believes to be more frequent at birth than is generally supposed. He thinks that it is sometimes the result of intra-uterine iritis. Occasionally small spurs of dark-coloured membrane may be seen in the adult, jutting from the anterior margin of the iris—the place of attachment of the membrana pupillaris. Coloboma iridis is a deficiency of the parenchymatous structure of the iris at some particular point, producing a pear-like or key-hole appearance of the pupil. Dr. Wilde has met with ten cases of this defect. Its most common form consists in a prolongation of the natural pupil downwards and slightly inwards. Congenital or partial deficiency of the iris (iriderimia) is comparatively not uncommon. The usual characteristic of the complete form is a peculiar general blackness of the eyes. Photophobia is the common result. Both the complete and partial varieties are frequently associated with cataract.

Here we must stop. The section on Malformations of the Lens and Capsule, including, as it does, a complete account of the various forms of congenital cataract, will well repay perusal. We lay down Dr. Wilde's book with regret. Seldom have we met with a work of the same size and pretensions in which we have found more useful and curious information. We will only add that it is adequately illustrated with numerous and well-executed woodcuts.

Public Health in Relation to Air and Water. By A. T. Gairdner, M.D., F.R.C.P. Ed., Physician to the Royal Infirmary, and Lecturer on the Practice of Medicine. Edinburgh: Edmonston and Douglas. 1862.

In this volume Dr. Gairdner has brought together in a readable form most of the leading facts which have been elucidated by the cultivators of sanitary science. As the greater portion of the work consists of lectures, originally delivered before a mixed audience, the matter and style, although never falling below the standard of correct information earnestly conveyed, are rather semi-popular than scientific. Dr. Gairdner particularly calls attention to the neglect of sanitary organisation in Scotland. He observes that in the record of the last six years, during which the registration of deaths has been in operation, there is no evidence of a persistent lowering in the death-rate in any of the eight largest towns. "In Glasgow, Dundee, Aberdeen, and Leith, the death-rate has been absolutely higher during the year 1860 than during any previous year of the registration; and the death-rate of the whole eight towns taken together is absolutely higher by fully two degrees last year than in most of the former years. Considering that in England the year 1860 was one of almost unexampled health, these facts are not without a deep significance." There is no Medical officer or Committee of health in any of the great towns of Scotland. Leith, indeed, has set the example of reformation, by granting a sum of money for the purpose of obtaining monthly statements of the death-rate, and by the appointment of an inspector of nuisances; but with this exception no apparatus of the kind is at work. Dr. Gairdner's lectures are well calculated to arouse the attention of his fellow countrymen to this grievous defect in their public administration.

ON THE QUALITY OF THE MILK SOLD IN THE POOR AND OTHER DISTRICTS OF DUBLIN.

By WM. J. WOUFER and SYDNEY R. PONTIFEX,
Students in the Laboratory of the Museum of Irish Industry, Dublin.

(Abstract.)

A paper on the above subject was read at the meeting of the Royal Dublin Society, held on Monday evening, April 14. The investigation was undertaken for the purpose of ascertaining the quality of the milk sold in the poor districts of Dublin; but as the quality of the milk can be greatly altered by the kind and quality of the food upon which the cows are fed, samples of milk from the more wealthy districts were analysed, in order to ascertain whether the poor were worse served than their more affluent neighbours.

Twenty samples of milk from as many different dairies were examined; thirteen of the samples were purchased in very poor districts, and seven were obtained from richer districts of the city. The examination proved that the only adulteration was water.

The numerous published analyses of milk of known purity made by various chemists prove that when cows are fed with proper food the quantity of water in the milk is constant, although the proportions of the various substances forming the fixed constituents is variable; the normal quantity of water in pure milk is 87·35 per cent.; this quantity never varies beyond a few tenths per cent. more or less. The average quantity of water in the thirteen samples from the poor districts of Dublin examined by the authors of this paper was 90·28 per cent., and the average quantity in the better districts was 89·4 per cent. Although, taken collectively, the milk from the richer districts is slightly purer than that from the poor districts, yet, when taken singly, the analyses show that the best milk—in fact, perfectly pure milk—was obtained from one of the very poorest districts (Sherriff-street) in the city, and that the rich district of Rathmines is supplied with as poor a milk as the poor street, Brabazon-street. It will be seen from the analyses, that three out of the twenty milks examined were pure, and that the remaining seventeen were more or less adulterated.

According to the published Report of the *Lancet* Sanitary Commission, out of the twenty-three London milks examined by them—

1st. Twelve were genuine.
2nd. Eleven were adulterated.
3rd. That the adulteration consisted in all cases of water, the per-centages of which varied from ten to fifty per cent.' or one-half the article.

It will be seen from the mean of the analyses of the seventeen adulterated samples of Dublin milk, that the amount of water added is 3·5 per cent.; in no case did it exceed 5·6 per cent.; so that the Dublin people are supplied with a much purer article than the inhabitants of London; and it may be remarked that the districts selected by the *Lancet* Commission appear to be all in the better parts of London.

The authors described the methods they adopted for the estimation of the different substances; and they pointed out that specific gravity, whether determined by the instruments called lactometers, or by the still more accurate plan of the specific gravity bottle, is no certain indication of the purity of the milk.

Two analyses of the different milks were made. The following are the means of the two analyses, with the names of the streets in which the milk was procured. The authors give in their paper also the names of the vendors of the milks.

The investigation was carried out in the laboratory of the Museum of Irish Industry, under the direction of Professor Galloway.

Hanover Quay.

Specific gravity			1020·83
Total amount of organic matter			6·847
Butter	1·6		
Caseine	1·887		
Sugar	3·158		
		6·645	
Ash		·482	
Water		92·67	
			99·797

L. Kevin-street.

Specific gravity			1023·34
Total amount of organic matter			8·730
Butter	2·486		
Caseine	1·991		
Sugar	4·243		
		8·720	
Ash		·525	
Water		90·745	
			99·99

Bride-street.

Specific gravity			1023·28
Total amount of organic matter			7·921
Butter	2·285		
Caseine	2·210		
Sugar	3·318		
		7·813	
Ash		·629	
Water		91·456	
			99·892

Church-street.

Specific gravity			1023·74
Total amount of organic matter			7·425
Butter	1·95		
Caseine	2·013		
Sugar	3·402		
		7·365	
Ash		·700	
Water		91·875	
			99·940

Charles-street.

Specific gravity			1023·70
Total amount of organic matter			7·700
Butter	2·365		
Caseine	1·985		
Sugar	3·271		
		7·621	
Ash		·600	
Water		91·700	
			99·921

Ranelagh.

Specific gravity			
Total amount of organic matter			9·01
Butter	2·385		
Caseine	3·601		
Sugar	2·887		
		8·873	
Ash		·640	
Water		90·350	
			99·863

Harrington-street.

Specific gravity			1027·47
Total amount of organic matter			9·686
Butter	2·890		
Caseine	3·447		
Sugar	2·336		
		8·673	
Ash		·576	
Water		89·739	
			98·988

Great Britain-street.

Specific gravity			1026·99
Total amount of organic matter			9·534
Butter	3·000		
Caseine	3·346		
Sugar	2·654		
		9·000	
Ash		·599	
Water		89·867	
			99·466

Anne-street.

Specific gravity			1030·71
Total amount of organic matter			11·225
Butter	3·11		
Caseine	2·91		
Sugar	5·30		
		11·22	
Ash		·665	
Water		88·11	
			99·995

Pill-lane.

Specific gravity			1019·93
Total amount of organic matter			10·13
Butter	4·9		
Caseine	1·967		
Sugar	3·270		
		10·137	
Ash		·62	
Water		89·24	
			100·00

Townsend-street.

Specific gravity			1018·58
Total amount of organic matter			6·453
Butter	2·19		
Caseine	1·725		
Sugar	2·40		
		6·315	
Ash		·625	
Water		92·950	
			99·890

Francis-street.

Specific gravity			1023·56
Total amount of organic matter			7·553
Butter	2·05		
Caseine	3·273		
Sugar	2·117		
		7·449	
Ash		·610	
Water		91·836	
			99·886

Brabazon-street.

Specific gravity			1023·47
Total amount of organic matter			9·001
Butter	3·135		
Caseine	2·828		
Sugar	2·991		
		8·954	
Ash		·596	
Water		90·403	
			99·593

N. King-street.

Specific gravity			1032·02
Total amount of organic matter			8·776
Butter	3·44		
Caseine	1·263		
Sugar	3·90		
		8·603	
Ash		·430	
Water		90·793	
			99·826

Sherriff-street.

Specific gravity			1029·59
Total amount of organic matter			11·692
Butter	4·78		
Caseine	1·408		
Sugar	5·419		
		11·607	
Ash		·717	
Water		87·59	
			99·914

Barrack-street.

Specific gravity			1023·05
Total amount of organic matter			7·285
Butter	1·817		
Caseine	2·473		
Sugar	2·765		
		7·055	
Ash		·517	
Water		92·147	
			99·719

Rathmines-road.

Specific gravity			1028·62
Total amount of organic matter			9·275
Butter	2·695		
Caseine	1·591		
Albumen	1·222		
Sugar	3·790		
		9·298	
Ash		·720	
Water		90·005	
			100·023

Cullenswood-avenue.

Specific gravity			1025·35
Total amount of organic matter			9·004
Butter	2·217		
Caseine and albumen	2·632		
Sugar	4·170		
		9·019	
Ash		·655	
Water		90·340	
			100·014

Duke-lane.

Specific gravity			1032·37
Total amount of organic matter			11·503
Butter	2·733		
Caseine and albumen	2·706		
Sugar	5·500		
		10·989	
Ash		·835	
Water		87·662	
			99·486

North Strand.

Specific gravity			1029·71
Total amount of organic matter			9·727
Butter	2·790		
Caseine	2·483		
Sugar	4·356		
		9·629	
Ash		·670	
Water		89·600	
			99·899

STATUE OF ESQUIROL.—A statue of this most eminent of the French Alienist Physicians has just been completed, and is about to be erected in the principal courtyard of the great *Hospice* Charenton.

EXTRAORDINARY ACCIDENT TO A CHILD WITHOUT ILL EFFECTS.—M. Josat gives an account of the miraculous escape of a child from the consequences of a frightful accident. This infant, aged 29 months, playing at a window of a house, No. 30, *Rue de la Paix, Paris*, lost its balance and fell out from a *height of five stories*, striking a hat from the hand of a hatter, who was carrying it home. He lifted the child gently from the pavement and carried it into the house, when after a few minutes the infant heaved a sigh, and then uttered a small doleful cry. All the functions were gradually re-established, and it was found that there was neither fracture or dislocation. A week after, the child was found playing and merry, as well as ever; the only traces of any accident being three broken incisors of the upper jaw, and much ecchymosis of the eyelids.

GENERAL CORRESPONDENCE.

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TREATMENT OF PUERPERAL CONVULSIONS.

Letter from Dr. Edward Cottew.

[To the Editor of the Medical Times and Gazette.]

Sir,—Cases of puerperal convulsions assume such a formidable aspect that they always occasion much alarm to friends, and considerable anxiety to the Medical attendant, and yet in by far the majority of instances recovery takes place whatever may have been the mode of treatment resorted to. A question worthy of consideration is,—Might not these cases be more frequently left without interference, except, indeed, when delivery can be expedited without injury to mother or child? In cases of extreme severity, such as the one I send you for insertion,—should you deem it of sufficient interest,—would there have been a chance of recovery had not the copious depletory measures been adopted? I quote the case from memory, but the main points are sufficiently authentic:—

On March 16, 1851, I was summoned in great haste to Mrs. C., a primipara, 22 years of age; the messenger, a Medical man of considerable experience, desiring me to hasten to the patient (who was related to me), or I should not see her alive. This was about 11 o'clock a.m. She had complained of weight and pain in the head early in the morning, for which she had taken a mild aperient. I found her perfectly unconscious; she having had, as her friends informed me, within the last hour or two several dreadful fits. The face and neck were purple or nearly black from congestion; the breathing stertorous. In a few moments she had a terrible convulsion, during which the tongue was protruded, enormously swollen, and bit through with the teeth. A quantity of bloody mucus issued from the mouth, and the superficial vessels of the head and neck appeared as if they would momentarily break. The os uteri had just commenced to dilate. I sent for the gentlemen who had seen her, and on his arrival, which was in a few moments, twenty ounces of blood were taken from the arm, about twenty leeches applied to the head, and a drop of croton oil with five grains of calomel was thrown upon the tongue; the hair was cut off as closely as possible, and a spirit lotion constantly applied. The attacks occurred with equal severity for between three and four hours, when an equal quantity of blood was again taken with some apparent benefit. I then left the patient under the care of my colleague, and went to request the attendance of one of our most eminent Accoucheurs, residing at a distance of nine miles. He kindly accompanied me, but we did not reach the patient until about 10 o'clock p.m. The patient during my absence had had several severe attacks, during one of which the temporal artery was opened, and a large quantity of blood allowed to escape. The os uteri had continued slowly to dilate. Notwithstanding the large quantity of blood which had been lost, Dr. R. ordered eight or ten ounces more to be taken; also the catheter to be introduced, when the bladder was found quite empty. No urine or fæces had been passed from the commencement of labour. He then left, after ascertaining that the cathartic had been administered, giving very little hope of recovery, but stating that if the patient held out till six or seven o'clock in the morning, labour would probably be nearing its termination. At this time the membranes were found protruding; they were ruptured, and a fine large child almost immediately expelled; it was dead, and of a livid colour all over. The patient remained unconscious for nearly two days (small doses of calomel being administered every four hours), when consciousness returned, and she feebly uttered, "What has become of my baby?" The bowels had, a short time before delivery, freely responded to the action of the croton oil, etc.; and the urine, during the two days mentioned, was unconsciously voided. She was for some days after this somewhat comatose, but ultimately recovered; and I have since attended her with six successive children. On each occasion she has had a pretty easy time.

There was no opportunity of examining the urine until the fifth day after confinement, when it was normal. The presence of albumen was particularly sought for, but it was absent; probably, however, during the few preceding days it had been there. At all events, during the severity of the paroxysms,—no urine being secreted,—the urea and other urinary constituents must have remained in the circulation; and thus the state of the patient, in some respects, bore an analogy to that of one in a somewhat advanced stage of albuminuria.

I am, &c.

Edward Cottew, L.R.C.P. Ed., &c.

Hornsey-road, April 7.

REPORTS OF SOCIETIES.

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OBSTETRICAL SOCIETY OF LONDON.

Wednesday, April 2.

Dr. Tyler Smith, President, in the Chair.

A Paper, by Mr. J. T. Mitchell, was read on

PUERPERAL PERITONITIS, ITS NATURE AND TREATMENT.

This paper was a record of the experience of the author in the above disease, as it had occurred in his practice extending over a period of between thirty-five and forty years; in which twenty-seven cases had been treated, of which twenty-three had recovered. The remedies employed had been bleeding to a free extent once, and in some instances repeated to a less extent once, and in others even twice; and the administration of opium in large doses. He had never been so unfortunate as to meet with the disease in an epidemic or contagious form: every case had been perfectly isolated; but every case had been attended at the patient's residence, and not in an Hospital or a Workhouse. He described the disease as being marked by the following symptoms, occurring under the following circumstances:—A woman in apparently normal condition of health, or otherwise, having gone through natural, preternatural, laborious, manually assisted, or instrumental labour, on the second or third day after delivery feels pain in the abdomen—slight perhaps at first, but which gradually becomes more severe, when she describes it as colic or spasm of the intestines, and which in some instances is taken for ordinary after-pains. This condition lasts for an hour or two, or even a day, when suddenly she is seized with a violent spasm in the belly, which is quickly followed by a fit of shivering, more or less severe. At this time the patient and all around her have become alarmed, and they believe that death is fast approaching; the countenance has become pale, shrunken, and deeply anxious; the extremities cold; the pulse almost uncountable and scarcely discernible, from quickness and feebleness. She suffers permanent excruciating pain all over the belly, which is greatly increased by the slightest external pressure—a state which, if she be not quickly relieved, will be followed by swelling and looseness of the abdomen, produced by the rapid outpouring of serum, coagulable lymph, and pus, and in some instances even attended with sloughing of the membrane, as has been discovered in post-mortem sections. The fear which the author had always entertained of having to encounter this formidable disease induced him invariably to contrive to see his patient very early after the shivering fit had occurred (to which circumstance he attributed the success of his remedies), when he instantly bled to approaching syncope, and gave large doses of opium; following these measures by extensively fomenting the abdomen with flannel cloths wrung out of boiling water and sprinkled with spirit of turpentine, enjoining the most perfect rest and the strictest quiet around the patient, who is kept in the recumbent position and on her back, even when she has to pass urine. Especial care is taken to prevent any action of the bowels during even four or five days if necessary, and then to relieve them only by an injection of gruel and spirit of turpentine, and not by any purgative given by the mouth. He described one of his fatal cases as having had all the acute symptoms—which had been perfectly suspended—brought back by the injudicious administration of a dose of castor oil, given under the direction of a Physician called in on the second day of treatment and the fifth after delivery. The author knew that in advocating this depletory treatment he was at issue with the opinions generally held at the present day, but that did not alter his conviction of its efficacy and safety; and he reminded those who condemned bleeding in active destructive disease of the quantity of blood the system often loses from natural means without any evil consequences of anæmia: as in extensive epistaxis when apoplexy has been threatened; in hæmatemesis when gastritis existed; and in hæmacatharsis during attacks of enteritis: and also of the rapid and good recoveries often made by women who had suffered great losses of blood in and after labour.

Dr. **Tilbury Fox** regretted that he had not been present to hear the commencement of the paper, as he understood that reference had been made to his paper on Puerperal Fever. The plan of treatment which Mr. Mitchell's paper inculcated might no doubt be serviceable in sporadic cases, but was totally inapplicable to the epidemic form of disease. In the present instance the death-rate of the author, 4 in 27 cases, which was very little below the average mortality of epidemic puerperal fever, derived from large statistics, did not certainly warrant the practice of blood-letting and the like. Hæmorrhage and venesection were identical in their action, and yet the former was no preventive, but a large number of women attacked by fever were the subjects of post-partum hæmorrhage. From a very careful study of the records of the General Lying-in Hospital, he had come to the conclusion that bleeding did harm. It could not certainly lessen materies morbi. Then there were certain local tissue actions which were necessary to the cure of many cases of puerperal fever. These were eliminative, and might be called pyæmic. It was necessary to save up the power of the system for these operations. Bleeding appeared in the epidemic form to check these; nay, moreover, it appeared in every way to prolong convalescence. Further than this even, in many instances after bleeding, the pulse has positively risen in frequency, and the patient has quickly died evidently in consequence of the loss of blood. Hæmorrhage favoured absorption; opium checked it. Hence the combination should be resorted to as a rule, in order to keep in check the taking into the system of the putrid matter especially from the uterine cavity. The most suitable case for bleeding would be sporadic, where the disease was localised, so to speak, the aim being to moderate excessive local action. No general rule could be laid down. The treatment must be eclectic. On account of not having heard the early part of the paper, he was a little uncertain whether he had noticed its most important point.

Dr. J. **Braxton Hicks** thought that it was very difficult to be certain that peritonitis was really present in cases where the pain in the lower abdomen and pelvic region was even very severe. The majority of these cases proved to be cellulitis, not involving the peritoneum, but probably produced by inflammation of the lymphatics, which passed so freely within the folds of the broad ligament. The treatment adopted in the Guy's Lying-in Charity was not so heroic as that of the author, but Dr. Hicks thought the death-rate would not by any means prove to be greater.

Dr. **Routh** said he should be sorry to learn that the Profession had been influenced by Mr. Mitchell's paper to treat *all* cases of puerperal peritonitis by blood-letting. Casual cases met with in private practice were very different from those occurring in lying-in Hospitals. There were, moreover, several varieties of the disease—the dynamic and adynamic, the contagious and non-contagious, etc. In his early career Dr. Routh had seen a fearful epidemic in Vienna, where sometimes six hundred died a-year. That fever was found to be non-contagious, and caused by direct inoculation of dead matter carried from the dead-house beneath the nails of the Medical attendants. All kinds of treatment had occasionally succeeded—generally, however, failed. In some examples, in which a particular kind of facies made its appearance, it could be surely foretold that death would occur, in spite of any treatment. In others, in which this facies was not observed, instances of recovery could be found under all kinds of treatment. Again, the fatal cases gave indications of blood-poison. Almost the first symptom observed, even before the mother became seriously ill at all, was the death of the infant taking place suddenly with narcotic symptoms, poisoned by the breast-milk. In others, the false membranes effused in the abdominal cavity with serum was so rapid that they seemed rather to be the result of decomposition of the blood than inflammation. The acid state of the serum was to be noted in other examples. Bleeding in such cases, he believed, was contraindicated by all known physiological rules. So also in puerperal peritonitis, which prevailed at the same time as erysipelas. He believed every epidemic, as well as every case, was to be studied by itself, and treated upon broad general principles, and not necessarily by blood-letting as a panacea. Some of Mr. Mitchell's cases might probably be only of the nature of those examples observed in Hospitals for women which generally yielded to local depletion, with turpentine stupes, and without venesection.

Mr. **Cleveland** thought the paper would have been more valuable if the cases had been more minutely detailed. In all diseases of such importance as the one under consideration, the cases should be reported at sufficient length to furnish as far as possible the means of forming an independent diagnosis. Had not an error of diagnosis been made in reference to some of the cases that had been adduced? He (Mr. Cleveland) had met with only two cases of puerperal fever. The first he had treated with calomel and opium and stimulants. In the second he had resorted to venesection, as well as leeching. In both cases the result was unfavourable. In one, an inspection revealed pus in the uterine veins. In both there was a dark sloughy state of the placental surface of the uterus, as well as intense peritonitis. With regard to treatment, he would, in the event of meeting with another case, give quinine in large doses, combined with opium. His experience of the marked benefit resulting from the use of the former remedy in some low forms of inflammation, but more especially in erysipelas, would induce him to pursue this plan of treatment.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 15th inst., and when eligible will be admitted to the pass examination:—

Atherton, Ebenezer, Guy's
Brown, Edward, St. Bartholomew's
Brietscke, Henry, Guy's
Bloxam, John Artley, St. Bartholomew's
Butt, William Frederick, University College
Colborne, Anthony Charles, St. George's
Dickson, John Thompson, Guy's
Edlin, Ebenezer William, Manchester
Elliston, William Alfred, Guy's
Evershed, Arthur, Guy's
Graves, Boydell, University College
Groves, Joseph, King's College
Haward, John Warrington, St. George's
Hindle, Frederick Thomas, Guy's
Jackson, Robert, Newcastle
Jackson, Thomas, Guy's
Johnson, Richard, Liverpool
Lawton, Frederick, Guy's
Mason, Thomas Edward, Guy's
Moore, Thomas, Manchester
Moore, John Newmoor, St. Mary's
Mills, Samuel, University College
Pope, Edmund, London
Prichard, John Lewis, Guy's
Ray, Edward Reynolds, Guy's
Reynolds, John, St. Bartholomew's
Roe, Thomas Alexander, Cork
Saudell, Henry William Adrian, London
Soper, Robert Wills, St. Mary's
Tibbitts, Robert William, Bristol
Worthington, George Finch Jennings, Middlesex
Whitehead, John, St. Thomas's.

Also on the 16th inst.:—

Besnard, Alfred Jacques Joseph, St. Bartholomew's
Brewer, Thomas, St. Bartholomew's
Buckle, Fleetwood, St. Bartholomew's
Caudle, William Adolphus Frederick, King's College
Custine, David Dunlap, Liverpool
Churton, Thomas, Leeds
Cross, William, Liverpool
Edwards, Henry Nelson, St. Bartholomew's
Evans, Thomas, University College
Hale, Albert Egerton, Birmingham
Hinds, Charles, Middlesex
Holman, Herman Boërhaave, London
Jones, James, King's College
Johnson, Tom Mason, Manchester
Julius, George Frederick Heaton, King's College
Kempthorne, Henry Law, King's College
Long, Frederick, Guy's
Lucey, William Cubitt, Guy's
Moore, Harry Gage, Guy's
Meadows, Robert, King's College
Miles, Thomas, Guy's
Nash, Edmund, University College
Newstead, Charles Vincent, Leeds
Packer, Edwin Morton, London
Phillips, John Jones, Guy's
Purvis, John Prior, St. Thomas's
Ring, John, Middlesex
Snell, Ebenezer, Middlesex
Smith, John Ablewhite, Middlesex
Taylor, Shephard Thomas, King's College
Turner, James Smith, Middlesex
Ward, John, Manchester
Worger, Thomas Hewlett, St. Bartholomew's.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 17, 1862:—

Bevan, Thomas Kemuel, Carmarthen, South Wales
Chisholm, Edward, St. Mary's Hospital
Cox, William Henry, Plymouth, Devon
Maurice, James Blake, St Mary's Hospital
Middleton, William, Villiers-street, Strand
Poncia, Ferdinand Theodore, Balsall-heath, near Birmingham
Poole, Samuel Wordsworth, St. Mary Cray
Praugley, Thomas, Salisbury
Roberts, Frederick John, Manchester
Shea, Henry Gordon, London.

The following gentleman also on the same day passed his First Examination:—

Brideoake, Robert Farrar, St. John-street, Islington.

APPOINTMENTS.

Andrews.—John Andrews, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the County Gaol, Salisbury, *vice* William Andrews, F.R.C.S. Eng, (Hon.) deceased.

Barclay.—Andrew Whyte Barclay, M.D. Cantab., M.D. Univ. Edin., F.R.C.P. Lond., Assistant-Physician to St. George's Hospital, has been appointed Physician, *vice* Henry Bence Jones, M.D. and M.A. Trin. Coll. Cambridge, F.R.C.P. Lond., resigned.

Barker.—Samuel Barker, M.D. St And., M.R.C.S. Eng., and L.M., L.S.A. Lond, has been appointed Surgeon for the Eastern District of the Brighton Provident and Self-Supporting Dispensary, *vice* Mr. James Kingdon Tuke, M.R.C.S. Eng., L.S.A. Lond., resigned.

Blackett.—Edward Ralph Blackett, M.D. Qu. Univ. Irel., L.R.C.S.I., L.S.A. Lond., has been appointed Physician and Surgeon to the Southwold Dispensary, Suffolk, *vice* James Williams, M.D. St. And. (exam.), F.R.C.S. Eng., (exam.), L.S.A. Lond., deceased.

Bridges.—John Henry Bridges, M.B. Oxon, M.R.C.P. Lond., M.R.C.S. Eng., formerly Fellow of Balliol College, Oxford, has been appointed Physician to the Infirmary and Dispensary, Bradford, Yorkshire, *vice* Thomas Lockley, M.D. Univ. Camb., resigned.

Farquharson.—Duncan Farquharson, L.R.C P.E., L.R.C.S.E., has been appointed Parochial Medical officer for Tillicoultry, Clackmannanshire, *vice* David Steel Ritchie, L.R.C.S. Edin., deceased.

Fryer.—John Fryer, M R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer and Public Vaccinator for the Hawes Township District in the Bainbridge Union, Yorkshire, *vice* John Parke, M.R.C.S. Eng., L.S.A. Lond., deceased; also for the district of Hardroid and High Abbotside Township, in the same Union.

Hastings.—Sir Charles Hastings, M.D. Univ. Edin., has been appointed Hon. Consulting Physician to the Infirmary, Kidderminster, Worcestershire.

Ives.—Robert Ives, L.R.C.P. Edin. (exam.), M.R.C.S. Eng. and L.M., has been appointed Medical Officer to District No. 2 of the South Stoneham Union, Hants, *vice* Mr. Lawrence, whose term of office has expired.

Jackson, J. Hughlings.—Dr. Hughlings Jackson has been appointed Physician to the Metropolitan Free Hospital, *vice* Dr. Alexander Wallace, resigned.

Matthews.—John Matthews, M.D., has been appointed Honorary Physician to the London Female Penitentiary, in the place of the late Dr. Waller.

McKeand.—Mr. R. H. McKeand, has been elected one of the Surgeons to the Manchester Eye Hospital.

Moore.—Thomas Moore, M.R.C.S. Eng., L.S.A. Lond., has been elected Public Vaccinator for Cradley, in the Stourbridge Union, Worcestershire.

Mulreany.—Joseph Mulreany, M.D. Univ. Edin., M R.C.S. Eng., L.M. Dub. Lying-in-Hospital, has been elected Medical Officer for District No. 1 of the Midhurst Union, Sussex, *vice* Henry Clothier, M.R.C.S. Eng., L.S.A. Lond., whose term of office expires in June next.

Samelson.—Adolphus Samelson, M.D. Berlin, has been elected one of the Surgeons to the Manchester Eye Hospital.

Skaife.—Henry Skaife, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Coxwold District of the Easingwold Union, Yorkshire.

Smith.—G. Stevenson Smith, L.R.C.S. Edin., has been appointed Parochial Medical Officer for Monimail and Collessie, Fifeshire, *vice* William Spence, M.D. St. And., L.R.C.S. Edin., deceased.

Sturt.—Dr. J. Thomas Sturt, of 57, Margaret-street, Cavendish-square, has been elected one of the Medical Officers to the St. Marylebone Provident Dispensary.

Vertue.—Francis Henry Vertue, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the Southwold District of the Blything Union, Norfolk, *vice* Dr. James Williams, deceased.

Wadham.—William Wadham, M.D. St. And., L.R.C.P. Lond., has been appointed Assistant-Physician to St. George's Hospital, *vice* Dr. Barclay, appointed Physician.

Ward.—Eldon Piers Butler Ward, L.A.H. Dub., L.M. Dub., late Resident Medical Officer to the South Eastern Dispensary, Dublin, has been appointed Apothecary to the Mountjoy Male and Female Convict Prisons, Cowley-place, Dublin, *vice* George Augustus Frederick Halahan, M.D. Univ. Glasg., L.A.H. Dub., resigned.

Weston.—Edward Francis Weston, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been re-appointed Medical officer for the Soighford District of the Stafford Union.

Williams.—William Williams, F.R.C.S. Eng., L.S.A. Lond., late Assistant-Surgeon to the County Gaol, Dolgelly, Merionethshire, has been appointed full Surgeon, *vice* Mr. David Owen (in practice prior to 1815), deceased.

Wilson.—Henry Octavius Wilson, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Bristol Dispensary, *vice* Mr. Thomas Martin, M.R.C.S. Eng., L.S.A. Lond., resigned, and since deceased.

DEATHS.

Ayre.—April 16, Thomas Ayre, of Barnsley, Yorkshire, M.R.C.S. Eng., L.S A. Lond., aged 51.

Bell.—April 19, at Tunbridge Wells, George Hamilton Bell, F.R.C.S. Edin., M.R.C.S. Eng., formerly Surgeon Civil and Political Department South, Mahratta, and Resident Surgeon, Tanjore, H.E.I.C., Madras.

Cazeaux.—M. Cazeaux, one of the most distinguished French Accoucheurs, and Member of the Academy of Medicine, has just died, after a long illness, at the comparatively early age of 53.

Croft.—February 18, at Sydney, N. S. Wales, Jonathan Croft, H.P. Army Medical Staff, aged 82. He had seen 50 years' service, for which he received the Waterloo and Peninsular Medals with six clasps, and was made a Knight of Malta.

Chimmo.—March 19, at Perambore, Benjamin Smith Chimmo, Surgeon Major 44th Regiment of Bombay Native Infantry.

Clarke.—April 10, Christopher Clarke, of Spring-gardens, Naas, Co. Kildare, A.M. and M.B. Trin. Coll. Dub., M.R.C.S. Eng., L.M. West Lying-in-Hospital, Dub.

Delves.—February 14, off Manilla, Joseph Delves, Surgeon to the Peninsular and Oriental Company's ship *Shanghae*.

Deval.—M. Charles Deval, one of the most distinguished Ophthalmological Surgeons of Paris, has just died, aged 55. He is the author of several well-known works, one of these, a very comprehensive treatise on Diseases of the Eye, having been just published.

Dickson.—Recently, John Steele Dickson, of Belfast, M.D. St. And., L.F.P.S. Glasg.

Grant.—April 14, John Grant, of No. 26, Blandford-square, late Superintending-Surgeon Bengal Establishment.

Lee.—April 14, at No. 76 Clevedon-street, Liverpool, John Lee, late of the Isle of Man, Surgeon, aged 57.

Ludlow.—April 21, (at the residence of Captain Wasey, R.N., Southsea, Hants,) Henry Christopher Ludlow, M.D., late of the 2nd Madras Cavalry, aged 58.

Morris.—April 15, Thomas Morris, of Market-place, Prescot, Lancashire, M.R C.S. Eng., L.S.A. Lond., formerly Senior House-Surgeon to the Southern Hospital, Liverpool, aged 43.

Nixon.—April 18, George Nixon, of Antrim, L.K.Q.C.P. Irel, and L.M., M.B. Gottingen, L.M. Dub. Lying-in Hospital, L.R.C.S. Irel., M.R.I.A., Surgeon to the Royal Antrim Artillery Militia.

Oliver.—April 16, Lewis Bentley Oliver, of No. 7, Addison-terrace, Kensington, M.D., Surgeon to his late Royal Highness the Duke of Kent.

Row.—April 8, at Nice, John Row, late Inspector-General of Hospitals, H. M. Bengal Army, aged 68.

Stampa.—April 11, Guglielmo Stampa, M.D., of Constantinople.

Tuckey.—April 21, William Alexander Tuckey, of Bermondsey-street, Southwark, late of Dalhousie, M R.C.S. Eng., L.R.C.S. Edin., L.M. Edin.

A case of tetanus has been treated successfully at Milan by the chloride of barium; ten grains dissolved in a pint of water, and taken during twenty-four hours.

Election at the Academy of Medicine.—The vacancy in the Section of Medical Pathology has been filled up by the election of M. Roger, who polled forty-five votes to M. Monneret's thirty.

The Great Exhibition.—MM. Cloquet, Nélaton, Tardieu, and Demarquay have been chosen to form a portion of the jury of the Great Exhibition. The two former take part in the class which considers objects necessary for teaching, while MM. Nélaton and Demarquay will examine the surgical instruments and apparatus, taxidermics, and prothetic instruments.

The transplantation of the Pitcairn islanders to Norfolk Island is said to have proved a failure, as many other benevolent experiments do. The indolence of the young men is said to exceed belief. It equals, says the correspondent of the *Guardian*, that of the negroes in the West Indies, and seems to proceed from the same cause, the ease with which a sufficient supply of food can be obtained, and of any stimulus to do more than supply the merely animal wants.

We have been informed that Professor Czermak, who has sent his laryngoscope to the International Exhibition, will be in London in the course of next week. He has intimated his willingness to demonstrate the application of his instrument to members of the Medical Profession. We are certain that this announcement will be warmly welcomed, and that many will avail themselves of the opportunity afforded by Professor Czermak's courtesy.

Hydrophobia from the Bite of a Wolf.—In February last, a young girl was attacked by a wolf at Breil, in the arrondissement of Nice, and was saved by the courage of a brigadier named Delcerba. The latter has just died a victim to his devotedness. The wounds which he received in his struggle with the animal were healing favourably, and his complete recovery was looked on as certain, when, about a week ago, fifty days after the event, symptoms of hydrophobia came on, and he died two days afterwards.

The Windham Case.—Lord Justice Knight Bruce and Lord Justice Turner have decided that Mr. Windham shall pay his own costs incurred in the late inquiry. The chief grounds of this decision are—First, that the original petition was made *bonâ fide*, and not from personal motives or considerations on the part of the petitioners; and secondly, that, assuming Mr. Windham to have been always of sound mind, it must be considered that his own acts and conduct were the occasion and cause of the proceedings, which were necessarily expensive to himself and others.

We regret to hear of the death of Andreas Wagner, Professor of Natural History at the Academy of Munich. For the past twenty years Professor Wagner has been known throughout Europe by his labours in the field of Comparative Anatomy and Physiology, especially in the department of Mammalogy. We are informed that it is probable he will be succeeded by Professor Oppel.

Extract from an Order of Her Majesty in Council of March 21, 1862, on the hearing of the report of a Committee of the Privy Council, to whom had been referred the ordinance of the Scottish Universities' Commissioners of June 16, 1861, relating to graduation in Medicine in the University of St. Andrews, and four petitions against the confirmation of certain parts of such ordinance from the Governors of St. Bartholomew's, St. Thomas's, Guy's, and Middlesex Hospitals:—"Her Majesty having taken the said report into consideration, was pleased by and with the advice of Her Privy Council to approve thereof, and to order, as it is hereby ordered, that the said ordinance (No. 19 St. Andrew's No. 3), framed by the Scottish Universities Commissioners on June 16, 1861, be, and the same is hereby confirmed, subject to the omission from the 8th article of the said ordinance of the words—'University College, London; King's College, London,' and to the insertion in the 1st section of the 9th article of the said ordinance of the words rendered necessary by such omissions, namely, 'University College, London; King's College, London,' before the words 'The Hospital Schools of London.'"

Epidemic Cholera at Agra.—We have received a Report, by Dr. G. R. Playfair, on the Epidemic Cholera which appeared in the Agra Central Prison in July, 1861. Its chief interest consists in an account of the treatment which Dr. Playfair was led to pursue in the early and later stages of the disease. In the early stage, before collapse had set in, he found opium and Cayenne pepper, in the majority of cases, efficacious in arresting the disease. In the stage of collapse he has obtained the most successful results from venesection, combined with the internal administration of stimulants. Venesection he employs to overcome the retardation in the movement of the blood depending on its thickened state, and thus to assist the action of the stimulants on the heart. He observes that it is useless to attempt venesection if no pulse is perceptible at the wrist, and that the object is not to deplete, as if to relieve an inflammation, but merely to lessen the resistance to the action of the stimulant in producing contraction and re-invigorated action of the heart. The amount of blood he abstracted was seldom more than three or four ounces; it never exceeded seven or eight. The following were the results of three modes of treatment which he tried:—Of 58 cases treated with stimulants and opium at an early stage, and with stimulants without opium, artificial heat, and frictions in the collapsed stage, 26 died, or 44·82 per cent.; of 29 treated in the same manner, but with the addition of saline injections of common salt and carbonate of soda in very hot water, every quarter of an hour, 12 died, or 41·37 per cent.; of 35 treated by venesection and diffusible stimulants (of which Dr. Playfair prefers chloroform), only 8 died, or 22·85 per cent. The probability of recovery seems, therefore, to have been increased by the latter treatment 20 per cent.

Fossil Man in the County of Durham.—A cave, known as the "Heathery Burn Cave," near Stanhope, in this county, exists in a deep ravine in the limestone strata, which are being worked by the Weardale Iron Company to obtain a flux used in smelting their ironstone. The progress of the quarrying operations has laid the entrance to this cave bare; and in a deposit of sand under four inches of the stalagmitic stone, which has been formed by the dripping of water, holding lime in solution from the roof, have been discovered a human skull, as well as several hundred bones of various animals, and some bronze ornaments, as, for example, armlets, pins, etc. These have been carefully collected and transmitted to London, with a view to obtain the highest scientific opinion on this most interesting discovery. It is said that Mr. S. J. Mackie, F.G.S., F.S.A., editor of the *Geologist*, is engaged in researches, with the intention of defining exactly the age of this cave deposit.

Fossil Feathered Reptile.—The announcement made to the geologists of Germany, about three months ago, by Hermann Von Meyer, that he had obtained from the lithographic slate of Solenhofen, in Bavaria, a fossil impression of a feather on the upper and under surfaces of a split slab, and that this feather was undistinguishable in its appearance from that of existing birds, attracted but little attention beyond palæontological circles. We had already evidences of birds from the greensand; and the discovery of birds in the Solenhofen oolite would merely lead us to connect the osseous remains still more closely with the evidences of avian footprints discovered by Hitchcock in the Triassic sandstones. Von Meyer's feather, which he termed *Archæopteryx*, is, however, completely eclipsed in interest by the intelligence made public by the venerable A. Wagner, of Münich, that in the collection of M. Häberlein, of Pappenheim, exists the skeleton of an animal undoubtedly of reptilian organisation, as indicated by the vertebral column and the form of the pelvis, and offering most analogy to the genus *Ramphorhynchus*, or long-tailed *Pterodactylus*. It approaches the class birds by its trifid metatarsals, and by having developed from a flat bone near the *ulna* and *radius*, and supposed to be a carpal, a radiate fan of feathers, similar to those of birds. At the apical extremity of the tail is another radiate fan, also of feathers. The rest of the animal appears to have been destitute of plumage. Unfortunately the head is wanting. This anomalous form is referred by Wagner to the order *Pteresauria*, and has been generically distinguished by the term *Griphosaurus*, from *γρῖφος, an enigma*.

A writer in the *City Press* tells us that the Commissioners of Sewers for the City of London are trying a plan for ensuring the more regular and speedy removal of the dust from the houses under their authority. When we reflect on the quantity of organic refuse which is stored in these receptacles, and the noisomeness which attends both the keeping and removal of it, we are sure that it is one of those seemingly trifling matters which are well worth consideration. Two years ago, there were many persons who complained of the "smell of the Thames" who might have traced the offensiveness to the dust-bins under their own windows. "The Commissioners of Sewers have determined to try an experiment, at first, in one district only; and every little experiment deserves even indulgent trial, which tends to relieve the services of so crowded a city of any of these endless little troubles. Each housekeeper will be furnished with a card, on which is printed a large black letter D. When the householder desires the dust to be removed, he is requested to place this card in his window, or on his door or shutter, and to keep it there until the service he requires is executed. This saves him the trouble and annoyance of an application by the workmen on days and hours that are inconvenient, and also saves him the tedious trouble of looking out for the dust-cart, which is a work of time and annoyance, especially now the men are not allowed to ring a bell." The public, it is added, would find their comfort much increased by further arrangements of the same kind. When the services of the carrier or of some tradesman are required, a card is placed in the window of the house thus, W for Wright the carrier, F for the fruiterer, etc. A call is then only made when wanted, the servants are saved the labour and trouble of attending to needless rings and knocks, and the time of the carrier also is saved. Before the system is completely established, we must beg that some distinctive letter or set of letters be appropriated to the Medical Profession. How much it would save the time of the Irish Dispensary Practitioners if, as they passed the various cottages, they saw a signal inviting them to come in.

Dr. Joseph Bell.—Address and Presentation.—The *Glasgow Herald* says:—"Our distinguished townsman, Dr. Joseph Bell, at the conclusion of this Session, was presented with the following address and a valuable piece of plate by the students of the Royal Infirmary, who had attended his course of lectures and demonstrations on pathological anatomy during the past Session, for his gratuitous services in instructing them in this important branch of Medical study. (Copy of Address.) 'Royal Infirmary of Glasgow.—Joseph Bell Esq., M.D., F.F.P.S.G., etc.—Sir,—We have attended, during the past session, your valuable Lectures on Pathology and Pathological Anatomy, in the Glasgow Royal Infirmary; and we beg to express our gratitude to you for your uniform kindness to us, and for the untiring zeal you ever manifest in communicating to us that practical knowledge of our profession, of which you are the possessor. Your demonstrations have opened to us a field for study, in which only the true knowledge of disease is to be found. Few Physicians labour so assiduously or so successfully for the advancement of practical medicine as you do, and in appreciation of your invaluable services to us as a teacher, we request your acceptance of the accompanying piece of plate, as a small but tangible memento of our esteem. Our sincere wish is, that you may long be spared to adorn the Medical Profession by the lustre of your talents, and to benefit Medical Science and relieve suffering humanity with the riches of your great experience as a practical Physician.' The plate, which is a handsome silver salver, bears the following inscription:—'Presented to Dr. Joseph Bell, by the Students attending his Pathological Demonstrations, in appreciation of his valuable services as a teacher.—Glasgow Royal Infirmary, April, 1862.' The thanks of the students are also due to Mr. John A. Easton, Dr. Bell's clerk, for his uniform kindness to them while attending Dr. Bell's wards."

Vigorous Prosecution of Magnetisers in France.—The Chamber of Appeal of the Paris Imperial Court of Correctional Police has just affirmed the conviction of a male and female animal magnetiser pronounced by one of the provincial tribunals, the prosecution having been instituted by the Medical Practitioners of the locality. The judgment is of importance, by its having decided that the pretence of treating disease by animal magnetism is to be regarded as belonging to the category of ordinary swindling, and that every consultation is to be considered a separate offence. The female somnambulist, for 39 consultations with 11 patients, is condemned to a fine of 572 francs and an imprisonment of 8 months; and the male accomplice, for 26 consultations with 7 patients, to a fine of 286 francs and imprisonment. The two together also pay 100 francs to the prosecutors, and all the expenses, which will amount to more than 500 francs.

Arsenical Paper-hangings.—Mr. John Humphreys, the coroner for the county of Middlesex, received information on Monday from Mr. Coningham, summoning officer of the parish of St. Ann's, Limehouse, of the deaths of four children from the effects of arsenic, under the most extraordinary circumstances. It appears that the four children resided with their parents at Tomlin's-terrace, Salmon's-lane, Commercial-road, Limehouse, and the father (Richard Turner), who is a journeyman bricklayer, occupied a small tenement, with his wife and four children, at the place above named. The house was well drained, and the family were in perfect health until about six weeks since, when one of the younger children was found to be unwell. A surgeon of the district (Mr. Horton) was called in, and the child was placed under his care. He at first could not account for the prostration of the little sufferer, and he pronounced the child to be suffering from diphtheria, from which it died, and death was registered accordingly. A few days afterwards another child was seized with similar symptoms, and the same gentleman prescribed for it. This child also died, and death was registered in the same manner. A third child also fell a victim to the same complaint within a few weeks; and on Saturday last, Ann Amelia Turner, aged three years, also died. The features of the four cases were all of one character, and some alarm sprung up in the neighbourhood at the fearful mortality in the family, and on Saturday morning last the attention of Dr. Orton, the Medical Officer of Health, White Horse-lane, was called to the serious character of the case, and he was directed by the Board of Works for Limehouse to make an inspection of the house where the four children had died. Dr. Orton, who is one of the most experienced officers in the east end of London, repaired to the place, and found the house in capital condition, well drained, and ventilated. He could not find any local cause for the deaths of the four children in a sanitary view, but he subsequently went to the room where they had slept, and there he found that the walls of the apartment had been papered with a green-coloured paper. He examined the walls and found that large pieces of the paper had been torn off by the children while in bed. They had played with portions, and licked the green colour off the surface. He had tested the substance, which was easily removed by the slightest moisture, and discovered by experiments that the paper contained immense quantities of arsenic, which he believed had been the cause of the four children's deaths.

Testimonial to Mr. Tomes.—We understand that the Licentiates in Dental Surgery propose to present a testimonial to Mr. Tomes, F.R.S., the President, and we believe we are almost justified in saying, the founder of the Odontological Society. Mr. Tomes, like his elder colleague, Mr. Thomas Bell, is one of the men whose personal character is sufficient to confer a scientific reputation on the whole mass of his Profession. Having enjoyed the advantage of a thorough Surgical education at King's College and the Middlesex Hospital, Mr. Tomes devoted himself to dentistry, and soon made himself known as an indefatigable worker both in the practical and scientific departments of his adopted profession. He was one of the earliest microscopists and students in the enlarged field of anatomy and physiology which test instruments has laid open, and early in life published a series of observations on the Structure of Teeth and Bone, which have been followed at intervals by fresh researches into Comparative Odontography. The practical department of dentistry was cultivated as successfully as the scientific. He was the first, if we are not misinformed, who constructed a set of numerous forcipes, each adapted to hold securely some one especial kind of tooth, and so to render extraction easier, and avoid the horrors of that miserable smash of a decayed tooth which results when the crown is broken and the fang left in the jaw. His "Lectures" are the standard authority in English Dentistry. It was, we believe, by his means and influence that the Dentists' Clause was inserted in the Medical Bill, a measure of which the policy was doubted in this Journal, though we bear our unfeigned testimony to the pure motives and ability of the highly respectable dentists who advocated it. We only hope that it will lead many of them to study for the full diploma of the College. Altogether, no man has often deserved better of his own especial branch of the Profession than does Mr. Tomes, and the proposition to give him a testimonial does credit to their discrimination and gratitude.

The Murderer Clark.—It will be remembered that George Clark, a joiner, was convicted at the Newcastle-on-Tyne Spring Assizes of the murder of Mr. Mark Frater, a tax-collector, in a street of that town, and that he was sentenced to death by Mr. Justice Willes; but in consequence of the eccentric conduct of the prisoner on his trial, and subsequent examinations made by Medical gentlemen, it will also be recollected the sentence of death was subsequently respited by the Home-office. There has since been considerable difficulty with regard to the disposal of the convict, through the Newcastle borough justices refusing to sign a certificate that Clark was insane, though the two Medical men appointed by them to examine the convict made a report to them to that effect. The difficulty has been got over, however, by a private intimation which has been sent to the Governor of Newcastle Gaol, to the effect that the Queen has commuted the sentence on Clark to that of penal servitude for life. The following letter in reference to this case, deserves to be put on record:—"Dinsdale Park, Darlington, April 10, 1862.—Sir,—A letter has appeared in the Newcastle newspapers, addressed to you by the Newcastle magistrates, dated the 7th instant, in which they say it is not easy to reconcile my 'unqualified' opinion of Clark's insanity with my statement that, 'on all ordinary subjects I found him rational enough.' Insanity, or mental unsoundness, is a positive state. It is a name assigned to a disease or disorder of the mind, but does not mean or imply an extinction of the intellectual powers. There is intelligence, more or less, in all cases of this class of mental diseases; but this intelligence does not qualify the fact of insanity; and, of course, cannot qualify the opinion of that fact. I dare say three-fourths of the lunatics in England are of this class—witness the large number of them employed at this moment in trades in all the county asylums in this and other countries. The law of England does not recognise a qualified opinion of insanity; an alleged lunatic must be found capable or incapable of managing his affairs, or of sound or unsound mind. There can be no qualification of the fact, and the opinion of the fact must be unqualified; and very properly so, for of what value is the remaining intelligence of a lunatic, if it is overruled by delusion, and cannot restrain from insane acts, and, perhaps, crime? The magistrates, in their letter to the Home Office, dated March 19, say that the grounds for the Medical opinions in Clark's case are insufficient to constitute mental unsoundness. In common with many, I believed that the thirteen magistrates who authorised the writing of that letter had arrived at their conclusion by a careful and full personal examination of the convict as to his state of mind. But this is not the case, and may account for their refusal to send Clark to an asylum; for every person present at my examinations, comprising prison officials and professional men, most of them previously believing that Clark was sane, left the cell declaring that he was not a sane person. It may not, therefore, be unbecoming in me to beg that the Home Office will call for a return of the names of those of the thirteen magistrates referred to, who had really, specially, personally examined Clark before March 19. I must beg respectfully to say, that if they could not conscientiously admit the grounds for the Medical opinions as sufficient, they were not in a position to refuse to send Clark to an asylum, without all of them having first examined the convict as to his state of mind, and this they did not do; for I have it on the authority of one of themselves, that up to this date, April 10, they have not, all of them, even visited Clark. I must mention here a fact well known to the Home Office, that the question as to the sufficiency of the facts or grounds for a Medical certificate of insanity rests, by statute law, with the Commissioners in Lunacy. It is their province to examine, refuse, or cause to be amended, all certificates of insanity required for the admission of patients into lunatic asylums in England.—I have the honour to remain, &c., (Signed) D. MACKINTOSH, M.D.—To H. Waddington, Esq., Home Office, London."

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 19, 1862.

BIRTHS.

Births of Boys, 955; Girls, 961; Total, 1916.
Average of 10 corresponding weeks, 1852–61, 1766·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	688	643	1331
Average of the ten years 1852–61	583 3	552 2	1135·5
Average corrected to increased population..	..	..	1249
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	..	8	2	6	7	2
North ..	618,210	..	4	9	5	16	16	4
Central ..	378,058	1	3	7	3	5	14	1
East	571,158	2	26	10	3	12	24	5
South ..	773,175	..	3	41	5	19	18	6
Total.. ..	2,803,939	3	37	75	18	59	79	18

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

Important papers on Phthisis, by Dr. Kirkes, Dr. Cotton, Dr. S. Scott Alison, will appear as soon as possible.

We are compelled to defer the termination of our Abstract of M. Michel Levy's Address on Hospitals until next week.

A Constant Reader.—The deduction was illegal. A master cannot legally make an abatement of wages on the ground of sickness.

Mr. Webber, the defendant in a late trial, Wells *v.* Webber, has made an application to the Court of Queen's Bench for a new trial. He complained that his counsel had not put him into the witness-box. The judge observed that from the animus he displayed, his counsel had exercised a wise discretion, and refused the application, which was not opposed by the plaintiff.

Mr. John Ogle Else.—We are glad to learn that Dr. Moseley's establishment is to be closed. We should recommend Mr. Else to withdraw entirely from the connexion, and to allow the matter to rest.

Dr. V. A. Brown —It is difficult to give an opinion without seeing the case, but we should think an operation advisable. We should advise that the left eye, which is described as much the worse of the two, be operated on first. A little longer delay, however, can do no harm.

Medical Etiquette.—The advertisement is undoubtedly a gross breach of good taste; we should recommend no one to follow the example of the advertiser.

The Bath Chronicle and the Teetotallers.—We are assured by the Editor of the *Bath Chronicle* that a recent report of a teetotal meeting in that city was absolutely correct, and that a clergyman did distinctly utter the offensive remarks to which our notice was drawn by a Bath correspondent. We can well imagine that the chairman of a teetotal meeting may be so narcotized by the reiteration of the same facts and arguments that he may have gone to sleep or fallen into a reverie, and so have been unconscious of what passed.

Supply of Milk in the Country —We understand that the Ladies' Sanitary Association desire to institute an inquiry into the general supply of milk. It is commonly believed that whilst milk in towns can generally be obtained, although in an impoverished and adulterated state, that in villages and remote country places it is often utterly unattainable, and that considerable suffering amongst young children exists in consequence. The great farmers, it is said, do not condescend to retail milk in small quantities; and the little people have no facilities for keeping cows. We shall be glad to receive communications from villages giving us any facts on the alleged difficulty of procuring milk, and on the inconveniences suffered from want of it

MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I regret to find, from your remarks on my letter in your last Number, that you have misunderstood me. I never intended to imply that improper characters had been admitted as Members of the London College of Physicians; I merely meant to say that men had been admitted who never presented themselves, being some thousands of miles away.

I am, &c.

April 22. M.R.C.P.L.

A SHAKSPERIAN QUESTION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can any of my brethren given to reading old works on Surgery, receipts, or the like, help me to an explanation of Costard's, "No egma, no riddle, no l'envoy, no salve in them all, Sir (in thee male, Sir,—old copies)."—"Love's Labour Lost," Act iii. sc. 1.?

It is clear that Costard, smarting with pain, thinks that Armado is calling for materials for a salve. Hence enigma becomes egma, some plaster, as Costard thinks, of egg. A riddle again being a flour-sieve, probably led him as it leads us to think of meal, and I can only conceive, therefore, that he takes l'envoy for lin-foyle, which—as foyle is an old word for paste—would be a linseed-meal poultice, and wisely declining it, says either no salve in them all, or no salve in the (or that) meal, give me a plain plantain.

Can any one give me any such egg or linseed-meal recipe for bruises or cuts from books of the sixteenth or seventeenth century, or the composition of any other salve the name of which may resemble egma or l'envoy?

I am, &c.

April 22. NOTA BENE.

HÆMORRHAGE FROM THE PLACENTAL END OF THE UMBILICAL CORD.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I read with interest an account of concealed birth by Mr. Bond, of Atherstone, in your "Notes and Queries" of the 12th inst.

I cannot understand, however, how any amount of hæmorrhage from the placental end of the umbilical cord could be dangerous to the mother. Any such danger is quite antagonistic to my ideas of embryonic physiology.

In fact, where there is no second child, I always encourage free bleeding from the maternal end of the cord, before attempting to extract the placenta. The sudden withdrawal of its contained fluid I conceive to act beneficially in stimulating uterine contraction, and it assuredly, to a slight extent, diminishes the size of the after-birth, and by consequence lessens the pain caused by its passage through a smarting vulva.

I was led to adopt this practice by the advice of Mr. Harvey, of Lincoln, whom I met in Edinburgh many years since; which circumstance I mention that I may not take personal credit for a mode of proceeding I continue to adopt, because I consider it, after a tolerable experience, advantageous rather than otherwise, and not open to any solid objections that I know of. I am, &c.

South Petherton, April 14. HUGH NORRIS.

POOR-LAW MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I must again repeat my objections to the scheme of Poor-law Medical Relief proposed by Dr. Fowler. Be it remembered that Dr. Fowler stated before the Select Committee last Session, in substance, that he was the Honorary Secretary of the Metropolitan Poor-law Medical Officers, who were 175 in number, and were attached to 38 metropolitan unions and parishes, and that he "was selected by them as one of the gentlemen to be examined by the Committee," at that meeting he stated the views of the metropolitan men, and now he comes forward with a diametrically opposite plan of his own. I thought I represented the views of a large number of the metropolitan men, and I was guided in this opinion by very many of them sending me subscriptions; possibly they may have done the same to Dr. Fowler. Should this be the case, permit me to recommend to them that they take a decided course in this affair, and declare for Dr. Fowler or myself, or adopt a specific plan independent of us both, otherwise I can assure them they run a great risk of not obtaining any relief, as it is not improbable the Committee may say, that as the metropolitan men cannot agree on a plan, that we will exempt them from any legislation, a course which I was asked to sanction when our bill was before Parliament two years since, as a promise was then held out, that by my consenting to this arrangement the metropolitan members would support a purely country bill. I did not agree to that suggestion, but in future it may not rest with me to adopt a similar course. Dr. Fowler states—"With the assistance of the Union clerk, any gentleman can readily calculate what the figures, say of the half-year just ended, would produce as his next half-year's salary, according to my plan." This course I have followed, and I find that in one district of the Weymouth Union the resident paupers relieved during the half-year were 166, those having Medical orders only 40, and the non-resident paupers, which the Doctor expressly omits in his plan, were 22, and of those 15 were in a lunatic asylum, that the separate cases of illness were 131, and the repetitions 13, making a total of 144 orders received in the half-year for Medical relief. In the second district the number of resident paupers relieved during the half-year were 138. Those having Medical orders only 18, non-resident paupers 4, and of these 3 were in a lunatic asylum. That the separate cases of illness were 171, and the repetitions 11, making a total of 182 Medical orders. By the Doctor's plan the officers of these districts would have their present inefficient salaries considerably reduced, in fact, in one case the payments would average about 1s. 2½d. per patient, and in the other, 1s. 1½d., instead of 5s., as is proposed by the plan of the association. This certainly is "exclusive of a gross fixed sum for distance or a mileage payment;" but as these two districts are entirely in the town, and the farthest distance not one mile from the residence of each of the officers, they will not be entitled to any extra payment.

Need I say more as to what we poor country Medical men may expect should the views of our metropolitan friends be adopted by the Select Committee. By Dr. Fowler's plan we are left entirely in the hands of the guardians who may award (see note by Dr. Fowler) "in purely country districts double, or in some few cases treble these minima rates." The Doctor it appears limits this increase to "purely country districts;" but he need not have put "some few cases," as he may rely upon it the treble payments would be few indeed. Again he writes, "An additional penny for every alternate 10 or 15 per cent of illness," with the foregoing provision of its "being doubled or trebled." Dr. Fowler might have added,—if the guardians could but be persuaded to agree to such a generous arrangement. He finally proposes "an additional gross sum to be fixed by the guardians with the sanction of the Poor-law Board, as a remuneration in respect of the distance which the Medical officer may have to travel in attending the sick poor, or in respect of other local circumstance," which in effect is leaving matters precisely where they now are, viz., in the hands of the guardians and Poor-law Board, who at present give to one officer £5 and another £50 for performing precisely similar work. I understand Dr. Fowler has applied to be again examined by the Select Committee on his new plan.

I therefore hope the metropolitan Medical men will at once decide on the course they wish to pursue, and not allow it to go forth that their Honorary Secretary, in his official capacity, is the proposer of this new plan.

I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth, April 19.

P.S. Has Dr. Fowler considered the effect of a severe winter, or the sudden closure of mills in the manufacturing towns, whereby thousands in a single Union are suddenly thrown upon the Poor's-rate? It is true this will benefit the Medical officer, but is it probable the guardians will be so blind to the interests of the ratepayers as to suffer such a law to pass as that which Dr. Fowler now proposes?

Scottish Amendment of Lunacy Bill.

The following letter has been addressed by the Medical Commissioners in Lunacy for Scotland to the Scotch Parliamentary Representatives, in reference to the proposed removal of Medical Commissioners from the General Board of Lunacy:—

"To the Noblemen and Gentlemen representing Scotland in Parliament.

"Lords and Gentlemen,—We are desirous to direct your attention to the fact that it is proposed by the Amendment Lunacy Bill, introduced into Parliament by the Lord Advocate, to remove the Medical Commissioners from the Board, which shall thenceforth consist exclusively of non-Medical persons.

"We understand that the chief grounds on which this proposal is made are the supposed preponderating influence of the Medical element at the Board, and the anomaly of the Medical Commissioners reporting to a Board of which they are themselves members.

"In answer to these objections, we beg to remark, that insanity is a result of disease, and consequently that a Lunacy Board composed entirely of non-Medical persons must either incur the risk of committing grievous mistakes, or consent to be guided by extraneous Medical advice and experience. We can see no advantage in compelling the Board to seek such advice from Inspectors, not members of their body, rather than from Commissioners who are their colleagues. Indeed, we consider the former proposal highly objectionable; and principally on this account, that a Board composed of non-Medical persons, assisted by Medical Inspectors, would involve a divided responsibility. The Board would trust to the Inspectors, and the Inspectors to the Board, and the consequences to those for whose care and protection both were instituted, could not fail to prove most injurious.

"The objection that the Medical Commissioners report to a Board of which they themselves are members, is more specious than real. It is admitted that a non-Medical Lunacy Board must, in all Medical questions, be guided by professional advisers. Practically, therefore, the same degree of influence will vest in Inspectors as in Commissioners, but with this difference, that the usefulness of the former would be materially crippled by their exclusion from the Board, with no advantage, that we can perceive, to any party.

"If it be argued that the Medical members of the existing Lunacy Board have hitherto exercised a greater amount of influence than is desirable, this objection would be met, either by associating with them a larger number of non-Medical colleagues, or by securing the attendance of the present non-Medical Commissioners by adequate remuneration.

"The proposal to reduce the Medical element at the Board has, we have reason to think, obtained support from the statement, that the views of the Medical Commissioners as to the numbers of the insane who should be placed in asylums, and as to the style and nature of the buildings which should be provided for their accommodation, are both extravagant. The general views of the Board on these points are given at length in their annual reports to Parliament. We shall therefore here only very briefly state that our wish has been to adhere as closely as possible to the directions laid down for our guidance in the statute under which we act.

"It is provided by the 95th section of the Lunacy Act, 20 and 21 Vict. cap. lxxi., that 'Every pauper lunatic to be detained under the powers of this Act shall be sent to the asylum for the district in which the parish of the settlement of such pauper lunatic is situated: provided always that, under special circumstances, it shall be lawful for the Parochial Board, with consent of the (Lunacy) Board, to dispense with the removal of any pauper lunatic to such asylum, and to provide for him in such other manner, and under such regulations, as to inspection and otherwise, as shall be sanctioned by the Board: and provided further, that the provisions of this Act as to the requisite license and order, and returns or reports to the Board shall be duly complied with.'

"Our object has been to dispense with the removal of patients to asylums, whenever the form of the disease rendered this course practicable, and whenever sufficient guarantees could be given for the proper care and treatment of the patients. At the present moment, accordingly, about 1600 pauper lunatics are, under our sanction, resident with their friends.

"Acting under our advice, the Board have left the District Boards to determine both the size of their asylums and the architectural style of the buildings, and have restricted their own functions to seeing that the accomodation was appropriate in its arrangements for the purpose for which it was intended.

"An opinion, however, appears prevalent, that the powers of the Board are excessive, and have been arbitrarily exercised. But the powers of the Board are in reality very limited, and could be exercised oppressively only by their withholding their license from private asylums or lunatic wards of Poorhouses; or by refusing to sanction the proceedings of District Boards. There are only two instances in which the Board have considered it their duty to act in the manner here indicated. In the first, they refused to accept, as the site for the Ayr Asylum, a piece of waste land in a very exposed situation by the sea-shore. The soil, consisting of loose sand, was extremely ill-adapted for cultivation by insane patients, and, when broken up, would have drifted with every gale, and covered up alike the cultivated grounds and the airing-courts. In the second instance, the Board declined to grant their license for the institution of lunatic wards in the Poorhouse of Dundee. By the Lunacy Amendment Act, 21 and 22 Vict. cap. lxxxix., the Board are authorized to license lunatic wards in Poorhouses for five years, for the temporary accommodation of patients until district asylums should be provided. But in the district of Forfar there were already two public asylums, adopted by the district, possessing abundant accommodation: and it was therefore held by the Board that they had no authority to license lunatic wards in a Poorhouse within such district. But while refusing their license, the Board expressed their willingness to reconsider their decision on being furnished with an opinion of counsel, that they might lawfully accede to the application made to them. No such opinion has been forwarded.

"Any assertion that the Board have acted harshly by ordering into asylums insane persons who might with propriety have been left with their friends, requires no further contradiction than the simple statement that the Board possess no power to force patients into asylums. They may, by the section of the Act quoted above, give their sanction to lunatics remaining at home; but, if they withhold such sanction, they are without authority to enforce removal, and must limit their action to recommendations and remonstrances.

"We have considered it proper to bring these remarks under your notice, as we feel that the proposal of removing the Medical Commissioners from the Board is a virtual censure of the manner in which we have discharged our duty in this capacity; and we are naturally desirous that, before you confirm such censure by your vote in Parliament, you should satisfy yourselves by further inquiry, and the examination of competent witnesses, to what extent it has been deserved. We are not disposed to undervalue the information afforded by parochial authorities; but we are, nevertheless, of opinion that a more correct judgment on the state of lunacy in Scotland would be formed, and more trustworthy materials obtained for further legislation, if the sources of information were extended.

"We would, therefore, humbly suggest, that before an amendment of the Lunacy Act is undertaken, a committee of the House of Commons should inquire into its working hitherto; and that in the meantime a short Act should be passed to carry on existing arrangements for another year.—We have the honour to be, lords and gentlemen, your most obedient humble servants, James Coxe, M.D., and W. A. F. Browne, Medical Commissioners in Lunacy.—Edinburgh, April 18, 1862."

COMMUNICATIONS have been received from:—

Dr. Kirkes; Mr. Galloway; Dr. Bell; Rev. J. Chapman; Mr. Steele; Mr. Winckfield; Mr. R. Griffin; Professor Laycock; Dr. V. A. Brown; Mr. C. D. Doig; Medical Etiquette; Mr. Townley; Dr. B. Nicholson; Mr. James Bruce; Dr. Fred. Weber; A Constant Reader; M.R.C.P.L.; Dr. Mulreany; Dr. Samelson; and Dr. P. C. Duncan.

APPOINTMENTS FOR THE WEEK.

April 26. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Christian Medical Association, 8 p.m. Meeting, Freemasons' Hall, Great Queen-street.

28. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1¼ p.m.

Medical Society of London, 8½ p.m. Dr. Cockle, "Practical Observations on Diseases of the Right Orifices of the Heart."

29. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

30. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Society of Arts, 8 p.m. Meeting.

May 1. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

2. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

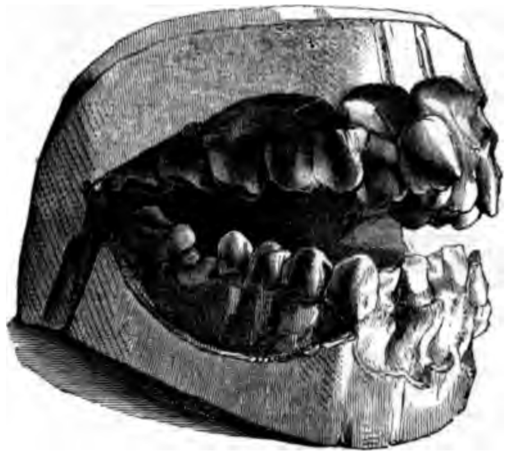
ROYAL INFIRMARY, EDINBURGH,

By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine; and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

Lecture VIII.—Diathetic Diagnosis of Pulmonary Consumption, *Continued.—Teeth—Clubbed Fingers, Rheumatic Fingers Compared—Bronchocele or Goitre, and Scrofula—Meaning of Thyroideal Enlargement in Diagnosis.* Syphilitic Scrofula.—*Origin—Physiognomy—Syphilitic Teeth—Mercurial Teeth—Diseases of Syphilitic Diathesis—Syphilitic Tuberculosis and Consumption—and Amyloid Degeneration.* Rheumatic Consumption.—*Etiology and Diagnosis—Physiognomy of Rheumatic Tuberculosis—Varieties of Tubercle—Special Seat in Left Lung?—Distinctions from Scrofulosis.*

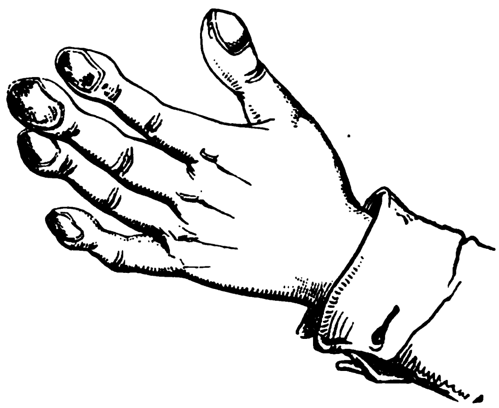
Gentlemen,—I discussed the physiognomical diagnosis of the scrofulous diathesis at our last meeting, with reference to the cases of pulmonary consumption we have under treatment. There are some other points of interest to be noted, as, for example, the relation of goître, or thick neck, to scrofula and consumption, the meaning of clubbed fingers in phthisis, and the characteristics of the teeth. The *teeth* in the scrofulous diathesis present the signs of imperfect nutrition and development, but these vary much in individuals. You will sometimes find them remarkably large, with milk-white spots on the flat surface, indicating defects in the enamel, and at which caries usually begins. In this respect the caries of the scrofulous tooth differs from that seen in phthisical persons with gouty or nervous tendencies, in which it begins between and within the teeth, and most commonly in the lateral incisors of the upper jaw. The teeth may, however, be very irregularly set in the scrofulous, the central incisors leaning towards each other and overlapping, as in a rabbit-jaw.



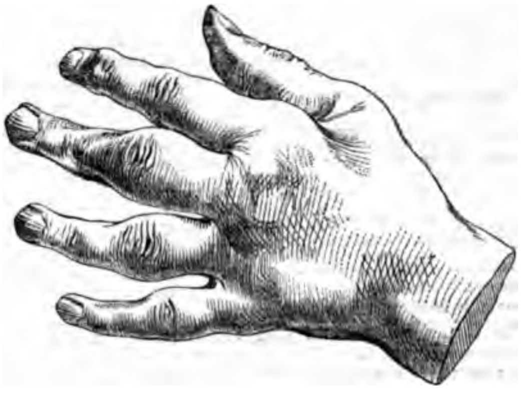
Overlapping Crowded Teeth in a Strumous Imbecile—Extensive Scrofulous Disease of the Wrists and Fingers. (Clinic of Mental Diseases.)

Clubbed Fingers have been said to be characteristic of pulmonary consumption. We note them in three only of nineteen cases; two of these are strumous, aged 33 and 60, and one rheumatic, with mitral lesion, aged 47. It is an appearance indicative of long-continued imperfect aëration of the blood from any cause, and occurs, therefore, in highly chronic cases of either heart or lung disease; hence it is often strongly marked in cases of cyanosis.

The fingers in persons of the scrofulous diathesis are often very characteristic. Although not clubbed, they are flattened at the ends, the joints are large, the fingers not straight or tapering, as in a symmetrical hand. The appearance of gouty or rheumatic hands in some cases is, however, so easily mistaken for that of the scrofulous, that you should be on your guard against this source of fallacy. There is a young woman in Ward XI. with chronic rheumatic arthritis of the hands and other joints, worthy your notice in this respect. She has no tendency whatever to tubercular disease, yet her hands have the scrofulous characteristics, although much exaggerated, being thickened at the joints, crooked, and flattened at the ends.



Clubbed Fingers in a Case of Cyanosis. A boy, aged about 12. (Thompsonian Collection).



Hand in Chronic Rheumatic Arthritis, resembling the Scrofulous. (Clinical Ward XI.)

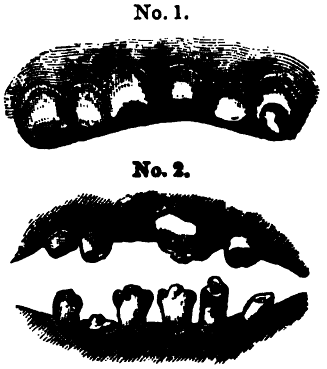
Goître, or Bronchocele, and Scrofula.—What is the relation of goître, or bronchocele, to consumption and scrofula? A few general facts will give you clear ideas upon this point. 1. Goître is endemic in countries where poverty-cretinism is also endemic. Now, that the causes of it are also endemic is proved by the well-established fact, that persons free from goître going to live in a goîtrous locality will get it, and then leaving the locality will also get rid of it. Cretinism and goître do not, however, necessarily go together as endemical affections. 2. About 90 per cent. of persons affected with bronchocele (or sporadic goître) are women; and scrofulous or "delicate" women are apt to have a slight thickening of the neck after marriage, or coitus, so that this is sometimes mistaken for incipient bronchocele; indeed, it occasionally developes into true bronchocele. 3. Where goître and cretinism are endemic, you have two classes of cretins, the goîtrous and the ungoîtrous. This difference depends really upon the difference in development of the sexual organs. The ungoîtrous cretins are the most completely degenerate, for they present no marks of sexual development even in adult age, being infants in this particular. Evolution of the body has, in these cases, been arrested either at the close of the first dentition (third to fourth year) or at the beginning of the second (seventh to eighth year). 4. We may therefore conclude that goître is the result of the morbid action of the sexual organs on the thyroid body; and that in 90 per cent. of ordinary cases it is the ovaria which have this influence; more commonly both the ovaria and testes in cretins. 5. This action must be, I think, through the nervous system upon the vessels which subserve to the nutrition of the thyroid body. Now, these vessels are branches of the carotid artery, and the nerves are from the cervical sympathetic. But, then, observe that experimental researches by Professor Claude Bernard, Dr. A. Waller, and others, prove that the distribution of the blood to the head, face, and brain, through the carotid system, is also influenced by the same cervical sympathetic system, so that the imperfect development of these parts which characterises and constitutes cretinism is dependent upon the same causes as the goître. Goître is, therefore, essentially one of the same class of morbid phenomena, and indicates specifically a tendency to degeneration which commences with a morbid influence exercised by or on the sexual glands, but especially the ovaria, and is, consequently, in direct relation with the phenomena of development. 6. It will appear by preference in persons who are scrofulous or feeble in health, amongst a number of persons exposed to the endemic causes of the disease; but if it appear as bronchocele or sporadic goître in a young woman diathetically degenerate, it indicates, I think, that her offspring will be degenerate also; and in proportion as she becomes more and more goîtrous, although there be no other morbid change in her health observable, each successive child she bears will, in virtue of the law of continuity of vital action in the offspring, become more and more degenerate. Now, this is precisely what occurs in families in countries where cretinism and goître are endemic. The first child in a family may have simply goître, and be scrofulous, the fifth sixth, or seventh will be cretins in a descending ratio.

Further, when we look, on the one hand, at the monstrous development of the sexual organs in the one class of goîtrous cretins, and at their merely infantile development in the ungoîtrous, and then compare these general facts with the sexual evolution of sporadic goître, we must conclude, I think, that the thyroid body is in close relation with that portion of the nerve-centres which influences the evolution and activity of the sexual organs, on the one hand, and the development of the cranium, face, neck, and brain, on the other. And we can also thus easily understand the pathology of those peculiar forms of bronchocele in which there is no structural change in the thyroid body, but only excessive development of its blood-vessels, coincidentally with protrusion of the eyeballs. For not only is the vascular derangement explicable on this nervous theory, but also the protuberance of the eyeballs which can be induced by destruction of the third pair, as Professor C. Bernard has shown; and, also, by galvanisation of the sympathetic, as proved by the experiments of R. Wagner, Remak, Schiff, and Brown-Séquard.

The causes of scrofula and cretinism operating in our large towns differ, therefore, from other endemic causes in this, that there are no agents in operation which act specifically upon the cervical sympathetic or the nerve-centres in connexion therewith, so as to induce goître. We must look to sexual excesses and depravity as a substitute for these causes of cretinism, and which, co-operating with a want of the necessaries of healthy life and sedentary employments (some very hurtful in especial to the lungs), tend to develope degeneracy of form with scrofulous diseases and pulmonary scrofulosis.

Syphilitic Scrofula.—The licentiousness of large towns leads to the spread of syphilitic diseases of a low type amongst the population, so closely resembling the scrofulous that by many the two are believed to be identical. If we disregard the special etiology of the scrofulous diathesis, and look at it simply as a mode of imperfect nutrition and development, we may admit the general truth of the opinion; for undoubtedly that morbid constitutional state of the general nutrition which syphilis not uncommonly induces, and which will continue through life, may also continue as a mode of vital activity in the offspring, in accordance with that fundamental law of heredity I have laid down for your guidance. Or, to put the proposition in another form,—an attack of constitutional syphilis may both predispose the individual to a particular kind of degenerate nutrition, and induce the predisposition in his offspring. But syphilitic disease acts thus only like all other agents of the class which affect the nutrition either locally or generally. Any other like acting cause, as true leprosy, or even a severe attack of any fever, may have the same effect. So that a child conceived when one or other or both of the parents were recovering from a severe attack of a disease affecting the general nutrition, may be tubercular or scrofulous. In all such cases, however, we must remember that the diathesis of the parent will determine what kind of degeneration will occur, so that as to the class of syphilitic degenerations you have to diagnose the acquired or a syphilitic cachexia, and the transmitted or a syphilitic diathesis, as either occurs in an individual previously of gouty, rheumatic, or scrofulous tendencies. These, according to my observation, modify most decidedly and characteristically the class of syphilitic diseases and degenerations, so that in one kind of syphilitic constitutions the same tissues are involved as in rheumatic inflammation, that is to say, the serous, sero-fibrous, and connective; in another, the vascular, or rather arterial, tissues; in another, the mucous membranes and glands. Hence, whenever you have to diagnose by the syphilitic physiognomy, you have to look beyond the special signs to those of the primary diathesis if you would determine the kind of degeneration. With these considerations in view, let us note—

The Physiognomy of the Syphilo-strumous or Syphilitic diathesis.—In leading characters it is very similar to that of the ordinary scrofulous constitution. The head is rarely well-formed, the forehead being protuberant; the stature is stunted and belly large, muscles flabby, diseased joints not uncommon. The nose is sunk and flattened, the result, according to Mr. Hutchinson (to whom the Profession is much indebted for his careful and valuable researches into this question), of snuffles, or inflammation of the Schneiderian membrane in early life,—and opacities of the cornea from early corneitis may be observed, as also scars of old fissures about the angle of the mouth. Occasionally, too, there are enlarged and hard cervical glands, but the upper lip is not thickened. The complexion is of a pale earthy tint, contrasting strongly with the transparent tint of a strumous person of the sanguine temperament. The skin is sometimes thin and stretched, but is also dingy, coarse, and flabby, and shows scars or marks, the remains of former disease. It is uncomfortably dry, often with patches of psoriasis; the hair is also dry and thin, the eyelashes few, ill-developed, and broken; and the nails have the same character, being stumpy and brittle, and often ragged. The *teeth*, however, offer perhaps the most characteristic marks of the diathesis. Mr. Hutchinson has shown that, in many of these cases at least, the teeth of the second dentition are modified in development so as to be small and rounded or peg-shaped, instead of flat; the upper central incisors sometimes presenting a broad shallow notch in their edge; this, however, is not distinguishable in the teeth of older persons, as the notch soon gets worn out, so that often at the age of twenty they are like ordinary teeth at sixty. This points to an imperfect development of the outer layer, and of the enamel. They are sometimes retrogressive in form, but not necessarily irregular in position, or decayed; their colour a dirty yellow.


No. 1.

No. 2.

Syphilitic Teeth.—No. 1. Upper and permanent teeth in a girl, aged 16; central incisors dwarfed, narrowed, and notched. Right canine with a tubercle.

No. 2. Upper and lower teeth—partly permanent; lower central incisors retrogressive.—(Mr. J. Hutchinson, in *Pathol. Trans.*, vol. x.)

It is a question how far the administration of mercury in early childhood, or even to the parents during impregnation or growth of the ovum, affects the form and development of the teeth. I think I can confirm Mr. Hutchinson's diagnosis as to the mercurial teeth, which are often seamed across, jagged, yellow, and irregular in form, in persons who have taken mercury in infancy.

Syphilitic Degenerations of Tissue.—In the syphilitic cachexia the states of imperfect nutrition induced by the virus and their consequences vary according to the diathetic constitution of the individual. In those with strumous tendencies the tonsils and mucous membranes suffer predominantly, while in those of the rheumatic diathesis, periostitis, corneitis, and destructive ulcerations of the derma proper show that the sero-fibrous and connective tissues are mainly involved. And this remark applies also to syphilitic tuberculosis or deposits involving the pharynx, larynx, and larger bronchi; that is to say, the cartilaginous and elastic tissues are primarily the seat of degeneration, and the mucous membranes and glandular tissues are only involved secondarily. Then, again, the waxy or amyloid degeneration lately investigated is clearly due in certain cases to a syphilitic taint. Alexander M., in Ward I., who has been under my notice for two or three years, and has all the symptoms of such degeneration of the spleen, liver, and kidneys, is an example of this kind. Now, an elastic fibrous tissue—the small blood-vessels and capillaries—is also the primary seat of this morbid change. It is an interesting clinical fact, that this class of syphilitic degenerations are most commonly manifested in patients who have had few if any of the ordinary syphilitic diseases of the skin, and which occur most markedly and frequently in the scrofulous. Such is the history of M., such also that of F., the tailor, in Ward I., with the symptoms of incipient waxy disease of the kidneys. The order of phenomena in the syphilitic cachexia must be our guide to the kind of degenerations which occur in persons of the syphilitic diathesis, who, like those of the scrofulous, often have actual disease. Ulcerations of the skin resembling lupus, but much more rapidly progressive, figurate diseases, as lepra and serpiginous herpes of an obstinate character; enlarged tonsils, corneitis, nodes, or circumscribed *periostitis* of the cranium and long bones, and tuberculosis of the pharyngo-laryngeal and bronchial mucous membrane, giving rise to specific forms of pharyngitis, laryngitis, bronchitis, and phthisis, occur in them. Probably it will be also found that in those primarily of the vascular diathesis there is a tendency to amyloid degeneration.

Rheumatic Consumption.—Pulmonary consumption is sometimes associated with Bright's disease, as in four of our cases, and not unfrequently occurs in persons of a rheumatic habit. If you observe carefully the diathetic characteristics of our cases of phthisis, you will see that in some they are those of the sanguine or bilious temperament, with marks of a tendency to diseases of the vascular system and to imperfect innervation, as in the cork-cutter in Ward I., and the women, P. (with mitral lesion) and T., in Ward XI. Now, what is most striking in this class of cases is that they have not only diathetically a tendency to imperfect nutrition or functional activity of the vascular and nervous systems, but their present phthisical state was ushered in by hæmoptysis or hæmorrhage from the blood-vessels of the lungs. Under other conditions, they might, and probably would, have had other forms of disease of the blood-vessels of other organs, as the brain, or kidneys, or affections of the joints. In certain families of the middle and higher classes of this country, in which gouty and rheumatic diseases of the joints and of the heart and blood-vessels are common, there are also manifested, under certain conditions, very distinct and characteristic forms of phthisis. It is, indeed, in these families that you meet with that peculiarly intractable form which carries off the children in succession as they arrive at puberty, or a little later period, and perhaps at a time when they appear in vigorous health. This statement of my experience seems to be opposed to an opinion, not unfrequently expressed, that there is a sort of natural antagonism between rheumatic and gouty diseases and pulmonary consumption. The opinion contains some truth; for, in fact, they do not often coincide as *diseases* in the same individual, especially in early life. Rheumatic fever, in this respect, takes the place of pulmonary tuberculosis in the young, attacking, indeed, the same ages, while gout is a disease of middle life, and most common at that age in the comparatively robust. But let these persons be exposed to the exciting causes of low nutrition of the *lungs*, and they will transmit a corresponding diathetic predisposition to degenerate nutrition of the lungs to their children, if they are not affected with it themselves. And, as a clinical fact, it may be stated that persons of a rheumatic habit in youth are not exempt from phthisis in middle age, and the gouty in middle age are apt to be attacked with pulmonary disease of a low type in advanced age. It is, in short, a question of diathetic nutrition of the class of tissues affected in the gouty and rheumatic; and if you extend the generalisation to persons diathetically predisposed to degenerations of the articular, serous, and sero-fibrous tissues, including the heart and arteries, the facts become more clear and certain. Hence it is necessary to distinguish the rheumatic and gouty forms of consumption and tuberculosis.

Under these general terms there are, however, several subordinate forms to be included, which must be distinguished from each other for the same reasons that we distinguish various forms of gouty and rheumatic habits and diseases of the articular tissues; which, although offering striking resemblances, and occasionally passing into each other, offer also striking differences. In true gout there is the production of uric acid and urates; in true rheumatism, of fibrin and plastic exudations, and of analogous transformations, as of cartilage and ligament into bone. In true acute gout the blood has fibrin in defect; in true rheumatic fever, fibrin is in excess. And in what are termed metastatic affections of these diathetic states, the tissues affected are not by any means the same. In true gout there is more tendency to metastasis from the synovial bursæ to the mucous membranes and coronary arteries of the heart, the aorta, and large arteries; in true rheumatism it is rather from the fibrous or ligamentous structures of the joints, to the fibrous, sero-fibrous, and connective tissues of the viscera, as the pericardium, pleura, capsule of spleen, connective tissue of lungs, liver, kidneys. And the same law is operative when the lungs become tuberculous in persons of these diatheses; so that the blood-vessels, and perhaps the bronchial mucous membrane, will have priority of affection in the gouty, the connective tissue and, perhaps, the air-cells in the rheumatic. A mixture of the strumous and gouty diatheses with, at the same time, a tendency to pulmonary diseases, constitutes a condition highly predisposing to consumption of a mixed form, in which there is the formation of both yellow and grey tubercle, with fatty degeneration of the blood-vessels, and a tendency to hæmoptysis, both intercurrent and pre-tubercular. Now, this is not a predominant condition in phthisical patients of a rheumatic habit.

Physiognomy of Rheumatic Tuberculosis.—Persons of the rheumatic diathesis purely, are usually well-built and well-nourished, and the complexion is of a healthy florid tint. In those, however, who have the rheumatic cachexia this is not the case, being pallid and dingy, often with patches of pigment deposit. In a certain class with tendency to fibroid degeneration, there is a yellow bronzing of the face. The teeth are characteristic, being usually regular, sound and firm; the hair is abundant; the skin less thin and dry than in the scrofulous form, sometimes greasy and thick,—at least in the early stages. The patient is seldom under twenty-five or thirty in the typical cases of rheumatic tuberculosis; but when the diathesis arises in the gouty, the tuberculosis is seen at puberty. Not unfrequently there are the sequelæ of rheumatic attacks, as cardiac lesions, Bright's disease, and the like, occurring as complications.

The form of tuberculosis and the progress of the disease differ much according to the antecedents of the patient. In a certain class, chiefly the intemperate, it is mixed with a kind of fibroid degeneration of the lung, with cartilaginous thickening of the pleura; this is seen most strikingly at the apices. The softening is apt to assume the form of excavations in a quasi-hepatized lung, looking like ragged holes lined with a reddish fluid, rather than the purulent cavities of other forms; the sputa are apt to be fetid. In other cases there are traces of intercurrent pleurisies and pneumonias; or lung-disease is associated with appearances of condensation at the margins of the lung and here and there in the parenchyma, as if granular fibrin had been carried along with the blood and deposited there. When pneumonia or pleurisy has ushered in the attack, as in P. and T., it is the left lung which is more commonly affected, and the tubercle is the grey or miliary form; in B., Ward I. (an intemperate butcher), pleurisy of the left lung, conjoined with serous pericarditis, has preceded the tuberculosis of that lung. Hepatic congestion and hæmorrhoids are sometimes associated with it, but in these cases the right lung is, I think, more predominantly the seat of tuberculosis; but this kind is more frequent in the gouty than in the rheumatic; under all circumstances, however, the rheumatic tuberculosis may be distinguished from the purely scrofulous. The morbid product is much more plastic than in scrofulosis, occupies by preference the air-cells and connective tissue of the lung, and if by chance there be yellow tubercle, this is more accidental than essential. Tubercle is rarely if ever found in these cases of rheumatic phthisis in other organs, but not infrequently fibroid degeneration of the splenic and hepatic peritoneum, of the kidneys, and occasionally the connective tissue of the liver. Hence the tendency to complications with Bright's disease as well as cardiac lesions. I shall speak of *hæmoptysis* in my next Lecture.

ORIGINAL COMMUNICATIONS.

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ON THE LOCAL TREATMENT BY MEANS OF THE LARYNGOSCOPE.

By Professor J. CZERMAK, of Prague.

In March, 1858, I proposed a method of rendering, by means of the laryngoscope, the eye the certain guide of the hand for reaching circumscribed points of the larynx previously determined. In 1859 I showed, by local cauterisations and soundings in the larynx, and afterwards in the naso-pharyngeal cavity, executed by the aid of the mirror, that this mode of treatment was practicable. (See cases 1, 6, 7, 8, 9, 10, and 13 in my pamphlet.)

Since then laryngoscopy and rhinoscopy have been considerably developed; and I have several times called the attention of the scientific world to the existence and further elaboration of local and localised treatment during catoptric inspection. (See "Wiener Medizinische Wochenschrift," 1859, p. 272; my pamphlet on the Laryngoscope (London: 1861), p. 34; and "Wiener Wochenschrift," No. 6 and 7, 1861.)

It is well known that my efforts have not remained isolated. Even my proposal of operating on polypus of the larynx from above, or through a laryngotomic incision, by the aid of the mirror, has passed from the realm of exaggerated hope into that of reality, since Professor Bruns, of Tübingen, according to a report published in the journals, has succeeded in removing from above a polypus of the larynx; while at the same time my friend, Professor Lindwurm, of Munich, has, with the aid of the laryngoscope, extracted pieces of a polypus by means of a forceps specially constructed for the purpose.

It now remains to perfect and facilitate the application of the new principle I have established for the local treatment of the larynx by the aid of the mirror.

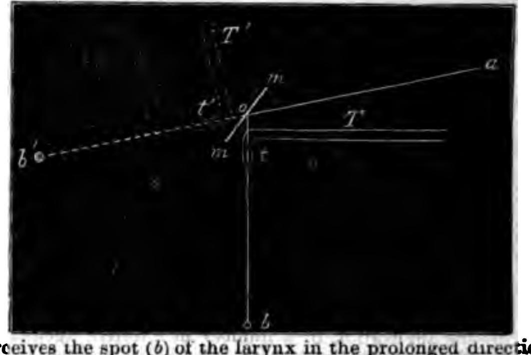
In this short paper it is my intention to communicate a proceeding concerning the application of solid or liquid medicinal substances upon certain determined parts of the larynx or the trachea. In many cases this proceeding allows circumscribed points to be reached with still greater security and facility than was possible by my first method, which consisted of introducing instruments to the diseased spots, the operator being guided by the image of the laryngoscope. (See "Wiener Medizinische Wochenschrift," No. 12, 1859, p. 183.)

This proceeding has, however, already been suggested two years ago in my German pamphlet. ("Ueber den Kehlkopfsspiegel," Leipzig: 1860, p. 88.) In the English edition of this pamphlet I have confined myself to the following remarks:—"We might transform the stem of the laryngoscope into a tube filled with a liquid or a powder, and taking such steps as shall always force the medicament to escape in a direction known beforehand; guided also by the image, we shall be certain of reaching the diseased spot. (The New Sydenham Society's Publications. London: 1861, p. 34.)

I now merely subjoin a few words in order to show the simplicity with which the conditions of this proceeding may be fulfilled. The laryngoscope is introduced with one hand, and kept immovable (or held in its place by the aid of a "fixateur") in such a position and inclination that it may reflect the desired image. With the other hand a thin glass or metal tube bent at a right angle is held. The longer branch of this tube should be from twelve to sixteen centimètres, and the shorter branch, which is furnished with a capillary opening, should only be of one to three centimètres. The point of curvature of the tube is then approximated to the surface of the mirror (or rather rested directly upon the mirror) so that the shorter branch may be entirely visible in the mirror.

After this has been done, the image of that part of the larynx which it is intended to reach, is looked at with the image of the short branch of the tube, as if it were the real tube; and the extremity of the real tube will then naturally direct itself exactly towards the real object of this image of the part of the larynx. The current of air charged with the powder or the liquid jet, when suddenly driven into the indicated direction, must necessarily reach the intended spot of the larynx. During the operation the respiratory movements of the patient should not be too hurried.

The following engraving may serve as explanatory of the foregoing:—



m o m is the reflecting surface of the laryngoscope, which is placed in such an inclination that the eye of the observer (*a*) perceives the spot (*b*) of the larynx in the prolonged direction *a o b′*. *T* is the curved tube introduced into the pharynx; it is by this tube that the liquid or the pulverised material should be carried to the spot it is intended to act upon.

If the branch (*t*) of the tube *T*, as in this engraving, takes such a direction that the point (*b*) be touched, the eye of the observer (*a*) perceives the image of the tube in the mirror in *T′t′* in such a direction that the short branch (*t′*) exactly faces the point *b′*; and *vice versâ*. It is, therefore, possible to give the tube *T t* the necessary direction for reaching a certain point (*b*) of the larynx, in aiming with the image of the short branch *t′* of the tube at the point *b′* of the reflected image.

The aim is here taken in the same manner as in shooting, and the accuracy of the aim is much facilitated if a sight is attached to the tube.

The more the shorter branch of the tube is elongated, the greater becomes the security of the aim.

By inspection of the images the observer immediately perceives what changes of position or inclination are necessary in order to impart to the shorter branch of the reflected tube the direction required for aiming.

One may frequently remove with advantage the tube from the surface of the mirror, and approach it considerably to the parts of the larynx; the aim being at the same time continued.

Compressed air should be used for squirting the liquid or the powder contained in the tube.

For doing this, a caoutchouc tube, through which a current of air may be blown, should be attached to the extremity of the curved tube.

A still better plan is to make the caoutchouc tube a little longer, and to attach to it a globe furnished with a valve, which may be compressed either between the knees or by the foot, as in this case the air is not rendered moist as it would be when blown from the mouth.

Great advantages would, no doubt, accrue if one were to connect these tubes with the "pulverisateur des liquides."

If it is found desirable to direct the tube and the mirror with one hand only, it is only necessary to well fix the two together. During my stay in Paris and London, in 1860, I furnished hints to this effect to Messrs. Mathieu and Messrs. Weiss and Son, and the latter firm have constructed a provisional model of the same.

If the stem of the laryngoscope were transformed into a tube which terminates by an aperture in the centre of the reflecting surface, as was done in the model made for me in London, it would then be necessary, to enable one to aim, to attach a pointed indicator in front of the handle; this being done, the point of the indicator, the aperture of the mirror, and the point it is desired to reach, seen as a reflected image, would be found in a straight line.

Of course, constant practice can alone give security in aiming and touching, and it is indispensable to examine beforehand each tube separately, in order to know the exact manner of employment.

For this practice of the "tir" and for these trials of tubes, I use laryngoscopic drawings of natural size, fitted into a case of nearly the same dimensions as the pharynx. I then illumine my drawing, through an aperture made in the anterior wall of the case, by the aid of the laryngoscope and the great reflector; after which I inspect it.

This done, I experiment with my tube and make injections upon such or such a part.

The moist parts of the drawing show whether I have accurately aimed and struck; and at the same time the extent of the spots shows me to what degree the aperture of the tube spreads or concentrates the charge, and what accuracy of localisation may consequently be obtained—supposing that the aim has been correct—by the tube used and with the force of the charge.

If the charge consists of pulverised substances, the drawing serving as target must be moistened in order that the powder may adhere to the points touched.

I have often employed this proceeding, and I can so much the more recommend it to those practitioners who are in the habit of using the laryngoscope, as it is capable of further improvement, and one merely requires for trying it a number of curved glass or metal tubes, with different sized terminal openings and a caoutchouc tube, with a compressible globe.

In conclusion, I also wish to direct the attention of Medical men to the application of a number of curative agents, the therapeutical effects of which, if locally applied to the mucous membrane of the larynx, ought to be examined.

This is a subject on which the experience acquired upon other mucous membranes, such as that of the pharynx, the mouth, the nose, the conjunctiva, etc., would be of great use.

LITHOTOMY IN THE FEMALE BY THE LATERAL METHOD.

By GEORGE BUCHANAN, A.M., M.D.

Surgeon to the Glasgow Royal Infirmary.

Jessie W., aged 6 years, was admitted into the Glasgow Royal Infirmary on February 17, 1862. She has suffered from the present symptoms for upwards of a year, but they are daily becoming more urgent. She has very frequent calls to void urine, which is done with great pain; and is sometimes arrested before the desire has passed off. There is almost constant dribbling away of urine, which has the effect of keeping the labia and upper parts of her thighs excoriated and very irritable. She cannot sleep at night, is very peevish, and has a worn-out and sickly look. A sound introduced into the bladder detects a stone apparently the size of a filbert. I have rarely seen a case in which the local irritability was so acute. The slightest touch on the labium, vagina, or meatus urinarius caused the poor thing to shrink and writhe from the contact. She was kept a few days at rest in bed, the strictest attention being paid to cleanliness and keeping her dry, and on February 20, the irritation being somewhat less, I proceeded to operate in the following way:—

The child, having been put under the influence of chloroform, was placed in the usual lithotomy position. I then introduced a rectangular staff, the horizontal part of which was about two inches and a-half long, and directed it to be held up under the arch of the pubis, as in the ordinary lateral operation of lithotomy in the male. A small incision was now made into the left nympha, taking care to avoid opening the vagina on the one hand, and cutting too near the tuber ischii on the other. Introducing my left forefinger into the wound, I easily felt the groove in the staff, and guiding the knife along the nail, passed it through the neck into the bladder, and cut out into the former wound. The incision in the neck of the bladder was not large, but the left forefinger thrust into the wound at once dilated it to the required extent. The stone was readily extracted, and was found to weigh half an ounce and forty grains.

27th.—I never saw any case in which such a sudden and marked change for the better took place. This morning the little girl is quite lively, free from pain, has slept well, and took her food with relish, and the nurse reports that she has difficulty in inducing her to lie quiet. There was no bleeding, and urine flows freely from the wound, and she is in every way favourable.

The wound healed up in a fortnight, the urine all coming by the urethra some days before. She was dismissed well on March 22.

When the wound first closed she did not detain her urine. I did not expect she would, because she had been in the habit of letting the water dribble away for more than a year before the operation, and it was not likely that she would acquire the habit of retaining it all at once. On, however, telling her what to do, and instructing the nurse to be very careful in watching her, the power over the bladder became more marked, and before she left the Hospital she could retain her urine almost the whole day, although she still passed some in bed. I have no doubt, from what she acquired in a few days, she will soon be able to have perfect command over the bladder.

The operation above described was performed many years ago by Dr. A. Buchanan, and he informs me that he did it six times with the best results. In the present case the size of the stone precluded the idea of dilating the urethra to an extent sufficient to allow of extraction by it, while the extreme irritability, both of the bladder and urethra, rendered it a very unsuitable case for lithotrity. The operation I performed is simple, safe, and effectual, and the results of cases in which it has been performed are most encouraging. A case in which it was performed is reported by Dr. Morton, in the second volume of the *Glasgow Medical Journal;* the woman regained command over the bladder after the wound healed.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

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ST. BARTHOLOMEW'S HOSPITAL.

NOTES OF A CLINICAL LECTURE.

By Mr. PAGET. Surgeon to the Hospital.

CASE OF NEUROMA OF THE SCIATIC NERVE.

A woman, aged 62, who had generally had good health, and who was—except for a large tumour at the back of the thigh, for which she was admitted—quite well. For six years she had had pain in the limb of the same side, but it was only for six months that she had known that there was a tumour in the thigh, and that pressure on this aggravated the pain. The tumour increased in size, but the pain did not increase, except when she struck the tumour, when pain would strike down the whole of the leg, and the limb would jerk up. As felt through the integuments the tumour seemed to be just above the division of the sciatic nerve, and for about two or three inches in length. It was very movable from side to side, but would not pass up nor down. The swaying from side to side gave the idea of its being fixed above and below by a pedicle. It was deeply and widely movable. When pressed on, pain flashed down the leg, and the leg was quickly withdrawn. It was not a steady resolute movement, but a rapid jumping back, a rapid involuntary reflex movement. The diagnosis was tumour of the sciatic nerve or of the upper part of the peroneal.

The symptoms of this case, Mr. Paget said, were very clearly those of neuroma. Two months ago he had had a similar case under care, in which he removed a neuroma from the anterior branch of the musculo-spiral nerve. In this case the symptoms were similar, but there was more pain.

A neuroma is generally in the course of some notable nerve, not necessarily a very large one, but still one that is easily recognisable. The tumour is oval or rounded and well circumscribed, and its longest diameter is in the direction of the nerve fibres. To this rule there are exceptions. In one case Mr. Paget had found that the tumour was wider transversely.

The tumour is very movable laterally, and less so or not at all longitudinally. The parts in the neighbourhood are healthy. The pain is peculiar; by pressure on the tumour the pain is not merely felt in that position, but also as a flash down the limb. Usually there is no constant severe abiding pain. In some cases there is severe constant pains, now and then aggravated in paroxysms, producing fainting or even epileptiform seizures. As well as the pain produced by pressure there is also the involuntary jumping back of the limb, previously mentioned.

Suppose, then, that the diagnosis is arrived at, that there is a tumour in a nerve, it may be cystic-fibrous, fibro-cystic, or cancerous. Cancerous tumours of nerves, Mr. Paget said, were exceedingly rare, and, except by their rapid growth and the cachexia, it would be very difficult to make a diagnosis. If it were cystic, the tumour would be elastic, and rapidly recoil on removing the pressure. If neither cancerous nor cystic, then it would be fibrous or fibro-cystic. A neuroma may be simulated by a tumour growing close to a nerve, and involving it. Such a tumour would have many of the characters of neuroma, but not quite the same. The pain would not vary, and there would be no jerking back of the limb.

Cases of irritable tumour of the breast, or painful subcutaneous tumours, might be confounded with neuromata. Such tumours are exceedingly painful. It is possible that the pain in these tumours may depend on the implication of a nerve fibre of invisible size; but Mr. Paget said he had never traced a nerve fibre into one. These tumours, however, never attain a large size. They will last for twenty years, and not exceed half an inch in size. They always adhere to the skin.

An important point in this case is the relation of the tumour to the nerve fibres. It is said, Mr. Paget remarked, that we ought to cut out the tumour and the piece of nerve along with it, but that now and then we might get the tumour away without injury to the nerve. Mr. Paget's opinion is that the facts are just the reverse, that it is quite the exception to be obliged to cut away a piece of the nerve. Generally it involves none of the nerve fibres. They are spread out over it, but quite free from it. In the present case the tumour was in a distinct capsule, and within the sheath of the nerve. A few fibres were in front of it, but the greater mass was on one side. It was merely necessary to push the fibre on one side and then remove the tumour, leaving the nerve fibres quite untouched. To have cut out a piece of the nerve would have produced paralysis, a much greater evil than the tumour itself. It is true, Mr. Paget said, that when a considerable piece of a nerve is cut out that the nerve will sometimes repair, but this is in young subjects, and it is not likely that in a patient so old as the subject of this case repair could have taken place.

The tumour might recur, but it was extremely rare for recurrence to take place after the removal of neuromata. It was a fair specimen of a fibro-cystic tumour. The cyst cavity was filled with blood or blood-stained serum. There are, Mr. Paget said, generally bulbous swellings on nerves after they have been divided, as in stumps after amputation. These may be called traumatic-neuromata, and have not the least similarity to those above described. They are merely large fibrous scars of nerves.

Neuromata are generally single; but sometimes nearly every nerve in the body is affected. Dr. Smith, of Dublin, related a case in which there were two thousand neuromata. This multiplicity does not indicate malignancy. It is common to find multitudes of fatty tumours. It is a singular thing that we rarely see two or three neuromata, or two or three fatty tumours, in the same person. Either there is only one or there are a very great many.

[The result of this case was very good. The wound was all healed in three weeks, and the woman went out well.]

ON CERTAIN MALFORMATIONS OF THE TEETH IN CONGENITAL SYPHILIS.

Two patients were then in the Hospital whose teeth showed the peculiar malformation of the teeth described by Mr. Hutchinson as occurring in inherited syphilis. One of them, a girl aged 17 or 18, had had repeated attacks of interstitial keratitis, a form of keratitis which occurs exclusively in congenital syphilis, not as a result of acquired syphilis. This patient had been in the Hospital before for an attack of keratitis. This was cured. She had recently been re-admitted for contraction of the muscles of the knee. Another patient, a girl, was admitted for a relapse of keratitis. She had been subject to it from the age of 7. She had also a group of ulcers below the patella, which in an older person would, no doubt, be called tertiary syphilitic ulcers, and was subject to repeated attacks of inflammation about the joints. She had never had primary nor secondary syphilis. Mr. Paget, therefore, suspected that she had inherited a syphilitic taint from her parents. On looking at the teeth the central upper incisors were found to be notched and narrowed at their cutting edges.

This malformation of the teeth was not to be found in all cases of congenital syphilis; but when present it might, Mr. Paget believed, be considered positively certain that the patient was the subject of congenital syphilis. He said that he knew nothing more certain in Medical practice. It was, he said, one of the most remarkable contributions to Medical science for many years, and was as well settled as any fact in Medical science, and we may be as sure as we are of anything that persons with such teeth are the offsprings of syphilitic parents.

The temporary teeth, except that they are quickly cut and quickly lost, are not characteristic. Nothing can be drawn from them. It is to the central upper incisors of the permanent set that we must look for decisive characters. These teeth are smaller in proportion to the size of the jaw, and rather narrow, and also become gradually narrower towards their cutting edge. But the most remarkable thing is the crescent or half-moon notch in the cutting edge of the teeth. The borders of the notch are not broken, but singularly rounded off. The teeth are distinct, having wide interspaces. This notching of the teeth is rarely seen after thirty, as the edges of the notch are worn away, so that the edges become worn straight. The other teeth were often affected, but not by themselves enough to render diagnosis at all certain. Mr. Paget then spoke of certain defects in teeth, which were often taken as characteristic, which had, however, none of the peculiar characters above described. They were like the typical teeth of syphilis in this only that they were not normal.

In reference to treatment, the value of these tests of teeth was well shown. Thus, in a girl recently in Sitwell, for lupus of the nose and lip, except for the teeth there was nothing to suggest the idea of syphilitic taint. It looked just like a case in which arsenic would be prescribed. The teeth being, however, found to be characteristic, an anti-syphilitic treatment was adopted, and the girl was well in six weeks; a result, Mr. Paget said, quite impossible if any other treatment had been adopted.

As to the cause of the peculiarity of the teeth, Mr. Paget said there are certain correlations of disease parallel with the correlations of growth which Dr. Darwin has illustrated, and, like them, usually quite inexplicable. Such are also the relations between certain diseases of the renal capsules and bronzings of the skin with dark pigment. It may be that they are related through some mutual influence on the blood, and in the method of complemental nutrition; but, at present, all that seems certain is that with some morbid conditions of the blood we find peculiarities of shape in certain organs or in the products of disease, as eruptive pigmentary deposits, ulcers, etc.

GUY'S HOSPITAL.

NEUROMA OF THE ULNAR NERVE—REMOVAL—CLINICAL REMARKS.

(Under the care of Mr. COCK.)

WM. H., aged 59, admitted into Naaman Ward, February 5, 1862, a labourer. For six years he has been aware of a small tumour on the inner side of the left upper arm. He fancies it resulted from a blow. It is situated about one-third of the way from the shoulder, and appeared to be connected with the sheath of the vessels and the nerve. It has been gradually increasing in size, but more rapidly during the last year. During this latter period it appears to have connected itself with the ulnar, median, and radial nerves, producing pain referred to the termination of those nerves. At first he had great pain in the superficial branches of the median nerve, over the back of the thumb and the hand; but this has in great measure subsided, and he now suffers chiefly from pain in the distribution of the ulnar nerves, and partly the median. The three inner fingers are all equally involved, while the forefinger is free from pain. He is not aware of any loss of power; but as he does not use the hand, this is difficult to determine. The tumour is as large as a small orange, elastic, and very painful when handled. On February 11 Mr. Cock cut down on the tumour, which was found to be within the sheath of the ulnar nerve. The ulnar nerve was apparently entire. So close were they, that it appeared at first as if the nerve-fibres entered the tumour above, and came out below; but on careful dissection the nerve was found not to enter, but to divide at the apex of the tumour, and the fibres separated to pass on each side, and again unite below. Every layer of the sheath was carefully divided, so as to avoid lesion of the nervous fibres spread over the tumour. In this way the deposit forming the bulk of the tumour, which proved to be of the fibro-plastic character, was reached, and scooped out or enucleated from the fibrous cyst which contained it. It would have been impossible to have dissected out the sac without destroying the nerves which were spread out over its exterior.

The man suffered great pain in the distribution of the ulnar nerves for several days after the operation. The wound suppurated and healed kindly; and when he left the Hospital (March 25) the pain had in great measure abated, although the fingers and parts supplied by the ulnar nerves were not only numb, but the seat of considerable suffering.

Remarks, by Mr. Cock.—In this case it seems evident from the manner in which the fibrillæ of the ulnar nerve were separated and spread out, that the fibro-plastic deposit which constituted the bulk of the tumour originated not only within the sheath, but in the centre of the nerve itself.

Some difficulty must have been present as regards the diagnosis of the case, and the identity of the nerve affected, in its early stage of development; inasmuch, if we may trust to the accuracy of the patient's statement, the ultimate sentient filaments of the median and spiral, as well as those of the ulnar, appear to have been affected, which must have made it difficult to determine with which of the three nerves the tumour was involved. This can only be explained on the supposition, that in the earlier formation of the tumour the median and spiral trunks were pressed upon by the morbid growth, but that at a subsequent period they got out of its way, so to speak, and accommodated themselves to its presence. Still, up to the time of the operation, the three inner fingers appeared to share in the pain. Perhaps the juncture between the median and ulnar nerves may account for this, or the size of the tumour might still maintain an influence on the trunk of the former. Another practical point may admit of controversy. When it had been clearly ascertained by the exploration that the cyst could not be removed without destruction to the nervous fibrils spread over it, would it not have been better to have removed the entire mass nerve and all, and to diminish the liability to recurrence of the disease, instead of merely contenting ourselves with the enucleation of the fibro-plastic contents of the sac? It was, however, considered to be a great object to save the nerve if possible; and the result only can show whether the treatment adopted was judicious. The result of the operation was not so successful as was expected, or rather as might have been wished; for the pain was not relieved by the removal of the tumour; and, indeed, subsided very slowly. This persistence of suffering when the cause was apparently removed may be explained by the exposure and necessary lesion to which the nerve was subjected for the purpose of ascertaining its connexion with the tumour, whether it penetrated and traversed it, or whether, as proved to be the case on examination, it split up and spread over the surface. The greatest care was taken to avoid unnecessary injury.

NEUROMA ON BRANCH OF THE EXTREME CUTANEOUS NERVE OF THE THIGH.

(Under the care of Mr. BRYANT.)

Robert W., aged 58, a labourer, was admitted into Guy's Hospital in November, 1861. He had been a steady man, and had enjoyed good health. Twenty-four years ago he first observed a painful pricking sensation in the outer side of his left thigh, about the junction of the middle and lower third. The pain varied in severity at different times, but was increased by work and pressure over the spot. Ten years ago he first observed a swelling in the part; it was slight, and was not larger than a pea. On the slightest touch the pain excited was intense, passing upwards towards the hip and down the leg. Four years ago the pain became very intense, particularly over the hip-joint. He sought advice, and was treated for sciatica and hip-joint disease, the pain at times preventing him moving the articulation.

When admitted into the Hospital, under the care of Dr. Wilks, Mr. Bryant was asked to see him. The man was complaining of stiffness of the hip, and extreme pain over buttock and down the leg on its outer side. A small tumour was observed in the place already noticed about the size of a haricot bean, exquisitely painful to the touch, the slightest manipulation causing agonising pain. Mr. Bryant believing that this tumour was the source of all his miseries,—the pains about the hip, etc., being caused by reflected irritation,—ordered the removal of the growth.

On December 17 the operation was, therefore, performed; from that time all his symptoms disappeared, the man leaving the Hospital cured. On examination of the parts which were removed, a small tumour of a fibrous nature was observed to have been developed within the nerve-sheath, the neurilemma being expanded over it.

DISLOCATION OF THE ASTRAGALUS WITH FRACTURE—REDUCTION—RECOVERY.

(Under the care of Mr. COCK.)
[Reported by Mr. EDWARDS.]

Samuel B., aged 28, a gasfitter, was admitted into the Hospital on February 27, 1862, for an injury to the right foot, produced by a fall off a ladder, his foot becoming twisted under him as he reached the ground. On examination, the whole foot was found to be turned inwards, presenting somewhat the appearance of talipes varus, and on the dorsal aspect of the tarsus a hard prominence was to be felt, which, on further manipulation, was discovered to be the anterior portion, or head of the astragalus, dislocated upwards and outwards, off the concave surface of the scaphoid. There was also fracture of the anterior part of the bone, as was evidenced by the distinct crepitus felt on flexing the foot. There was but very little swelling about the ankle-joint, and the man did not complain of much pain when the limb was kept at perfect rest. Chloroform having been administered, and the tendo-Achillis divided, the dislocation was reduced without much difficulty, by slightly flexing the leg on the thigh, and exerting pressure on the projecting portion of the bone. The leg was then placed in splints, and the man kept in bed for three weeks, when the splints were removed, and strapping applied over the foot and ankle-joint. The man was now able to go about the ward with the aid of a crutch. In the course of a week he could bear the greater part of his weight upon it, but still used the crutch. On Monday, March 31, he left the Hospital.

POPLAR HOSPITAL.

INJURY TO THE SPINE ABOUT THE SEVENTH CERVICAL AND FIRST DORSAL VERTEBRÆ—PARAPLEGIA—IRREGULAR ACTION OF THE HEART.

(Under the care of Dr. BAIN.)
[Reported by Mr. E. H. CARTER.]

JAMES D. W., aged 22, by occupation a rigger, having received a fall whilst following his employment, striking his neck about the seventh cervical and first and second dorsal, and finding himself unable to walk or even to stand without assistance, was brought and admitted to the Hospital. It was then found he had some control over his legs, but was quite unable to walk, and had great difficulty in keeping the erect posture without assistance. He complained of a numbness, and a tingling in his hands and arms, and in a lesser degree in his feet also. He had perfect control of his sphincters; his breathing was in no way affected; nothing remarkable about the pulse. There was no anæsthesia; his bowels had been rather sluggish, and he was ordered calomel gr. x. at bed-time; to be kept in bed very quiet, and have ordinary diet. On the following morning he was in much the same condition; he had perfect command over the movements of his arms, but all power was lost in his hands, especially in his left. Ordered calomel gr. j. 4tis hôris.

February 3.—Pulse was noticed to be irregular, beating sixty-four times a minute. His breathing is good and natural, and nothing could be detected at the heart. In other respects he is much the same, but is asking for more to eat.

4th.—Pulse 84 and regular. He says his legs are all right again, power is returning in the right hand, but his left continues powerless.

5th and 6th.—He is gradually improving in his right hand; his pulse is again irregular; but can detect no murmur at the heart. Calomel is taking effect, and is ordered to be omitted.

7th.—Pulse 70 and irregular. This morning a distinct murmur could be heard at the base of the heart. He has never had rheumatism, chorea, or syphilis. His father and mother are living, the latter suffering from dropsy, cough, and spasm.

8th.—Pulse 60, irregular. Murmur persistent. He is in excellent spirits, and wants to sit up. There is no improvement in the left arm, but a little in the right.

9th.—Pulse 46 and regular. The murmur is fainter than yesterday; hands much the same; there is no difference in temperature.

10th.—Pulse 60, irregular. Murmur plainer, and heard equally at the base and apex. He is to sit up a little in bed.

11th.—Pulse 58, irregular. At his urgent request he is allowed to sit up.

12th.—Pulse 68, irregular.

14th.—He left the Hospital at his own desire. He is in the most perfect health, but the pulse continues irregular, and the bruit is less distinct. He has no power in the left hand; the right, together with his legs, have recovered themselves.

16th.—He commenced galvanism, being an out-patient to the Hospital.

18th.—Heart murmur seems gone; the pulse continues irregular.

20th.—Pulse regular between 70 and 80. He has regained a little power in the left hand; he feels no pain in the neck, except after exercise.

24th.—Pulse irregular; no murmur; galvanism has been continued, and there is a very slight improvement in his left hand.

For the following report I am indebted to the courtesy of Mr. Spurgin, the House-Surgeon:—

March 4.—General health good; no headache or giddiness; slight stiffness and pain on stretching neck; power in arms increasing gradually; a little numbness; complains of uneasiness from right axilla down the side to a little below the knee-joint, in left axilla for a space of six or eight inches along under surface of left arm, with a slight dragging pain on raising arm above head.

10th.—The left arm remains especially weak; the uneasiness complained of in right side has gone. Galvanism every other day, and salt-water effusions. Up to this time no improvement has taken place beyond what has been reported.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CASE OF WOUND OF THE EYE—WOUND OF SCLEROTIC AT LOWER PART—PROLAPSE OF CHOROID—PERFECT HEALING—GOOD SIGHT—LENS SLIGHTLY MISPLACED—EXAMINATION WITH THE OPHTHALMOSCOPE.

(Under the care of Mr. DIXON.)

Harry R., aged 10. On June 13, 1861, he was hit on the right eye by a piece of broken crockery thrown at him. He was admitted next day with a lacerated wound of the sclerotic, about an eighth of an inch immediately below the lower margin of the cornea. The choroid was prolapsed into the wound. At the time of the blow the wound bled profusely. The only treatment adopted consisted in applying belladonna fomentations, and keeping the eyelids closed. For the first week he saw very dimly, but afterwards his sight gradually improved.

February 3, 1862 (six months after the injury).—The pupil is now twice the size of the other, but freely mobile, and the pupil perfectly clear. The iris at the lower part is pressed forwards almost into contact with the cornea. The scar is visible, and is blackened by choroidal pigment. With the ophthalmoscope a distinct rent in the choroid is seen near the site of injury. His sight is almost equally good in the two eyes.

HOSPITAL NOTES.

CONGENITAL MALFORMATION—OPEN URACHUS IN A BOY AGED EIGHT YEARS.

The following congenital malformation is one of great rarity, and as a consequence is worthy of record. A boy, aged 8, was brought to Mr. Bryant, on January 23, with a discharging orifice at the umbilicus; it had been so from birth, and had caused much inconvenience to the lad. On examining the part a peculiar projecting columnar mass, about the size of, and not unlike the boy's glans penis, was distinctly visible, with an orifice corresponding to the urethra at its extremity. This orifice was constantly moist, evidently with urine, and when the bladder was distended the moisture was more copious. The genital organs were quite natural. There was little doubt that the case was one of an unobliterated urachus. Mr. Bryant wished to have the lad admitted into Guy's Hospital, with the idea that something might be done for his relief, but the mother refused.

A FACT AS TO THE CONTAGION OF ERYSIPELAS.

On April 1, 1862, a young girl was admitted into one of our Metropolitan Hospitals on account of necrosis of part of one femur, two or three sinuses existing. Her general health was pretty good. Ten days after her admission she became feverish, and erysipelas showed itself about the sinuses. The erysipelas subsequently spread and involved the whole leg and thigh. The Surgeon under whose care the child was now made inquiries, and ascertained the following facts:—On March 15, one of the Physicians of the Hospital admitted a case of idiopathic erysipelas of the face, and his patient (a girl of fourteen) was placed in the same bed that the second one was subsequently allowed to occupy. This case was a slight one, and the girl left the Hospital in a few days quite well. The nurse admitted that the blankets of the bed had not been changed.

No other cases of erysipelas were in the Hospital at the time, nor had any occurred in that ward for many months previously.

This case shows, in a strong light, the danger of exposing patients with open wounds to risk of the contagion of erysipelas. It is to be remembered that the disease was idiopathic and very mild in the first patient, and that a period of several days had elapsed between the date of her discharge and the occupancy of her bed by the second one. The latter, moreover, did not sicken until ten days after her admission.

CHANCRE ON THE LIP.

Emma F., aged 22, a milliner, and apparently respectable, applied to Mr. Bryant on January 20, 1862, with a distinct indurated chancre on the lower lip of eight weeks' duration, indurated submaxillary glands and macula on the body and face of five weeks' standing. She distinctly denied any other symptoms, and that she had been in the way of contracting a syphilitic affection, and, from her manner, she appeared credible.

The iodide of mercury was given twice a-day, in grain doses, and tonics administered.

The following week the true history was obtained: it appeared that her "lover" had a chancre, and that it was probable he had inoculated the part by his finger—at least this was the explanation given.

Under treatment the ulcer rapidly healed, and ill symptoms disappeared, the girl being now pronounced cured.

CHANCRE ON THE UPPER LIP.

Annie T., aged 22, applied to Mr. Bryant in September, 1859, with a distinct indurated chancre in the centre of the upper lip of three months' standing, with ulcerated sore-throat of two months' duration, and lichen over the whole body. She had been under treatment some time without benefit, but could not give any history of her present disease, or account for its appearance. Her genital organs were unaffected.

The iodide of mercury, in grain doses, was given in this case, with the iodide of potassium and iron. Under this treatment she rapidly recovered.

CHANCRE ON LIP IN A MAN.

John H., aged 30, applied to Mr. Bryant in 1861 with an indurated chancre in his lower lip of one month's duration, and sore-throat and enlargement of submaxillary glands of one week's existence. His penis was undiseased, and no history could be obtained, although he admitted having been with prostitutes. Under the iodide of mercury and the iodide of potassium he rapidly convalesced.

CHANCRE ON UPPER LIP AND NIPPLE.

Amelia W., aged 21, an apparently respectable girl, applied to Mr. Bryant with a chancre in the upper lip of six weeks' duration, an indurated ulcer in right nipple of five weeks', and a papular eruption on the skin of two weeks' duration. No history could be obtained. Plummer's pills three times a-day, and quinine, rapidly effected a cure, all symptoms gradually subsiding.

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Medical Times and Gazette.

SATURDAY, MAY 3.

THE IRISH DISPENSARY SYSTEM.

THE Irish Dispensary System, what is it? This is a question often asked at this side of the water, and we propose in the present article to answer it.

Each Poor-law Union in Ireland has, since 1852, been divided into two or more Dispensary districts. The fundamental principles of the arrangement are that no electoral division can in any case be subdivided, and that no Dispensary district can include parts of more than one Poor-law Union.

In each district one Dispensary-house at least has been provided, and this is generally situate in the electoral division in which the Medical officer resides. In populous city districts, and in rural ones of large extent and irregular form, other Dispensary buildings are provided to meet the requirements of the case. The Dispensary building contains, "*de rigueur*," a waiting-room for the patients, a consulting-room for the Medical officer (which may or may not be also his compounding-room), a room for the meetings of the committee of management, and accommodation for the porter.

The committee is composed of the guardians resident in the district, with a sufficient number of resident rate-payers of the minimum net annual valuation of £30, to make up the number of committeemen assigned to that district by the Poor-law Commissioners. The lists of the committees are struck each year by the Board of Guardians at an early meeting after their own election. The functions of the committee are: to issue tickets entitling the holder to be visited or to receive attendance at the Dispensary as the case requires; and to attend the monthly meetings, when the Medical officers' books are compared with the tickets produced, supplies for the use of the district are voted, complaints against the officers are heard and considered; the claims of patients receiving Dispensary aid are canvassed, and the names of any considered ineligible are struck off. In case of a vacancy, they elect officers, subject to the sanction of the Poor-law Commissioners. They examine all claims against the district, and if the accounts are passed send them on to the Board of Guardians for payment. They also fix the days and hours of attendance of their Medical officer at the Dispensary, and the hour at which "visiting tickets" must be presented at his house to ensure his attendance on the same day at the patient's home. The composition and character of his committee of management is consequently a matter of great importance to the Medical officer.

The porter is the domestic servant of the Dispensary house, and has no authority to administer the most trifling medicine, and properly so. The apothecary and midwife, when they are attached to a district, are quite subordinate to the Medical officer. They relieve him of a little manual labour, but the ultimate Medical responsibility rests with him.

The position of the Medical officer may be considered in a twofold aspect,—social and topographical,—and in each he will be found surrounded with annoyances peculiarly his own. To each of the other liberal professions a gentlemanly *status* has by common consent been assigned, and is only forfeited in individual cases by persons whose conduct unfits them for their position. The clergyman, the lawyer, the soldier, no matter how lowly their origin, mix on terms of comfortable equality with their neighbours, and this as a matter of course; and unless they are guilty of impropriety of conduct or coarseness of manners, no one cares who their fathers may have been. But, though this may likewise be the case with the Physician who is successful in private practice, it certainly is not the case with his confrères, *the government officials* who hold Dispensary appointments in Ireland. Educated men as they are, holding public offices of vast importance, and necessarily admitted into the very penetralia of families, and entrusted with their profoundest secrets, Dispensary Doctors do not move as gentlemen among the gentry of the neighbourhood. That many are so received and cordially welcomed is not the point. We contend that it is *not on account, but in spite of*, their official position; not as of course, but as of grace, that this favour is extended to them.

We pass to the physical difficulties of his position. The residence of the Medical Officer is often—we think we might safely say generally—not central in his district, but at a remote end of it. This is a necessary consequence of the Poor-law dictum: "In no case shall an electoral division be subdivided." Though miles of useless toil are thereby daily imposed on thousands of poor people obliged by this rule to tramp away from the Medical man living close at hand and seek advice miles off, and on hundreds of hard-worked, underpaid officers, no electoral division can be subdivided, and so the Medical officers of the Irish Dispensaries must continue often to reside in the very spot of their districts where they are least available to the poor.

Let us consider next his duties. Certain days and hours are appointed for his attendance at the Dispensary, when patients attend to receive advice and medicine for themselves, or for such of their friends whose cases are of sufficient simplicity to allow of their being prescribed for on a second-hand history of the symptoms. The patients are received by the porter in the waiting-room, and admitted by him in due order to the consulting-room of the Medical officer, who hears their tales of varied woe, and with what sagacity he possesses winnows therefrom the chaff of the fanciful conceits in which the Irish mind loves to revel, and deals with the solid grains of truth this eliminating process has extricated from the mass of confused—often contradictory—statements. Meanwhile, he has noted down in a large book (the "Medical Relief Register") the number of the patient in the year's roll, name, sex, age, residence, occupation, duration of illness, name of disease, previous attendance, each in their proper column, leaving to be filled the date of the last attendance in the case, and the result. Besides which, at the first visit he writes in its proper column the name of the person giving the ticket under one of three heads: Member of Committee, Relieving Officer, Warden; which last is the name assigned to certain persons authorized to issue tickets without being members of committee, or relieving officers. They are found only in town districts when circumstances seem to require this accommodation. Having made his diagnosis, he proceeds to write his patient's name down—under the same number as he holds in the Register—in his "Prescription-book," and then writes his prescription, or details any operation performed, or mentions any appliance furnished to the patient, each entry being dated; and that date is placed in either of two columns, thus showing whether the treatment adopted was resolved on at the Dispensary or on visit to the patient's house. All this having been arranged, he next compounds and gives the medicine. And so he proceeds with each patient in turn who presents himself at the door up to the hour named as the close of his attendance at the Dispensary; and thus, owing to an innate dislike to punctuality so common in Ireland, the Medical officer who may have cleared his waiting-room three or four times, may see his room fill again, and have to toil on till *he has attended to the last lazy loiterer who lounges in as the hour strikes.* This is often a real hardship, especially as, by a rule of the Commissioners, visiting tickets, which on other days must be presented at an early hour in the day (generally 10 or 11 a.m.) to ensure attendance on that day, may on Dispensary days be presented, with the like privileges, during Dispensary hours. Here let us remark on the inborn love of red-tapeism natural to the official mind when passing laws in the retirement of a snug office for the guidance of hard-worked men whose time and labour are often cruelly unconsidered. The busy day, and that on which the Medical officers require the earliest intimation of the probable amount of work, is just the day on which a procrastinating peasantry is encouraged to put off to the very latest the summons for home-attendance. These visiting tickets are the "*bêtes noirs*" of Dispensary Doctors, and enjoy a number of more or less witty *soubriquets*,—for instance, being printed in red ink, to distinguish them from the "Dispensary tickets" printed in black ink, they are known as "Scarlet-runners." A visiting ticket, if presented to the Medical officer at the proper hour, must be attended to on that day, no matter how trivial the case; and if the case be an urgent one, or rather if it be so represented (a vastly different thing), it must be attended to at any hour of the day or night it may be presented, or as soon after as the Medical officer may be released from any previously undertaken work. It is scarcely possible to give to those who have not smarted under this bondage even a faint idea of the strictly legal persecution to which it may subject any Medical officer unfortunate enough to have incurred the displeasure of malicious committeemen. It is even said that holders of red-ticket books have descended to the scarcely credible meanness of ascertaining the domestic arrangements of a Medical officer's household, in order that the appointed hour of a dinner-party may find his door besieged by a number of "red tickets."

The clownish farmer of £30 valuation,—the well-nigh illiterate peasant, manufactured by a vote of the Board into a relieving officer, or empowered to act as warden,—the small-minded retailer of soft goods and ardent spirits, at his shop-desk,—can each in turn let fly his red ticket at the hard-worked *gentleman* who dispenses Medical aid, and can be at no loss *to find* a patient ready to feel or feign a sudden illness; and we can only wonder that what has been known to happen does not more frequently occur, *i.e.*, that a district is made too hot for its officer. But apart from these extreme cases, the useless labour imposed on the Medical officer by the holders of red tickets is oftentimes very provoking. Fancy the Medical officer dead-tired meeting at his very door a messenger from a house he has passed at least once, with a red ticket marked "Urgent!" "Well, Pat, in the name of all the saints why not call me in as I passed two hours ago?" "Why there, yer honour, I seed yer reaverence was in a hurry, and shure I didn't like to stop yer as I had no ticket." "Well, confound your stupid head, I can't attend till morning." "Oh, then, musha, yer honour, its Biddy has got an inward pain, and if yer honour overtakes her its the most." There is no help for it; go he must, or face an "investigation." Much useless and vexatious toil would be avoided if the Medical officer had the power of issuing tickets. Thus would the poor look upon him as the first friend to whom they must apply in need.

The Medical officer has quarterly returns to prepare and submit to the Committee of Management, and (if approved and countersigned by the chairman of the meeting) to transmit to the Poor-law Commissioners; or if no meeting is held in time for this, he can transmit them with his own signature only. Then he has an annual return to send up each October. He must likewise be ready at *any time* to meet an Inspector, one of whom visits each Dispensary at least once a-year, and makes a very minute inquiry into all the doings of the year, and reports shortcomings to the Board. On these Inspectors, too, devolves the duty of conducting "investigations," in case of any complaints of neglect of duty against any officer. On these occasions they can examine on oath such witnesses as they deem proper; and it must be confessed that this is one of the best features of the system. The Inspectors are Medical men themselves, and having good salaries with travelling allowances, in consideration of which they have no private practice; and being, moreover, gentlemen, they are felt by the body of Medical officers generally to be a great safeguard against oppression, while the delicate duties they at times are called on to perform have been attended to in such a spirit of firmness and impartiality as to give very general satisfaction to the public at large.

The Vaccination Regulations are of a particularly oppressive character, and require special notice.

Each Dispensary building is of course the chief vaccination station, and at this station the Medical officer is required to vaccinate *all comers* on any dispensing day he may be asked to do so. He notes in his vaccination register the names, ages, etc., of all parties so vaccinated, and if they return for his inspection he reports in its proper column the result.

Three years ago the Poor-law Commissioners called on the Committees of Management to divide their respective districts into two or more sub-districts, and in each such district to hire rooms for the performance of vaccination.

The like duties he is required to perform at each of his out-stations on six days in the year. Three of these being fixed at intervals of a week in one of the spring months, and three in like manner in one of the autumn months.

At the end of the year he makes out on forms supplied to him an exact copy of the register, and forwards it to the Board, and is by them remunerated at the munificent rate of twenty shillings for every twenty cases of successful vaccination performed during the year. For the unsuccessful cases he receives nothing, for any fractions of twenty successful cases nothing, and he is not even allowed to carry on the fractions to the next year's account. It thus often occurs that he receives *absolutely nothing* for the cases performed at the out-station, though he may have had to ride no inconsiderable number of miles to attend to them.

With rare exceptions, and then only in large cities where the field for private practice is so good as to make it less important what salary he receives, the maximum salary is £100 per annum; but this, though the limit in magnitude, is not by any means the rule,—£80, £70, £50, £40 a-year. We believe we might go lower still, and find Dispensaries offered for competition in the public papers at salaries beneath what the butler in the nobleman's family of the neighbourhood receives. Is there any grumbling? "You are not obliged to stay; we will get another as good as you for less money." When will educated professional men cease to barter their skill for such miserable stipends, and cease to undersell each other?

Now, in common fairness, let us turn to some of the advantages secured to the poor and to the Medical officers. First, whereas in old times a poor man desirous of Medical aid was often puzzled to know to which Dispensary of his neighbourhood he should apply, he can have no doubt now where to seek for advice and for medicine; the absolute precision with which the electoral division in which he resides points out the district to which he belongs, saves him all doubt, and likewise enables the Medical man unhesitatingly to decide whether any individual case belongs to him or not. The full force of this, of course, applies especially to visiting tickets. We have known whole townslands, under the old system, to be a sort of debateable territory, each of the Dispensary Doctors trying to place the *onus medicandi* on his neighbour's shoulders. Again, so long as Dispensaries were charities (so called), *i.e.* were supported by voluntary subscriptions, there was a very unpleasant sort of feeling between the issuer of a ticket and the Medical officer. If the latter thought any individual applying for Dispensary aid were not a proper object for such assistance, he was sure to give offence; and this was often followed by the loss of a supporter of his Dispensary, and, perhaps, of a private friend and patient; and thus a class of snug farmers came to be Dispensary patients. Again, in old times, the price of medicines had to be met, as well as the Doctor's salary, out of often a very moderate sum total. Of course, the Medical officer could not but feel that if any medicine were at any time not to be found on his shelves when wanted the natural cry would be "that he curtailed for his own proper benefit the supply of requisites for his patients." Now the public purse must meet, and the ratepayers must afford, all moneys needed for a fair and reasonable supply of drugs and other Medical requisites, and so the Medical officer is quite unembarrassed in his orders for medicine by any personal consideration or fears of the imputation of any improper motives. The extremely complex system of bookkeeping, with its endless repetitions, has its advantages: it renders obligatory a record of the treatment adopted each day in each case, and thus at a moment the Medical officer's remembrance of a case is lightened up by a glance at his former prescriptions, and the treatment of a dozen paupers is carried on with greater celerity than that of one rich man, and yet with a precision not often imitated.

Thus we have endeavoured to picture faithfully the system of Medical relief under the Irish Poor-law. We may, perhaps, hereafter give some sketches of the working of the system.

THE WEEK.

THE CORONERSHIP FOR MIDDLESEX.

The bench of magistrates for the county of Middlesex have decided on presenting a petition to the Queen in Council, praying that the Western division of the county may be, as regards the office of Coroner, divided into two districts This proposal is strongly opposed by Mr. Humphreys, the Coroner for the Eastern division. He claims the right, as he was elected a Coroner for the county, to assume the office for the Western division in case of the death or retirement of Mr. Wakley. His election gave him the power to perform the duties of Coroner either in the Eastern or Western division,—a right which he has exercised on many occasions. Mr. Wakley's fixed salary is £1800 a-year; Mr. Humphreys', £1500; and the latter stated in Court that it would be a loss of £300 a-year to him. Mr. Humphreys' protest was directed to be put in writing, and to be referred to the Committee of Accounts and General Purposes. Without expressing any opinion on Mr. Humphreys' claim, we believe there is no doubt that the Coronership of the Western division of Middlesex affords ample work for two persons.

THE HEALTH OF THE BRITISH MEXICAN CONTINGENT.

A correspondent of the *Times* furnishes the following extract from a letter written by an officer of the Royal Marine Battalion lately attached to the Mexican allied expedition. It is dated Bermuda, April 8:—

"The head-quarters, six companies with the artillery detachment, of our battalion arrived here, in Her Majesty's ships *Donegal* and *Sanspareil*, on the 26th and 28th of March respectively. Commodore Dunlop, on his own responsibility, decided on sending us to Bermuda, keeping 150 men—about two companies—to assist in garrisoning the Castle and forts of Vera Cruz. It is hard to say, and sad to think, what may have been their losses since we left them. We have lost in the battalion 35 men from deaths, but no officers, and have now several very bad and doubtful cases on shore. Many are so debilitated that they must be invalided as soon as possible. Intermittent fever, followed by dysentery, has been the cause of our losses, and when the latter succeeds the former the case generally ends fatally. No yellow fever has appeared as yet. We are now waiting orders from England, and expect to leave for home in about a fortnight in the *Sanspareil*, the ship that brought us out to Mexico. We are quartered on board the *Medway* hulk, and our sick occupy the Quarantine Hospital on Ports Island. We were placed in quarantine for a few days on our first arrival from Vera Cruz, but were soon released again."

THE SCOTTISH LUNACY BILL.

Last week we published a letter addressed by the Scottish Medical Commissioners of Lunacy to the representatives of Scotland in Parliament, deprecating the provisions of the new Bill introduced by the Lord-Advocate. Hitherto the General Board of Lunacy for that kingdom has consisted of an unsalaried Chairman, three Sheriffs, and two Physicians. The new Bill proposes that the Board shall henceforward be composed of a salaried Chairman and two Sheriffs. It excludes the Medical element altogether, and provides that the present Medical Commissioners shall act only as Inspectors. Drs. Coxe and Brown feel, naturally enough, that this proposal to abolish the office of Medical Commissioners amounts virtually to a censure on the manner in which they have discharged their duties. Their letter is a temperate but complete reply to certain objections on particular acts of the Board which have been current. On the general question of Commissioners or Inspectors, they argue that there can be no advantage in compelling a Board to seek advice from Inspectors, not its members, rather than from Commissioners and colleagues; but, on the contrary, only disadvantage, inasmuch as the latter plan involves divided responsibility. It seems in the present day the fashion with people in power to ignore the fact that lunacy is a disease, and to forget that all the amelioration which the last fifty years have worked in the condition of the insane, has resulted from the efforts of Physicians, who have determined to consider and treat madness as a malady, not as a possession to be exorcised, or a crime to be punished. To remove Medical men from the council which is intended to manage the public lunatic institutions of a country, or to place them in the position of inferior officers, whose advice may be taken or rejected at will, appears to us a piece of gratuitous legislative folly, which might be paralleled by the exclusion of the military element from the deliberations of the War Office, or the naval from the Admiralty. We are glad to see that the Scottish press has already expressed a strong opinion on the subject. We extract the following from the *Scotsman* of the 19th ult.:—

"The exclusion of the Medical element from the Board, and the handing over of the whole power of judging and ordering in cases of lunacy to one unskilled country gentleman and two overworked lawyers, is, still more than the salary project, in need of explanation. The treatment of lunacy is essentially a department of medicine, and it is surely absurd to entrust that treatment to a Board from which persons skilled in medicine, and they only, are specially excluded. If the Medical element is thought to predominate too much in the present Board, it would be easy to meet the alleged evil by adding more lay members; but to exclude the Medical element altogether, seems a proposal without warrant, either in reason or experience. In England, the Medical Commissioners form part of the Board, and constitute its most valuable element—in Ireland there are two Medical Inspectors reporting to the Lord-Lieutenant, without any Board at all. But in Scotland, supposing this Bill to be carried, Medical influence would not, indeed, be destroyed—what would be destroyed would be only the Medical *responsibility*, which would be a worse result. The lay members of the Board could scarcely act in opposition to the expressed Medical opinions—yet those opinions would only be given as suggestions or advice. If there is to be a Board at all, the exclusion of the Medical element seems merely absurd. What would be thought of a Board to supervise our Law Courts, composed of a laird and a couple of Doctors, with two advocates to report to them?"

ACCLIMATIZATION SOCIETY.

LOVERS of paradox might assert, with apparent truth, that one of the primary ends of human existence was to enlarge the geographical limits of animal and vegetable life. Certain it is that the fauna and flora of any civilised country are widely different from its indigenous productions. Look, for instance, at our own farm-yards and preserves. If all the mammals and birds were removed which owe their presence to the direct intervention of man, we should miss by far the greater proportion of the most valuable and agreeable components of a modern dinner. Chickens we should have none, for they are the direct descendants of the Bankiva jungle-fowl;—even the little bantam would be absent, for it was brought from Java. Pheasants would be wanting, although their introduction into Europe occurred so long ago that the ancients ascribed it to the voyage of Jason and the Argonautic expedition to Colchis. There were no turkeys in England until they were brought from America in the early part of the sixteenth century; Guinea fowls probably came in from Africa somewhat later,—at all events, they do not figure in the bills of fare of Tudor times. With regard to the *pièces de résistance*, mutton is, according to some, of Corsican, according to others, of Asiatic origin; whence our beef comes is doubtful, for, although there were indigenous races of wild cattle in England, it is very difficult to assign to any of them the parentage of the domestic stock. Red deer venison is assuredly our own, but, according to Cuvier, the fallow deer was at some remote period imported from Barbary. The Acclimatization Society may therefore be held to be a modern embodiment and expression of one of the earliest developments of human thought and action. Ethnologists say that a principal characteristic of the earliest phase of human civilisation in the North of Europe was the possession of domesticated animals; and that their flocks and herds were, in all probability, not reclaimed indigenous stocks, but were brought by their possessors from the countries whence they had migrated. The Second Report of the Society, which is now before us, is certainly of good promise. Chinese sheep are already here; and as these accommodating animals breed twice a-year, and produce four or five young at a time, we may look forward to lamb all the year round. The acclimatization of the eland has not yet been attempted on a large scale, for want of the necessary funds, although the project bids fair to yield a complete success. One of the correspondents of the Society promises to procure young specimens in Africa at £5 a-piece. The Zoological Society is at present trying the experiment of obtaining a hybrid between the cow and this bovine antelope. Lord Powerscourt has been successful in acclimatising the Sambur deer, the Japanese deer, and the great Wapiti of North America. He has also succeeded in procuring hybrids between the Sambur and red deer. Under the head of "Birds," there are good reasons for expecting guans and curassows from Central America; turkeys improved by crossing with the wild turkey of Honduras; various species of grouse; American quails; Norwegian gelinottes, and all sorts of ducks. The Vice-President of the Society has obtained a fertile cross between the pin-tail and the common duck, which is said not only to be handsome in its plumage, but also to form an excellent variety for the table. We are also to anticipate the arrival of a new pond fish, in the shape of the "Murray cod," from Australia. Verily, zoology will henceforward be a necessity for diners out. Scotland, under the auspices of the Society, has been exchanging with England the pearl-bearing mussels of the Tay for craw-fish from Oxfordshire. A female member, Lady Dorothy Neville, has turned her attention to the cultivation of the Bombyx Cynthia silk-worm, and has managed to procure cocoons which were pronounced, even by a dealer, magnificent. One of the most important sections of the Report, however, is that which refers to the introduction and cultivation of the Chinese yam. It is believed that in this vegetable we may find a substitute for the potato, should failures in the crops of the latter necessitate its abandonment. Another important feature is a report by Mr. Martin, the Sheriff of Guernsey, on the successful cultivation of Brazilian arrowroot in that island. The Profession of Medicine, we need scarcely say, are deeply interested in the progress of an Association whose success must not only directly augment the material resources of the country, but may be expected ultimately to exert a favourable influence on the food-supply of the entire population, from the highest to the lowest.

EARLY CLOSING ASSOCIATION.

THERE are very few schemes of modern philanthropy which are not intimately associated with Medicine, either as adjuncts in the prevention of disease, or as channels through which the curative powers of our art may be exercised. To the former class belongs the present endeavour to abridge the hours of labour in all departments of industrial life. We therefore offer no apology for directing attention to the last Report of the Early Closing Association. This pamphlet shows that, although some reforms have been accomplished in certain trades and professions,—amongst which may be particularised drapery establishments, banking-houses, lawyers' offices, and the City wholesale houses,—a number of trades are still to be characterised as "late trades," the shops being regularly kept open until ten o'clock, or even later. In this category occur chemists, grocers, oilmen, greengrocers, hairdressers, bootmakers, hatters, and hosiers. The records of the out-patient departments of our Hospitals would afford the best commentary on the effect of over-work through many hours in a heated and poisonous atmosphere on the health of the journeymen baker. The Medical Profession may do much towards eradicating the evil. Their private influence with the public is great, and it could not be better exerted than in recommending the practice of early purchasing, which would have more effect in facilitating the attainment of the objects of the Early Closing Association than any more demonstrative efforts.

PARLIAMENTARY.

ON Monday night the House of Commons went into Committee of Supply on the Civil Service Estimates. This proceeding, we think, we have seen somewhere described as a "legislative straining at gnats and swallowing camels." An instance of the former process was offered by Mr. Williams, who raised the question of the propriety of giving the Medical adviser to the Privy Council £1500 a-year. He was answered by Mr. F. Peel, who informed him that the Privy Council had succeeded to the powers of the late Board of Health. Amongst other votes was one of £10,000 for the erection of an Industrial Museum at Edinburgh. On the vote of £963 for the enlargement, repair, and alteration of King's College and Marischal College, Aberdeen, Lord R. Montagu said there was a balance of £3000 on the vote of 1859-60, and of £6870 on the vote of 1861-2, both of which sums were unexpended and available for the present year. He wished to know why a vote of £327 was required this year for Marischal College? Mr. Cowper replied that it was necessary to alter some of the class-rooms, and to provide further cases for the museum. The Moral Philosophy class-rooms were altered last year, and the present vote was for the Botanical class-rooms. The vote was agreed to. £6958 being voted for Lunacy Commissions, Mr. Dillwyn complained that the Lunacy Commissioners did not work with the magistrates. Owing to the way in which the Commissioners conducted business, a lunatic asylum in South Wales, which was decided on years ago, had not been opened yet. Sir G. Grey said that "instead of matters in dispute between the Lunacy Commissioners and the county magistrates being discussed by correspondence, it was desirable they should be settled in a personal conference, and this course had been taken in some cases with good results. He believed that some delay had been caused in Wales by the difficulty of obtaining an agreement between the different counties. He believed that generally the Commissioners were disposed to act in concert with the magistrates and the ratepayers." In the list of the various establishments provided for, there was an assignment of £3044 for the maintenance of quarantine.

M. MICHEL LEVY ON HOSPITALS.

(Continued from page 409.)

"Now, what were the comparative results obtained in these three orders of Hospital Establishments, closed buildings, well-aired huts, and tents with a constant ventilation? Let me say at once, the tents were devoted solely to the treatment of internal affections; the wounded and those who had undergone operations in the Crimea, only remained for a short period under canvas, since their discharge as quickly as possible was the rule, and at the same time the arrangement on which the utility of the ambulances was based. The cases of external disease, and the ordinary fevers treated in June, July, August, and September, 1854, in the tents at Franka and on the esplanade of Varna, were free from accidents and from any complications of Hospital origin. In a word, the treatment in tents, with the proper precautions and at the proper season, operates in suppressing the risks and inconveniences arising from an accumulation of individuals. Thus, also, in the tents it was that I caused to be treated the fifty or sixty earliest cases of scurvy proceeding out of the fleet where this malady had broken out (September, 1854). I remarked their rapid cure; this was not the fortune of all the scorbutic seamen that, to the number of about 400, we had to treat in the following November in the closed buildings of Daoud Pacha.

"It was cholera which provoked the necessity of trying the tent-hospitals, and it justified the experiment in a striking manner by the results of treatment. Without recalling its terrible ravages in the Piræus, in a closed building like the lazarettos of the East, and at Gallipoli in the pent-up and dilapidated Turkish houses that we had appropriated to Hospital purposes, we find at Varna the elements of a decisive comparison. The two interior Hospitals received, from July 10 to September 18, 1854, 2314 cholera patients, of whom 1389 died, that is to say, there were 100 deaths to 166 patients. Into the three tent-hospitals opened,—the first (Monastery No. 1) on August 5, and closed on the 28th of the same month; the second (Monastery No. 2) opened on August 7, and closed on the 17th; the third opened August 8, and closed September 19,—there were admitted 2635 cholera patients, among whom 698 deaths occurred, that is, there were 100 deaths to every 376 patients. This proportion is so extraordinarily favourable, that on adding to the number of deaths those which occurred during the sea-passage and during the transference of the sick from the port of Varna to the locality of the monastery, it is still found to be small beyond all example. There was another advantage,—the closed Hospital at Varna preserved for a long time, and in spite of every effort to make it healthy, a certain power of infection; with the tents there was no infection and there were no morbid foci; not a single Medical officer died there, although seventeen paid the penalty with their lives of their devotion to the cholera patients in the closed buildings at Gallipoli, Adrianople, and Varna. The distribution of these patients in the tents in groups of from three to eight was a true dissemination; between any two patients the air is incessantly renewed; between any two tents there is the external air, the great currents of the free atmosphere. The Hospital building confines, condenses, and accumulates the germs of disease whatever these may be. The tent-hospital separates, disperses, dissipates them. Thus it was that, when I learned on the 24th August that cholera had broken out on the 11th in a ward of the Adrianople Hospital, I wrote to the chief Medical officer, M. Méry:—'Arrange with the "sous-intendant" for the immediate evacuation of the places where the cholera has exhibited itself, and for the placing of your sick in other wards at a distance from the previous ones, and in a different situation; take care that there is a good space between them, and leave vacant beds between them; look strictly to the daily disinfection of the latrines and conveniences by means of the solution of persulphate of iron, and provide for a *continuous aëration* of the wards. If, in spite of these precautions, new cases should arise in the same Hospital, quit it and treat the cases under double tents set up on a healthy, elevated, and well ventilated plot of land.'

"Some cholera cases having appeared in the beginning of October, 1854, at Constantinople, above all in the Hospital of Pera and of Rami Tchifflick, I did not hesitate to do the contrary of that which I had formerly recommended at Varna. Leaving the ordinary patients in these Hospitals, I caused the cholera patients to go out, in order to have them treated in tents, and for the second time the epidemic quickly came to an end,

"At the end of June, 1854, at Gallipoli, before the outbreak of the cholera, but foreseeing its advent shortly, I pointed out to the Medical officers of the two Hospitals the proper means to adopt in order to lessen the effects of the crowding, viz., the treatment of the cholera cases outside these two establishments. I paid them a visit, and indicated as a favourable place for this special purpose the Convent of Dervishes, situated outside the town upon an eminence, isolated and well ventilated. I addressed these recommendations to the 'sous-intendant' and to the superior commander, the ever-to-be-deplored General Ney, Duc l'Elchingen. He replied to me by letter, 'I have already seen cholera, and with our intrepid Doctors I do not fear it.' Some days subsequently he, in common with my travelling companion and old friend, General Carbuccia, was one of its first and most noble victims. On July 23 I got the 'intendant-en-chef' to send the principal Physician, M. Thomas, on a special mission to Gallipoli, furnished with my written instructions, in which the use of tents was not forgotten; but choleraic foci are formed at Gallipoli—they will be slow in becoming extinguished. When, on October 1, 1854, the *Gorgone* steamer, from the Crimea, deposited at Gallipoli three fresh cases of cholera, I feared a renewal of the disease, and to prevent it, I instantly recommended the superior authority of that place to isolate the cholera patients in double tents with free ventilation, at a distance from the ordinary Hospitals and from some troops still encamped at Boulair.

"Towards the end of October the bad weather necessitated the giving up of the tents in which our choleraics at Rami Tchifflick were placed: their re-entry into that Hospital, from October 29 to November 7, resulted in the development of 14 'interior' cases. Let us observe this fact, that so long as the cholera patients occupied the tents not a single case belonging to this category was produced within the wards of Rami Tchifflick.

"It is a more difficult matter to compare the hut Hospitals with the closed buildings at Constantinople in respect of therapeutical results. The explanation of this is found in the situation of the former close to the sea, and consequently more convenient for the wounded and for those suffering from severe illness who could not bear being carried far on litters (cacolets) or even in hand conveyances (brancards). If we take into account the relative severity of the cases, the number of operations performed, etc., we shall find that the superiority rests with the huts. Those of Gulhané had as many as 1800 patients, and their situation and mortality did not excite more attention than those of the Hospital buildings containing from 400 to 600 beds, such as Dolma Bagtché, l'Ecole Préparatoire, etc. What was made a closed Hospital with a similar body of patients, we have seen at Pera; quoted as having 2100 beds at its commencement, continued on to 1800, but more commonly having an average of 1300 to 1500 patients, from the time that its population exceeded a numerical limit which attention and continuous observation authorised me to fix at 800 or 1000, purulent infection, gangrenes, hæmorrhages, and typhoid forms of disease became so frequent as to bring about an excessive mortality and to paralyse the efforts of the Surgeon. With its 1500 to 1800 sick, scattered in huts, Gulhané did not exhibit the same unhealthiness. In the closed buildings typhus raged with the greatest intensity, and this from February 15, 1855, long before this epidemic had in any way been officially announced. M. Garreau, the principal Physician at Rami Tchifflick, showed me and pointed out to me numerous cases of one common type, and in order to avoid giving alarm, our statistical reports designated them as remittent fever, typhoid fever, and low fever; from February 15 to 25, 1855, I had recognised under the care of MM. Ganderax and Tholozan, true cases of typhus, in some of which on making the autopsy the absence of dothinenteritis was noticed.

"Here, then, we have the effects of treatment under the three conditions of difficult aëration, of aëration less incomplete, and of constant aëration. Cholera has, above all, served to exhibit the salutary influence of a continuous ventilation; but in order to verify it I had not waited for this proof. In 1849, my wards at Val-du-Grâce received 1218 cholera patients, 1100 of whom I treated myself; out of these there were 338 deaths, that is to say, the most favourable proportion in Paris, and only 21 'interior' cases; while in the civil Hospitals these could be counted by hundreds. And why, gentlemen? My method of treatment was the same as that of my colleagues. Those who fancy that all soldiers are twenty years of age, with robust constitutions and red cheeks, will attribute this result to the vigour of my patients. The truth is that, knowing by the experience of 1831 the infecting character of cholera, having witnessed its ravages at Bourbonne-les-Bains, of the tracks it followed, and of its numerous foci about that town and within a radius of several leagues, I took, with the concurrence of a very enlightened administration, the following measures from the very outset of the epidemic:—1. The treatment of the cholera patients in an isolated building; 2. Aëration, both by day and night, by means of having constantly open the upper sashes of the windows on opposite sides in alternate order; 3. The immediate emptying of all excreta; 4. The establishment of a convalescent ward, etc. The two measures which were the most effectual were evidently the two first of these, and in its last official instructions as to the measures which should be taken against cholera, the Council of Health at my request has inserted that of the continuous aëration of the places.

"One objection which may be raised to all this one may foresee: since the maximum of healthiness is met with in the tents, how is it that in the Crimea they became the centres and receptacles of typhus? The reply is, that the habitation of the soldiers and of the sick was no longer the tent fixed upon a healthy soil and delivered up to a frequent aëration; it was hermetically closed; it merely covered subterranean apartments, excavations intended to protect the men from cold and the inclemency of the weather,—molehills as they have been called; twelve or fifteen men were crammed into them and shut up in them, together with their bedding and equipments, during all the time that their duty did not call them elsewhere; scooped out in a soil readily permeated by water, the parietes of these shelters exuded and maintained under the tents a penetrating moisture; with no end of graves, with thousands of human bodies decomposing in that earth so disturbed, with the corses of animals with which it was scattered over, and with the encampments of several armies close by, forming together an effective force of 180,000 to 200,000 men on this plateau of the Chersonese, over an extent of some few leagues,—how could typhus fail to break out? Under the soil of one tent of the 47th Regiment of the line, all the occupants of which were the victims of this malady, there was discovered a grave of English soldiers who had been interred after the battle of Inkerman; can the tent be accused as the cause of the disaster? Did the tents give typhus to the first Medical men which it attacked, to MM. Thomas, Colmant, Vingt, Ancinelle, etc., and to Bouat, a General of Division, seized at the same time, when inquiry has demonstrated that their tents bordered upon dead bodies only superficially interred.

"The confinement and the accumulation of persons under the tent then produced infection in it, just as in the wards of an Hospital; the subterranean apartments, wet and devoid of aëration, served to increase it. Side by side with our own soldiers, the Sardinian army, established under the same circumstances, underwent the same fate; the English, sheltered, during the winter of 1855-6, in boarded huts ventilated by numerous windows, enjoyed a remarkable immunity. In the month of November, 1856, I proposed the construction of huts for the ambulances, and of hut-warmers (*baraques-chauffoirs*) for bodies of troops. I predicted the mephitism of the subterranean abodes, and the peril which would result from them, and on March 5, 1855, I wrote thus to the superior authority of the army. 'In the presence of scurvy and of the earliest manifestations of camp typhus, it is of imperative necessity,—First. To suppress the molehills and to re-establish the tents upon the ground without an excavation within. Secondly. That the dead animals should be interred, and that they should be covered with a layer of lime, as also should be the graves of the ambulances, and all other centres of organic putrefaction. Thirdly. To remove the encampments of those regiments of troops which should furnish the largest number of sick.' On February 26, 1855, I had already written to the same authority as follows:—'Under the influence of a milder temperature a new danger threatens the army, one which results from the emanations of animal matter in a state of putrefaction. Beside the large number of dead animals scattered upon the ground, it is to be feared that the human bodies have not been buried at a sufficient depth, either by reason of the earth having been rendered hard by the intense cold, or on account of the trifling depth of the layer of earth which covers the rock of the plateau. For animal matters in a state of putrefaction lime acts the part of incineration: it prevents or arrests their putrid fermentation, etc.' On April 17, 1855: 'If typhus shows itself, it will be better to treat it in tent Hospitals than in buildings, or in habitations more or less closed, which favour its extension by contagion.' If I mention here some instances of my hygienic interferences in the East, it is because they have been passed over *sub silentio* elsewhere, and no one will find me driven to re-vindicate the priority of the initiative, and of the Medical suggestions which others have had but to repeat.

"The chances of infection and of contagion are at their minimum in the tents, at their maximum in the Hospital buildings; as respects these latter establishments, I did not miscalculate in my anticipations and anxieties.

"In the month of July, 1854, both verbally and by writing, I earnestly called the attention of the Marshal Commanding-in-Chief and of the 'Intendant-General' of the Army to the danger of great concentrations of sick people, and to the close connexion existing between their healthiness and the variations in the number of sick. In November of the same year, the Hospital at Pera already furnished us with a sad lesson; and whilst the dread of Hospital miasm caused removal prior to the necessary operations, a talented Captain who underwent amputation, a Colonel of Artillery, now a General, who had undergone upon the field of battle at Inkerman resection of a part of the fibula,—both affected by a commencing miasm,—owed their safety to their embarkation, effected as it was under the most uncomfortable circumstances. Before they touched the shores of France, their wounds had changed in appearance, and both are now in the enjoyment of good health. On March 10, I recalled to mind, by a circular addressed to all the chief Medical officers of the Hospitals, the necessity of a continuous aëration by having opposite windows permanently open. 'The beneficial operation of a pure air,' I added in concluding, 'is the principle of all treatment, of all success, both in Medicine and in Surgery; I advise you to procure it for your patients, to look to it yourselves, and to take care that the Medical officers in charge carry into execution your orders in this respect.' If it be true that infection was the origin, the mode of propagating, and the most general cause of aggravation of the maladies which weighed heavily upon our army in the East, it remains proved by all the documents relative to the health department of that army,—for the most part unpublished, but nevertheless authentic,—that this scourge, incessantly reappearing, was, from the very commencement to the close of my mission, the constant object of my thoughts, of my warnings, of my reiterated advice and expostulation. My whole mind was bent in concert with the administrative, and with my devoted fellow-labourers of the Medical staff, to preventing, restraining, and combating it.

"Practice in time of peace, the conduct of Hospitals in towns, and of garrison Hospitals in the interior, civil medicine as well as military, are called upon to profit by the fearful teachings of war. Situations almost unavoidable which occur in campaigns of long duration, pathological catastrophes which track the march of great armies thrown upon places at a distance, and subjected to a long series of trials, are for the most part only the magnified representatives upon a grand scale of the causes and effects which are in operation on a small scale, and obscurely in the more or less crowded Hospitals of large towns. It is always infection, often contagion, which is the principal artificer of this mortality; here it kills in detail, while elsewhere it kills in the gross; it paralyses or destroys the work of the Surgeon, it robs the Physician of his most rightful successes; it strikes with sterility the zeal and activity of the administrator. Let all, then, administrator, Physician, and Surgeon, strive to neutralise this influence, the most general, the most active, the most persistent of all those which oppose themselves to the beneficent object of their common efforts." . . . .

FOREIGN CORRESPONDENCE.

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GERMANY.

Bonn, March 31.

THE DAILY VARIATIONS OF PULSATION.

I send you to-day a short account of some of the more important papers read at the last few meetings of the Society of the Lower Rhine. Professor Schaaffhausen, in speaking of the daily variations of the pulse, remarked that while during the last few years the physiology of the nerves of the heart had been greatly advanced by the investigations of a number of excellent experimentalists, there were still most discrepant opinions concerning the rate of pulsation at different hours of the day. Messrs. Knox, Falconer, Nick, Guy, and others, gave it as the result of their observations that the pulse was quicker in the morning; while according to Autenrieth, Keill, Robinson, and Pelissier, it was quickest in the evening. Cullen and Double, on the other hand, had stated that the rate of pulsation increased twice during the twenty-four hours, and Budge asserted that such an increase occurred three times daily. There are many extraneous agencies at work which exercise great influence upon the heart's action, such as bodily exercise, warmth, nervous excitement, and the meals taken; but by investigations made at times in which these influences are not, or scarcely at all, allowed to act, Professor Schaaffhausen has come to the conclusion that there is a continual increase in the rate of pulsation from morning till evening. The observations made in one of the Professor's pupils six times per diem, for a period of 131 consecutive days, have shown that the medium rate of pulsation was 58 at seven o'clock a.m., before breakfast, 70 at eleven a.m.; 71½ at one o'clock p.m., before dinner; 71¾ at four o'clock p.m.; 73½ at eight p.m., before supper; and 78 at eleven p.m., before going to bed. The most considerable increase in the rate of pulsation occurs, therefore, between seven and eleven a.m., and which is greater than the increase within the next twelve hours taken together. This first acceleration of the pulse corresponds with a greater energy of the most important organic functions of the body. According to Marcy, the number of pulsations depends entirely upon mechanical causes; the heart beats more slowly in proportion to the amount of resistance offered to its contractions by the pressure of the blood in the large vessels, or the tension of the semilunar valves. In this manner we may explain why the pulse should be slow in plethoric conditions, rapid in anæmia, accelerated if the pressure of air is diminished, retarded in proportion to the increased density of the air; and, also, why expiration and inspiration should have those effects upon the pulse which they are known to produce; but we cannot thereby account for all the variations occurring in the rate of pulsation; since the excitability of the heart itself is subject to certain changes, independently of the resistance which it encounters. The pulse is quicker in the evening, because the nervous power is then on the decrease; and which is only restored during and by sleep. The gradual acceleration of the pulse during the course of the day is much more striking in disease than it is in health; it being well known that acute and inflammatory diseases always present an exacerbation in the evening, and remission in the morning.

ON A SKULL FOUND IN A ROMAN BATH.

Professor Schaaffhausen also exhibited a skull which had been found in the ruins of the ancient Roman baths near Mayenne, and which presented some striking pathological features. There was a very considerable hypertrophy of the left temporal bone; the squama was twenty-four millimètres thick, and projected one inch beyond the parietal bone, probably in consequence of inflammation and suppuration, by which the organ of hearing had been destroyed. Behind the external opening of the ear, above which another aperture was to be seen, there was a cavity extending to the petrous bone. Moreover, the atlas was firmly grown to the skull, probably in consequence of the periostitis having spread from the temporal bone to the occiput.

ON TRACHEOTOMY IN CROUP.

Professor Busch related a case of genuine laryngeal croup in which he had successfully performed tracheotomy. The case was an exceedingly severe one, the bronchial tubes having become extensively infiltrated by the croupous exudation. He said that if we took into account the great danger in which these patients were placed, the ease with which the operation might be performed, and the numerous cases in which life had been saved by it, it was surely worth considering whether we ought not at once perform tracheotomy in every case of croup in which emetics and the other remedies generally employed proved of no avail, just as we did not hesitate in advising the immediate performance of herniotomy in incarcerated hernia. Most of the speakers who took part in the discussion expressed their concurrence with this opinion.

ON URANOPLASTICS.

Professor Weber recently performed this operation in a child four weeks old, which had been born with double harelip and unilateral cleft of the hard and soft palate. The deformity was so considerable that the parents insisted upon an operation being performed, the danger of which in so young an infant was of course fully represented to them by the Surgeon. As, however, the child was strong and well nourished, and could suck very well in spite of the deformity, the operation appeared justifiable, especially as not infrequently very young children have a very extraordinary power of enduring severe operations. Uranoplastics was therefore performed in the usual manner. The operation lasted for an hour. After it the child took milk with ease, and had a good and uninterrupted sleep. The sutures came off on the third and sixth days after operation, and there was every prospect of a cure by first intention, when on the eighth day a fibrinous exudation appeared on the fresh cicatrix of the soft palate, and the mucous membrane became somewhat reddened. This was probably due to the circumstance that the child, which had up to that time been carefully fed with milk dropped into the mouth, had been allowed to suck a teat which had inadvertently been given him. Slight febrile symptoms came on soon afterwards, and the child began to suffer from sore-throat, which was treated by an injection of a weak solution of zinc. The soft palate thereupon became again divided; but the lobes of the periosteum of the hard palate continued in the best condition. On the tenth day after operation the child seemed to be quite out of danger; but the mother, who lived in the country, could not be prevailed upon to leave it in the Hospital, but took it away with her in spite of the most earnest remonstrances on the part of the Surgeon. On their passage across the Rhine, which was made towards evening, the infant caught a severe cold, the sore-throat became worse, and on the twentieth day after operation death resulted from bronchitis. There can be little doubt that the fatal issue was in a measure due to the operation; but if the mother had been more cautious the child would most probably have been saved. At all events, it seems proved that even in very young infants transplantation of the periosteum may be successfully done, and that although a complete closing of the cleft may perhaps not be attained, the extent of the malformation may certainly be very much diminished. The best plan would probably be, first, to unite the harelip as soon after birth as expedient, and only to close the palate after the child has attained its second or third year.

Berlin, April 6.

ON POISONING BY PHOSPHORUS.

Dr. Lewin has recently directed the attention of the Medical Profession to the curious fact that there is an evident connexion between poisoning by phosphorus and fatty degeneration of the liver. He was led to this discovery by finding in the published reports of cases of poisoning by phosphorus, in which autopsies had been made, statements regarding an alteration of the liver. He then experimented upon dogs and rabbits, and found that we may, by administering small doses of phosphorus which do not immediately kill, cause fatty degeneration of the liver, with destruction of the acini, that is, a condition closely analogous to that which is found to exist in cases of acute atrophy of the liver. He also discovered that poisoning by phosphorus produced a peculiar affection of the kidneys, and rendered the urine albuminous as long as life continued.

These physiological experiments were soon afterwards shown to be perfectly correct by a case of poisoning by phosphorus which occurred in the clinique of Professor Frerichs, in the Charité Hospital. A servant girl committed suicide by eating the tops of a thousand lucifers; when brought into the Hospital she suffered from icterus and enlargement of the liver; the urine contained biliphæin and albumen. She died shortly afterwards without having had much pain, and no symptoms of a disturbance of the nervous system having been observable. The post-mortem examination, which was performed with the greatest care, showed that the blood was in a state of dissolution, it had the colour of cherry juice, was very thin, and no coagula, and scarcely any globules were found in it. The skin and the mucous membranes were suffused with blood, the liver was greatly enlarged, and its edges blunt. On being examined by the microscope, the acini appeared to be filled with fat to bursting.

GENERAL CORRESPONDENCE.

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ON THE TREATMENT OF PUERPERAL CONVULSIONS.

Letter from Dr. Ramsbotham.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Edward Cottew has not detailed the case of puerperal convulsions, in which I was consulted, in your last Number quite correctly. He has given it from memory, as he says: "I shall give it you from copious notes taken at the time, and transcribed soon after into my note-book." He has accurately described the pain in the head, with which the lady awoke, as well as the frequency and severity of the fits that occurred in the afternoon, and the state of complete stupor with stertorous breathing, in which I found her at 11 p.m.; but he has not accurately described the treatment. At first she had twelve leeches applied to the head, and a blister to the back of the neck. She then lost twelve ounces of blood from the arm, the hair was cut off, a spirit lotion was applied to the head, and eight grains of calomel, and a drop and a-half of croton oil were put upon her tongue. At 9 p.m., while he himself had come to London for my aid, his friend in the country opened the temporal artery, and abstracted twenty ounces more blood. On my arrival I recommended that six or eight more should be taken from the arm, which was done; and as the bowels had not acted, I prescribed a tablespoonful of an aperient mixture every half-hour until they did; knowing well from experience that if they watched their opportunity, they would get her to swallow it. As she had not passed any urine during the night nor the whole day, I introduced the catheter, but found none in the bladder. The os uteri was then quite close; but I desired that the progress of dilatation should be occasionally inquired into, as I had known some cases of convulsions in which the child was found between the woman's thighs when nobody had an idea that labour was established. At 11 a.m. next day, she had only suffered two fits, and those of a lighter character, since the last bleeding; but she was still perfectly unconscious. The bowels had acted copiously; twelve more leeches were ordered to the temples. At 5 p.m. she was moaning as though in pain. The membranes were now found to be protruding externally to the vulva; they were ruptured, and the child (dead) and placenta were speedily expelled. She did not regain her consciousness, as Dr. Cottew says, for two more whole days, when her first inquiry was about her child. The following are the discrepancies between our accounts:—Dr. Cottew says that forty ounces of blood had been taken from the arm; that a large quantity had escaped from the temporal artery, and that about twenty leeches had been applied, yet, "notwithstanding the large quantity abstracted, I ordered eight or ten more ounces to be taken;" he also says that the os uteri had begun dilating before any blood was drawn. My note informs me that thirty-two ounces had been taken from the arm and the temporal artery together, and that twelve leeches had been applied to the head before I arrived; that I recommended she should lose six or eight more ounces from the arm; and that on the next day she had twelve more leeches applied to the temples. From it also I learn that the os uteri was quite close at my visit; and that it was 5 p.m. of the next day before the membranes were found protruding. I have not often seen so frightful a case of puerperal convulsions recover; and I attribute this lady's safety to the loss of blood which she sustained. Dr. Cottew asks, "Would there have been a chance of recovery, had not the copious depletory measure been adopted?" I think not; and I found my opinion on the fact that before such treatment was adopted, the proportion of recoveries to deaths was very much smaller than it is now. The contrast, indeed, between the fatality of the cases now met with, and those put on record by Portal and others in the seventeenth century, and Smellie, Perfect, and Spence in the last, must be the occasion of high gratulation to the Practitioners of the present day. Hunter, Lowder, and other teachers were accustomed to state in their lectures (on the authority of Merriman) that more than half the patients attacked with this disease died. Jacobs tells us that the case is almost always fatal, scarcely any example being known of a patient having recovered; and in "Nisbet's Clinical Guide" we read that when coma accompanies the fits, the disease "generally, though not always, proves fatal." The present improved results I attribute mainly to the free use of the lancet. I am, &c.

Francis H. Ramsbotham.

8, Portman-square, April 26.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 22.

Dr. Babington, President, in the Chair.

A Paper, by Mr. T. Bryant, F.R.C.S., was read on

AN ANALYSIS OF 230 CASES OF LITHOTOMY.

The Author commenced by stating that his communication was based on an analysis of cases collected from the records of Guy's Hospital of the last twenty-five years, his own notes supplying every example during the last eight. A table illustrating the principal points was brought before the Society, and the Author then proceeded to note the chief points which were rendered prominent by its analysis. The first point which was alluded to was, the frequency of the operation of lithotomy at the different periods of life. From his own cases, he showed that nearly one-third of the whole number of cases tabulated occurred in children under five years of age, and about one-fourth between five and ten years of age; more than half, or 56 per cent., of all the cases having taken place in children during the first ten years of life. The Author then proceeded to ask the reason for this tendency in childhood to calculous disorders, and showed that it certainly was not a disease of debility, but that it appeared to belong to a condition of body which is not far from sound health; it being an unquestionable fact that the healthiest-looking and apparently best nourished children admitted into a London Hospital were those suffering from stone. The next point brought forward was one which the table fairly proved: that in every succeeding five or ten years' period passed after ten years of age, the presence of a stone became more rare. Between the ages of ten and fifteen, it appeared to be half as frequent as it was in the preceding quinquennial period; and this number may be again halved when the frequency of its occurrence is observed between the ages of fifteen and thirty. In middle adult life lithotomy is an operation of some rarity, lithotrity being then more applicable; but in old age lithotomy appears to be rather more frequent. The mortality of the operation was the next point which the Author discussed; and in quoting the results of the analysis of his own table, he compared them to those given in the *Medical Times and Gazette* on January 8, 1859, which was stated to include the general experience of the London Hospitals for three years and a-half. With five exceptions the whole of his own cases had been operated upon by the lateral method. In discussing the mortality of the operation at different periods of life, it was shown that during the first ten years of life it was the most successful, but 1 case in every 21½ being fatal. In the journal above mentioned the average of this period was 1 in every 13·6. Analysing the cases under ten years of age, it was shown that at the age of two years 6 cases were recorded, 1 of which died; but the cause of death was evidently acute bronchitis, and therefore unconnected with the operation. At the ages of three and four 44 cases were tabulated, but with not one fatal example. Between five and ten 79 cases were recorded, 5 of which died, or about 1 in every 16 instances. Looking for the causes of death in these 5 cases, in 2 hæmorrhage was the assigned cause, but in both there had been distinct evidence of the presence of the calculus for at least two years, or for nearly half the patients' lives. In 2 cases, aged nine and ten, symptoms had existed from birth, and in both a subsequent examination revealed old and extensive renal disease. From this it appeared that in children under ten years of age the dangers of the operation were very slight, particularly if the symptoms of stone had not been of long standing; for if the symptoms have not existed for a lengthened period there is good reason to believe that the kidneys are sound, and if so the risks of the operation are a mere nothing. If, however, on the other hand, there has been evidence of the presence of a calculous disease for some years, or for a large portion of the child's life, renal disease may assuredly be suspected, and the danger to life by an operation will consequently be much magnified, the dangers of lithotomy being exactly in proportion to the extent of the renal affection, and this being fairly measured by the duration of the symptoms. Passing on to the next decennial period, including those operated upon between the ages of ten and twenty, 49 cases were tabulated, 5 of which proved fatal; but on these being again divided, it was shown that between the ages of ten and fifteen—that is, before the period at which the genital organs have become developed—the mortality was much less, 2 cases only dying out of 31; whereas between the ages of fifteen and twenty, when the genital organs had become parts of importance, the mortality was twice as great, 3 cases proving fatal out of 18, the risks of the operation being just three times as great. The cause of death in these cases was also shown to have been renal disease. In young adult life—that is, up to the age of forty—1 patient in every 6½ was shown to have died; but beyond forty years of age the mortality had increased to 57 per cent., more than one-half sinking after the operation. Looking for the causes of death in the 19 cases which proved fatal in patients above forty years of age, a striking fact became manifest. In 10 a post-mortem examination was subsequently made, and in all extensive renal disease was readily detected. In all there had been evidence of a calculus being present for many years. Reviewing the case as a whole, the Author dwelt for some time upon the fact that the cause of death in the majority of the cases was renal disease, and showed that, if this complication was a fatal one after most operations, it was palpably of greater importance to the one which he was then considering. In the preceding part of his paper the Author had shown how fatal the complication had been at different periods of life, and he thought that it might be safely asserted that from the earliest to the latest period of life the risks of lithotomy are exactly commensurate with the extent of disease in the renal organ. Thus, in young life, when it is by no means of common occurrence, a good result as a rule takes place; but at a later period, when its presence is more frequent, a bad result has too commonly to be recorded. The analysis showed that in nearly every case in which a subsequent examination was made, extensive renal disease was observed; and the Author asked, if the condition of the "unseen" can be diagnosed by the "seen," whether it was an unfair presumption to conclude that kidney disease was the cause of death in the majority? But to make the point clearer two tables were appended: one containing the causes of death, as proved by post-mortem examination, with the ages of the patients and the duration of the symptoms; and the second, the assigned cause of death. After these careful considerations, it was strongly shown that in young or old, eliminating accidental causes of death, disease of the kidney was the chief. The fact that peritonitis and pelvic cellulitis were present in a large proportion of the cases examined did not appear to be an argument against that view, for the Author asserted that Physicians and Surgeons were all well aware of the intimate connexion which existed between renal disease and inflammation of the serous membranes. In Medical practice it was well known that this form of inflammation was the immediate cause of death in most examples of Bright's disease. And regarding the question from a Surgical point of view, it was clearly open to a doubt whether so many patients would sink with peritonitis and pelvic cellulitis after lithotomy—whether young or old—if they had not been rendered prone to such inflammations by the presence of a renal affection. As a practical conclusion, the Author was led with some confidence to assert—That the dangers of lithotomy as an operation, independently of accidents, were not great; and that a fatal result from such alone rarely took place. That where death followed, renal disease was the cause in almost all cases; and that this renal affection appeared to follow almost necessarily upon the long existence of the calculus. That the duration of the symptoms was the best and surest guide to the diagnosis of the complication; and that in proportion to the period of their existence were the renal affection and its extent to be suspected, and as a result was the danger of the practice to be dreaded. The necessity of the early detection of a calculus became, then, an important point, and its early removal imperative. The Author then compared the number of stone cases admitted into the metropolitan Hospitals with those that were operated upon forty years ago, and showed that the number of cases in the present day had not diminished; consequently, that the fear was groundless which originated the idea that, from the freedom with which stone cases were operated upon in the provinces, the metropolitan institutions would be deprived of their practice.

The President said that it would have been a valuable addition to the Paper if the calculi had been analysed.

Mr. Bryant had found the records of the cases not sufficient to make the inquiry complete.

Dr. Webster inquired the districts whence the patients had come; whether from the country or London; and also what parts of London.

Mr. T. Holmes asked what had been the relative mortality in cases of lithotomy before and since the use of chloroform.

Dr. Babington said that it used to be considered that in cases in which a phosphatic stone was removed the mortality was greater. He asked the Author if his experience corroborated this opinion. The alkaline urine in these cases indicated a low state of health.

Dr. Hodgkin referred to the interesting question of the mortality of operations for stone in connexion with renal disease. The celebrated case operated on many years since by Mr. Bransby Cooper, and which formed the subject of a trial with the *Lancet*, had been productive of most important results, not only on the practice of Guy's Hospital, but elsewhere. That operation was not fatal simply on account of the length of time the patient was under the hands of the Surgeon, for it was well known that operations quite as prolonged had been followed by success. Now, it so happened, that a few days after this case had occurred, a patient was operated on by Mr. Key. No difficulty was experienced, the operation was performed quickly, but the man died. Now, in both these cases the fatal result was found to be due to disease of the kidneys in an advanced stage. These cases led to a minute examination of the stone patients in Guy's Hospital, to determine whether or no disease of the kidney was present. The success of the practice of lithotomy at Guy's might, to some extent at least, be due to this cause. He (Dr. Hodgkin) thought it would have been well if the Author of the Paper had drawn a distinction between the different kinds of disease of the kidney present in the fatal cases. The nature of the calculus, also, had a most important influence on the result of the operation. There were various forms of disease of the kidney in these cases besides Bright's.

Mr. Charles Hawkins objected that the paper only showed the results of operation for stone in a certain class of persons, and these the inmates of an Hospital. It failed to show the mortality from lithotomy generally. The rate of mortality was influenced by various circumstances. Thus operations on children were usually successful, and, though common in Hospitals, were rare in private practice. So Hospital cases occurring between the ages of twenty and forty were likely to be successful, because the patients applied early for relief, and before the accession of disease of the kidney; but in private practice the patient usually tried every plan of treatment before he applied to be relieved by operation. The character of the stone, he thought, had less to do with the result of the operation than its size, and the length of time it had existed. If Bright's disease were present, of course there was little chance of success for an operation.

Mr. Maunder said that the longer the stone was in the bladder, the more likely it was that disease of the kidney would be present. He related a case in which the symptoms of stone had existed, in a patient seventy-one years of age, for twelve months. He attempted lithotrity, but this was followed by such acute inflammation of the bladder that he had to send the man into the country to recruit his health after treating the cystitis. There was no albumen in the urine. He performed lithotomy, and the patient recovered.

Mr. Moore inquired if Mr. Bryant's cases included those in which the operation had been performed to remove a foreign body from the bladder. In these cases the parts were usually healthy. He related an instance in which he had performed lithotomy on a patient who had passed a piece of sealing-wax through the urethra into the bladder. The foreign body had only remained a few weeks, but in that short time had become moulded into the form of a calculus. When albumen was found in the urine, what were the tests for determining whether it came from the bladder or the kidneys? We wanted more information on this point. When the urine was clear, of low specific gravity, and contained albumen, the presumption was, that there was disease of the kidneys. When the urine was mixed with blood and pus, it was probable that the mischief was in the bladder.

Mr. Birkett remarked that the question last propounded was one of much interest. The presence of albumen in the urine was no proof of disease of the kidneys being present. He had operated in many cases of this kind with the best results. He reminded the Fellows that Mr. Bryant had brought forward his paper as one relating to Hospital practice alone, and nothing else; it was not, therefore, open to an objection which had been raised against it. The mortality following operations performed by himself (Mr. Birkett) had been greater than the average of Guy's Hospital. He had performed lithotomy twenty-five times, and there had been five deaths. Of these cases, one was in a healthy child, three years old, who died from acute bronchitis, caused, he believed, by the chloroform. The second was a boy, eleven years old, out of health; the calculus was of the phosphatic kind, laying partly in the bladder and partly in the urethra. In this case the staff suddenly slipped during the operation, infiltration of urine followed, and death was the result. In the third case, the patient was forty years of age, and died from disease of the kidney. In the fourth case, the patient succumbed from suppurative inflammation of the kidney; and in the fifth instance, the patient, an excitable, irritable man, had suffered from kidney disease. He sunk from phlebitis, although the operation had been successful, and a large stone removed. These kind of cases were, perhaps, better left alone.

Mr. Henry Thompson had listened with much interest to this valuable report on the experience of lithotomy at Guy's Hospital, and the more so, as he had himself been engaged in making similar researches with respect to both the provincial and the metropolitan practice of this country. By the kindness of some of the most distinguished provincial members of the Society he had obtained accurate reports of their practice to about 1000 cases, and he had that of his own Hospital (University College) besides. It was remarkable, that the gross result of the operation at all ages was, both in the provinces and at University College Hospital, one death in seven and a-half cases, or virtually the same as the experience of Guy's. It was, however, essentially necessary to classify the different ages, and observe the results at each—as during the period of infantile disorders, from that to puberty, the era of puberty itself, that of manhood, the decline of life, and old age; and for correct inferences, large numbers alone were of any value. It was probably due to the want of sufficient data that the mortality from stone operations had been, as the Author of the paper had shown, represented as larger than it actually was, judging from the much greater number of cases now detailed. He was compelled to believe that stone was more prevalent between fifty and seventy years of age than the paper before us supposed. Taking the population at that age, the proportion of calculous patients was considerable; more so than at any other time of life, infancy only excepted. With regard to renal disease as a cause of death after lithotomy, unquestionably its influence was very great, but there were certainly other causes as well. The size of the stone was itself a most important element as bearing on the success of the proceeding. It was necessary also to remember that the term "renal disease" included very different conditions. It was rare for Bright's disease to be associated with calculus; but it was a very common thing for pyelitis and disorganisation of the kidneys to take place as the result of the irritation caused by the stone—a state of things differing wholly from the constitutional disorders referred to.

Mr. Bryant, in reply, said his paper had been brought forward merely as a contribution to the statistics of lithotomy. He was pleased to find that, in the main, the results at which he had arrived were corroborated by the statistics of Mr. Thompson. With respect to the places whence the different patients had come, he could only say that two-thirds were from the metropolis, but whether from the north or the south he could not say. As to the influence of chloroform, he had, in 1859, published an article in "Guy's Hospital Reports" on this subject. From this it appeared that there was an increased mortality from chloroform; but it was possible that further investigation might show a different result. He proposed, with the permission of the Council, to add an appendix to the present paper on the subject. He did not think the nature of the calculus of much importance; it was the length of time it was in the bladder that was of the greatest moment. With respect to the disease of the kidney with which the patients in his table have died, the disease was so far advanced that the different stages of it could not be determined. He had not referred particularly to the state of the bladder, but in two cases death had resulted from acute inflammation of that organ; inflammation of the bladder was, however, usually associated with renal disease. In answer to Mr. Hawkins, Mr. Bryant said he knew of no mode by which we could compare the results of lithotomy in private and Hospital practice. His paper referred merely to Hospital cases, and he had obtained his information solely from that source. He did not agree with Mr. Hawkins that Hospital patients applied early for relief by operation; on the contrary, it was common to find that they had suffered from stone for years before they applied for admission. He had observed that the duration of the disease influenced the operation; and as it was generally the case that the longer the stone was in the bladder the larger it became, he had not dwelt particularly on size as an element in the inquiry. Cases of the removal of foreign bodies from the bladder had been excluded from his paper. He thought Mr. Moore had said as much as could be said on the diagnosis of the organ affected when albumen was found in the urine. With respect to the kind of operation, it was in his case the lateral; but the mode of operation he thought of little importance, provided it were done well and the kidneys were sound. He defended the mode in which he had divided his paper into headings.

THE PATHOLOGICAL SOCIETY.

Tuesday, April 15.

Mr. Coulson, Vice-President, in the Chair.

Dr. Wilks showed

SEVERAL SPECIMENS OF CAVERNOUS TISSUE IN THE LIVER.

These cavernous growths in the liver are met with not infrequently in the edge or under surface of the liver, where they appear at first sight like mere coagula of blood; but on closer examination are found to consist of a structure resembling erectile tissue, being composed of membranous loculi containing a sanguineous fluid. The older preparations in Guy's Museum have been variously styled nævi, cancer, and effusions of blood. The first designation was owing to an indiscriminate use of the term nævus to all highly vascular growths, the idea being that these were necessarily congenital. There is little doubt, however, that vascular and cystic sanguineous growths may spring up in the body at any period of life. The subject of internal nævus is a highly interesting one; and Dr. Wilks mentioned the case of a lad who came as an out-patient at Guy's with hæmoptysis, which had occurred at intervals ever since infancy. He was in good health, and there was no cause assignable for it, except that a nævus might exist in the throat or some adjacent part; for on the face there was a mother's mark, which continued along the lip and palate to the pharynx, and though no part of this surface had ever exuded blood it was probable that an extension of it below might have been the source of hæmorrhage.

OBSTRUCTION OF HEPATIC VEINS.

A young man, a sailor, who had been much in the tropics, was admitted into Guy's Hospital with ascites, which was thought to be hepatic. He was tapped once with relief, but on a second occasion the operation was followed by peritonitis and death. The liver was not found diseased; but at its posterior part was a large mass of tough, fibrous tissue, such as has been described as syphilitic. This encroached on the vena cava, and quite closed two of the hepatic veins as they entered this vessel. The cause of this obstruction to the hepatic circulation was thus clear, but the pathology of the case was rather obscure. The only evidence of the man having had syphilis was gained from the presence of a scar on the penis and another in the groin; but as Dr. Wilks stated, these signs, according to modern ideas, would be presumptive against the existence of constitutional syphilis. If it had not this origin it showed that persons who had been in the tropics might not only suffer from hepatic abscess and suppuration in the course of the portal vessels, but that a more plastic inflammation might sometimes occur whereby Glisson's capsule would be occupied by a fibrous deposit, as well as masses of the same substance occur throughout the liver.

CARTILAGINOUS GROWTH AT THE ROOT OF THE LUNG.

This specimen was from a man, about whom no history could be obtained; but after death his left lung was found atrophied, and at its root was a large mass of disease involving the bronchial glands and tubes. This was found on section to be firm, translucent, of a pinkish colour, and presenting all the characters of enchondroma, both to the eye and microscope. It completely filled the bronchial tubes, so that nothing was seen of these but portions of the cartilaginous rings in the midst of the growth. The case was interesting in its bearing on the general question of cancer and new growths, it appearing that the enchondroma had sprung up in consequence of its basis having been the cartilaginous rings of the bronchi; whereas in the more common form of disease at this part, cancer or fibrous growths, the commencement of the process is in the bronchial glands or cellular tissues around the tubes.

Dr. **Peacock** exhibited a specimen of

STRICTURE OF THE SIGMOID FLEXURE OF THE COLON.

The patient, a female, 43 years of age, had a slight attack of intestinal obstruction at Christmas; had previously been subject to confinement of the bowels. The illness of which she died was of upwards of a month's duration. She was taken on March 6 with pain in the abdomen, especially referred to the left side, sickness, and constipation. She was first seen by Mr. Hughes, of Fenchurch-street, on the 10th, and on the 12th and 18th had very slight fæcal evacuations. From this time, with the exception of some appearance in the enemata on one or two occasions, no fæcal matter was passed. When seen by Dr. Peacock on the 29th, she was vomiting frequently, suffered severe pain in the abdomen, and the abdomen was greatly swollen and tender on pressure. The bowels were constantly rumbling, and she was much prostrated. Her friends declined to allow of any surgical interference, and it was therefore only possible to exhibit opiates and nutritive enemata. Opium was very freely given, and at first relieved the sufferings of the patient, arrested the vomiting, and procured rest at night; but the constipation continued. On April 5 she was much worse; the abdomen was more tender and painful, and the sickness more urgent and occasionally stercoraceous. She became collapsed on the morning of the 7th, and died the same evening. At the commencement of her illness she passed a considerable quantity of urine, but subsequently it became scanty, high-coloured, and loaded with lithates. The stricture was situated near the point of union of the sigmoid flexure of the colon with the rectum; it was so tight as only to admit the point of the forefinger, and was due to contraction and thickening of the coats of the intestine. There was an ulcerated surface on the mucous membrane, immediately above the strictured portion. The sigmoid flexure was very voluminous, and an ulcerated opening existed of sufficient size to allow of the passage of the thumb. The whole of the large and small intestines were enormously distended, and of dark colour; but there was only a little bloody serum in the sac, and no lymph on the peritoneal surface. In the pelvic cavity there was a large quantity of pultaceous fæcal matter, but, from the great distance of the intestines, none had apparently been extravasated in the general peritoneal cavity.

DIFFUSE ANEURISM OF THE HAM.

Mr. **Erichsen** exhibited the parts showing an aneurism of the popliteal artery which had become diffused in the ham. It had presented all the symptoms of an abscess, and had been treated by the patient's Medical attendant on this supposition. There had been no *bruit*, no pulsation, and it had been gradually enlarging, and at the outer part of the ham the swelling began to soften. It was punctured at this point, and a small quantity of pus and a little grumous blood was evacuated. There was at the time no hæmorrhage, but thirty hours after sudden bleeding came on, and the patient lost several pints of blood. He was then sent to the Hospital, and came under Mr. Erichsen's care, who amputated above the knee. On examining the removed limb, an aneurism of the popliteal artery the size of a Maltese orange was found. An aperture was found in this, and around the sac of the aneurism was a large quantity of black coagulum. The effused blood had so modified the symptoms of the aneurism, that Mr. Erichsen remarked on the great difficulty of diagnosing an aneurism under such circumstances, and alluded to the frequency with which the mistake had been made by very distinguished Surgeons.

Mr. **William Adams** then spoke of a case which occurred at a general Hospital, in which the Surgical staff came to the conclusion that a swelling in the popliteal space was an abscess. A student, however, going round, examined it by the stethoscope, and pronounced it to be an aneurism. The House-Surgeon, however, still believing it to be an abscess, punctured it. There was no bleeding at the time, but oozing came on late at night, and the patient died of hæmorrhage.

Mr. **Erichsen** also exhibited a specimen of

GUN-SHOT WOUND OF THE ARM—FRACTURE OF THE HUMERUS.

The interest of this case was the difficulty experienced in diagnosing the existence of fracture. The patient was a young man, who was shot by a ramrod, which struck against the fore-part of the humerus. The ramrod had been splintered, as there were two apertures of exit, and one only of entrance, and there were many fragments lodged about the shoulders. The limb was carefully examined by Mr. Erichsen, and by some of his colleagues, and no symptom of fracture was detected. The limb was therefore supported on pillows, no splint being applied. Subsequently erysipelas, attended with diffuse suppuration, ensued, and then, eight days after the injury, crepitus was detected. The patient died of pyæmia, and after death the humerus was found to be broken longitudinally to the extent of about four inches, so that a long splinter had been detached, thereby weakening the shaft which had subsequently given way transversely, and this occasioned all the symptoms of fracture to be readily manifested. The case was interesting in a medico-legal point of view, as showing that a fracture might exist, and be sought for, and yet escape detection for many days.

Dr. **Hillier** exhibited specimens from cases of

ENLARGEMENT OF LYMPHATIC GLANDS AND SPLEEN—FATTY DEGENERATION OF HEART AND LIVER.

W. B., a boy aged 5 years, admitted to the Hospital for Sick Children, under the care of Dr. West, on March 21. He was the youngest of six delicate children, of whom four died in childhood from different diseases. He had been apparently healthy till two years ago, when he had an attack of whooping-cough, since which his health had not been good. From that period there had been glandular swelling near the left angle of his lower jaw. This went on slowly increasing, and he had lost flesh. Three weeks before he came to the Hospital his stomach had been observed to be swollen, and the left hypochondriac region to be tender. On admission he had a chloro-anæmic aspect, and was much emaciated. There was a large swelling extending from the left auricle to one and a-half inch below the ramus of the jaw, and forwards to within three-quarters of an inch of the mesial line, and backwards to within half an inch of the external border of the trapezius. It was irregularly lobulated, and felt like firm, elastic, enlarged glands, with softer tissue between them. The veins over it were much enlarged; the skin was not discoloured. Spleen was felt to be much enlarged; abdomen full and tender. On microscopic examination there was found no excess of white corpuscles in the blood. He gradually sank, and died on April 8. The mass in the left side of neck measured four inches by one and a-half; it was found non-adherent to the skin, and to consist of altered lymphatic glands united by firm connecting tissue. The section was of a yellowish white, translucent aspect; it was tough, and gave out on squeezing no juice but a small quantity of clear serous fluid. The addition of iodine and sulphuric acid caused no peculiar colour. Microscopically, the mass consisted mainly of mono-nucleated, round, and fusiform cells (as in fibro-plastic growths), and free nuclei. The glands on the right side of the neck were slightly enlarged. The spleen weighed nine ounces; on section it presented a number of white spots scattered through it of varying size from pin's heads to large split-peas; they very much resembled pieces of suet, some being opaque white, and some translucent. The microscopical characters resembled those of the lymphatic glands. The liver had undergone fatty change, especially in the central parts of the lobules. The heart was very pale and peculiarly mottled, owing to advanced fatty degeneration of the fibres. The bronchial and mesenteric glands were enlarged; the axillary and inguinal glands were not. The case appeared to be one of those originally described by Dr. Hodgkin, and since accurately examined by Dr. Wilks, and well described in the 10th and 11th Volumes of the *Transactions* of the Pathological Society. Dr. Wilks has proposed to call it "anæmia lymphatica." It is clearly a disease of nutrition, probably allied to tubercle or leucocythemia, but distinct from either.

Dr. Hillier, for Dr. Coster, St. Pancras Infirmary, exhibited

A KIDNEY CONTAINING A LARGE ELONGATED CALCULUS, FIRMLY IMPACTED AND MOULDED INTO THE CALICES OF ITS PELVIS.

The stone was nearly five inches in length, and somewhat resembled in general form a piece of coal, with five or six rounded processes. Its exterior was brown, and easily scraped off, probably phosphatic; whilst the interior was white and hard. It had not been chemically examined.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentleman passed the Preliminary Examination in the subjects of General Education on April 24.

Messrs. Samuel Purnell Griffiths, Cheltenham; Frederick Reynolds, 41, Woburn-square; Charles Edward Heron Rogers, 83, Gower-place, Euston-road; Charles George Ring, St. George's Hospital; John Henry Bryant, St. Mary's Hospital; William Bowen Evans, Oundle, Northamptonshire; Thomas Carter, Guy's Hospital; Milner Montgomery Moore, 12, Porteus-road, Paddington; William Powell Keall, Bedminster; George Smith, 33, Harrington-street, Hampstead-road.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th ult., and when eligible will be admitted to the pass examination:—

Messrs. Francis Drake Pearce; David Howell Thomas; Charles Edward Covey; George Eugene Yarroid; Frank William Slow, Wickstead; Thomas Blunt; John Henry Ashton; William Wilcox; Samuel Hall; Edward Ingram Bostock, and Edmund Cooke Houseman, Students of St. Bartholomew's Hospital. Charles John Pyle; George Pyle; Albert Weymeuth; William Grafton Curgenven; Frederick Henry Alderson, and Alfred Brend, Middlesex Hospital. John Henry Salter; Andrew Miller; Bushell Anningson; Horatio Bate Goold; Frank Charles Plumptre Howes, and John Richard Peele, of King's College. Robert Hughes; Walter Colman; William Donald Killick, and William Richard Rogers, of the London Hospital. William Henry Hobson, and William Gallimore, Haden, of the Charing Cross Hospital. John Hackney, and Edward Thomas Blake, of the University College, and David Charles Lloyd Owen, of Birmingham.

The following were admitted members on the 22nd ult.:—

Messrs. Lionel Booth, Greenwich; Henry Ellery Trewhella, Guatemala, Central America; John Henry Evans, L.S.A., Anglesea; Robert Slade, Poole, Dorset, and Henry Hicks, L.S.A., St. David's, Pembrokeshire, Students of Guy's Hospital. John Evans Hughes, L.S.A., Pwllheli, North Wales; Bowater John Vernon, L.R.C.P. Lond., Brighton; Edmund Henry Day, B.M. Cantab., Bedford-row, and Charles Tozeo Savory, Charterhouse-square, St. Bartholomew's Hospital. Edward Morgan, Aberystwyth; William Edward Lee, Bideford, Devon, and Woodfield Eagles, Aylesbury; Middlesex Hospital. William Samuel Wilson, Hereford-road, Bayswater; William Henry Kempster, Battersea, and Henry Miller, Plymouth, Westminster Hospital. Louis Stromeyer Little, B.A. Lond., Brook-street, Grosvenor-square, and William Davies, Cardigan, London Hospital. David Hinkley Hodgkinson, M.D. Cantab., London, and Hubert Walter Lilly, Folkestone, St. George's Hospital. Philip Candler Shepheard, Erpingham, Norfolk, St. Thomas' Hospital. Hugh Robinson, Ripon, Yorkshire, King's College. Luke Fisher, L.S.A. Preston, Lancashire, Charing-cross Hospital. Joshua William Renshaw, Stretford, near Manchester, and Thomas Alexandre Roe, of the Royal Navy.

Admitted members on the 23rd ult., viz.:—

Messrs. Robert Fouracre, Plymouth; John James Barrett, Borough; John Gimblett, L.S.A., Bristol; James Dodd Swallow, L.S.A., Reading; Alexander Towne, Kingsland, and William Bainbrigge Fletcher, Wimborne Minster, Dorsetshire, Students of St. Thomas' Hospital. Frederick William Booth, Rochdale; Frederick John Roberts, L.S.A., Rochdale; John Walter Morris, Rochdale; James Whitlam, Oldham; John Wells, Preston, and Samuel Alexander Patrick, Manchester, of the Manchester Schools. Thomas Jones James, Aberystwyth; David Lewis, Lampeter, South Wales; John Rowland, Strata Florida, South Wales, and Joseph Henry Rawlings, Bedford-square, University College. William Ebenezer Bletchly, L.S.A., Minchinhampton, Gloucestershire, George Thomas Mitchell Southam, L.S.A., Peterborough, and Thomas Sanders Worboys, L.S.A. London, St. Bartholomew's Hospital. John Lawrence Newton, Durham; Septimus Seager, Whitechapel, and John Hamer Oliver, Llandysilo, North Wales, London Hospital. Samuel Rutherford, Pulborough, Middlesex Hospital. Eustace Henry Lever Pratt, L.S.A., Southampton, Guy's Hospital. Joseph Shillito, Newcastle; Thomas Pigg, Newcastle; Charles Gaine, Bath, and William Kitto Giddings, Farsley, near Leeds.

The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 24th ult., viz.:—

Messrs. David Maurice Serjeant, Fitzroy-square; Edward Arthur Howsin, Bristol, James Matthews, Old Kent-road, and Isaac Howard Swain, Mark-lane, City, Students of Guy's Hospital. Edward Charles Barnes, L.S.A. Stradbrook, Suffolk; Thomas Abraham Jerningham Cockridge, Cambridge, and Nathaniel Hellings Lloyd, Tiverton, Devon, of St. George's Hospital. Charles Henry Humphrey, Batham-hill; Frederick Luxmoore Heaton, Denbigh, and John Jones, L.S.A., Chatteris, Cambridgeshire, of St. Batholomew's Hospital. Walter Barker, Wantage, Berkshire, King's College. Authur Beadles, Broadway, Worcestershire, Westminster Hospital. John Henry Bridgman, Bridport, Dorset; John Griffith, L.S.A., Bangor, North Wales, and Webster Adams, L.S.A., Ipswich, St. Thomas' Hospital. Joseph Todd, L.S.A., Selby, Yorkshire; Jonathan Dalgliesh, Newcastle-on-Tyne, and Thomas William Papplewell, L.S.A. Manchester.

Admitted members on the 25th ult.:—

Messrs. William Sanderson Wyman, L.S.A., St. Thomas's-street; George Pearce, M.D. St Andrews, Bishopstrow, Wiltshire; John Field Deck, L.R.C.P. Lond., Nelson, New Zealand; William Sturdy Bramley, Wakefield, Yorkshire; Eugene Goddard, St. John-street-road, and Charles Albert Waterworth, Newport, Isle of Wight; Students of St. Thomas' Hospital. Evan Evans, Llandyssul, South Wales; Walter Rickards, Casley, Leicestershire; Edward Charles Bury, Wisbeach, Cambridgeshire, and John Roberts, Kedwelly, Carmarthen, of the University College. Thomas Stevenson, Rainton, Yorkshire; Thomas Dry, Walworth, and Joseph Lamb, L.S.A., Birkenhead, of Guy's Hospital. Edward Halberton Edlin, Plymouth, and John Robert Elliott, Jersey, of St. Bartholomew's Hospital. James Lily, Hanworth, Middlesex, Westminster Hospital. James George King, Havant, Hants, London Hospital. Thomas Morton, Holbeach, Lincolnshire, King's College; Henry Charles Bowser, Calcutta; Donald McIver, M.D. Univ. Edin., Edinburgh, and Henry James Wintle, Bristol.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 29th ult., and when eligible will be admitted to the pass examination:—

Messrs. Henry Summerhayes; Frederick Henry Hume; Owen Grimbly; Henry Addison Hobbs; Thomas Britton; John Palmer Way, and Walter Rumbell, Students of St. Thomas' Hospital. Brownlow North Hyatt; Albert Louis Peacock; James Joseph Rablah, and John Betts, of the Westminster Hospital. Paulin Martin; Charles Edward Martin Shaw; Alfred Square Cooke, and Thomas Starbuck Woolley, of St. Bartholomew's Hospital. Anthony John Newman; Thomas Lucus, and William Gandy, of the Middlesex Hospital. John David Frankish, and Arthur George Mickley, Guy's Hospital; Frederick Morley, and Horace Cooper, of St. George's Hospital. William John Page, and Francis Sparrow Risk, of Dublin. Milner Montgomery Moore, and Charles Owen Asprey, of St. Mary's Hospital. Edward Bellamy, and F. A. Davey, of King's College; William Thomas Clendening, of the London Hospital. William Porter Somerset, of the Charing-cross Hospital, and Robert Edward Owen, of Birmingham.

The following passed on the 30th ult:—

Messrs. Michael Beverley; Herbert Nankivell; William Berkeley Murray; John Spencer Ferris; Richard Hewetson; Matthew Leach, and Francis Fox, Students of King's College. Edwin Turner; Matthew Trevan; Ludley Wolferstan; Edward Williams; Frederick Charles Griffith Griffin, and Hugh Richard Duncan Mackintosh, of St. Bartholomew's Hospital. Isaac Thomas Bridgman; Edward Burrell; William Jones; Elijah Baxter Torman, and Frederick McNair, of Guy's Hospital. Thomas Sanders; Basil Ringrose, and C. E. Squarey, the University College. James Mare Taylor, and Edward Gibbs, of Birmingham. Edward Sutcliff, of St. Thomas's Hospital. Joseph Henry Moore, of Hull. Howell Charles Phillips, of St. Mary's Hospital. Thomas Taylor, of Leeds. George Herbert Clifton, of the Middlesex Hospital; and Septimus Terry, of St. George's Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen have passed their First Professional examinations during the recent sittings of the Examiners:—

Messrs. John Dunlop, Lanarkshire; Jeremie Gassin, Mauritius; John A. Hill, London; Edward Johnson, Calcutta; Alexander Laing, Aberdeen; John Bower Morehouse, Huddersfield; John Mackenzie, Rosshire; John M'Gibbon, Crieff; Richard Philip Lisle, Cardiff, Wales.

And the following gentlemen have passed their final examinations, and been admitted L.R.C.P.E., and L.R.C.S.E.:—

Messrs. Adam Addison, Dundee; Thomas Burnie, Dumfriesshire; Nicol Carter, Edinburgh; Edward Heffernan, East Indies; George Constantine

Phipps, County Cork; John Alexander Stuart, Malta; James Yeomans Totherick, Perth.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen have passed their First Professional examinations during the recent sittings of the Examiners:—

Messrs. John P. Atkinson, Derbyshire; Patrick Macdonald Allan, Arbroath; William Bruce, Edinburgh; Melchisedec Baghdasar, Constantinople; Peter M. Braidwood, India; William Banks, Edinburgh; David J. Brakenridge, Perthshire; William Campbell, Inverness; James Cleghorn, Caithness; John Charles, Lasswade; Archibald Dickson, Edinburgh; P. Maury Deas, Edinburgh; Douglas William Eshelby, Cheshire; John Ferguson, Fifeshire; George Fyfe, Edinburgh; William Jobson, Dundee; John Mackie, Brechin; Alexander M'Donald, Dunkeld; Robert Robertson, Loanhead; James Rutherford, Falkirk; James Rhind, Cheshire; Walter Reid, Fife; Frederick Skae, Edinburgh; James Wilson, Edinburgh.

And the following gentlemen have passed their final examinations, and obtained the diploma of the College:—

Messrs. John Dominck Cox, County Roscommon; James Dick, Bothwell; John Alexander Easton, Glasgow; Reuben Gross, New Brunswick; James Grant, Forfarshire; John Hope, Roxburgh; Alexander Hunter, Ayr; George Nicol Irvine, Dunnottar; William Ketchen, Mid-Lothian; Robert Lyld, County Antrim; William Ingram Menzies, Edinburgh; Frederick Mallett, Lancashire; Donald Maclean, Canada West; Alexander Paterson, Glasgow; James Titley, Lincolnshire; Alexander Todd, Tyrone; John Watson Wemyss, Edinburgh.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 24, 1862:—

Edward Price, Heathstoke, St. Milbro', Salop; Henry Smith, St. Mary's Hospital.

The following gentlemen passed the Examination in Arts, and received Certificates of Proficiency in General Education, on April 26, 1862:—

Messrs. James L. Lawrence, Clifton-vale, Bristol, certificate of special proficiency; H. A. Allbutt, Batley, Yorkshire; Samuel Bromhead, Hambrook, Bristol; William Brunton, Wincernton, Somerset; Fleetwood Buckle, Royal Mint, London; John D. Bush, Newcastle-on-Tyne; William Henry Clarke, Dale End, Birmingham; Alfred Charlton, Tonbridge; James Wood Cooke, Barnstaple, Devon; Edgcumbe Cornish, Tavistock, Devon; Charles George Edmonds, Montague-cottage, Camberwell; John Gill, Weston-under-Redcastle; Harry B. Glaister, Low-hill, Liverpool; Richard Strange Hall, Bradshawgate, Leigh; John William Hembrough, Waltham, Grimsby; Thomas Horder, Melcombe-place, Dorset-square; Robert Hullah, Devonshire-place, London; J. T. O'Connell Hynes, Derby-road, Nottingham; William Derby Hyde, Witney, Oxon; Mowbray Jackson, Bowbrickhill Rectory; Albert Grant Lane, Somerset-house, Clifton; Richard Ley, South Molton; Walter Alfred Marsh, New Kent-road; William Young Martin, Little Hulton, Lancashire; Edward Clever Maxwell, Bydown, Swinnbridge, Devon; A. C. B. Melhado, Princes-square, London; Alfred Moore, Fletcher-house, Lower Tottenham; George Moore, Walsall; James M. Roberts, Salford, Manchester; Richard Hugh John Rugg, Brighton; Henry R. G. Rust, Wethersfield, Braintree, Essex; Samuel C. Sadler, Hoddesdon; Henry Sedgwick, Boroughbridge, Yorkshire; F. Walter Smith, Brenchley, Kent; F. Stocks, Wakefield, Yorkshire; Robert Stuart, Woolwich; John Swindall, Bideford, Devon; Henry East Thrupp, Brighton, Sussex; George Tobin, Longridge, near Preston; John Brooke Unwin, Lewes, Sussex; Albert James Wallis, Cambridge; W. A. Walker, Chesterfield; Frederic Henry Ward, Huddersfield; John H. Wathen, Fishguard; George Watson, 95, Piccadilly, Manchester; Henry Carter Wigg, Broxbourne; John Canning Wilkins, Osnaburgh-street, London.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—Names of Candidates who passed the Major Examination, April 16, as Pharmaceutical Chemists:—

Robert Argles, Clapham; John A. Knights, Norwich; Henry J. Pearson, Louth; Robert G. Sampson, London; Thomas J. Walkinton, Tenby; Stephen H. Willsher, Tenterden.

APPOINTMENTS.

AITCHISON.—James Aitchison, L.R.C.P. Edin., L.R.C.S. Edin., has been appointed Medical Officer for the Wallsend District of the Tynemouth Union, Northumberland, and Public Vaccinator for the Wellington District of the same Union, *vice* James Anderson, L.R.C.S. Edin., deceased.

BELL.—George Bell, M.D. Univ. Edin., L.R.C.S. Edin., has been appointed Deputy-Commissioner of Lunacy for Scotland, *vice* Archibald William Cockburn, M.D. St. And., F.R.C.S. Edin., deceased.

FIRTH.—John Firth, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed Medical officer for the District of Sutton and Rainow, in the Macclesfield Union, Cheshire.

GARNHAM.—Deveroux John Garnham, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been appointed House-Surgeon and Apothecary to the General Dispensary, Lincoln, *vice* William John Lomax, M.R.C.S. Eng., L.S.A. Lond., resigned.

GERVIS.—Dr. Henry Gervis has been associated with Dr. Robert Barnes in the Lectureship on Midwifery at St. Thomas's Hospital.

HOYLE.—William Hoyle, M.R.C.S. Eng., L.S.A. Lond., has been appointed Public Vaccinator for Tyldesley, Manchester.

MARSHALL.—George Henry Marshall, M.D. Glasg., F.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Birmingham Eye and Ear Hospital.

MAYER.—John Mayer, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed Medical officer for the District of Alderley and Gawsworth, in the Macclesfield Union.

NEWBOLD.—Edward Newbold, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed Medical officer for the District of Adlington and Bollington, in the Macclesfield Union.

PARKER.—Thomas Didymus Parker, M.D., Univ. St. And., M.R.C.S. Eng., and L.M. L.S.A. Lond., has been elected Surgeon for the District of Deptford, of the Royal Kent Dispensary, Greenwich, *vice* Robert Nathaniel Mitchell, M.R.C.S. Eng., L.S.A. Lond., resigned.

TOYNBEE.—Joseph Toynbee, F.R.C.S. Eng. (Hon.), F.R.S., has been appointed Consulting Surgeon to the Birmingham Ear Infirmary and Institution for the Relief of Deafness, etc.

WATTS.—Horace N. Watts, L.S.A. Lond., has been appointed Resident Medical Officer to the Norwich Public Dispensary.

WILLIAMS.—William Williams, F.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Mawddwy District of the Dolgelly Union, Merionethshire, *vice* Charles Williams, M.R.C.S. Eng., and L.M. L.S.A. Lond, resigned.

WOODS.—Thomas Woods, Ph.D., has been appointed Lecturer on Chemistry at the Grosvenor-place School of Anatomy and Medicine, *vice* Mr. Thomas Bloxam, resigned.

DEATHS.

BROADWATER.—Recently, of fever caught in the discharge of his duty as Medical officer of the Central District in the St. George's-in-the-East Union, Middlesex, William James Broadwater, of New-road, St. George's-in-the-East, M.R.C.S. Eng.

GREEN.—January 21, at sea, off Melbourne, Thomas Sheldon Green, late of Ashby-de-la-Zouch, Leicestershire, M.R.C.S. Eng., M.B., late Scholar of Gonville and Caius College, Cambridge, formerly Assistant House-Surgeon, General Hospital, Nottingham.

GWYNNE.—Recently, at St. Thomas's, West Indies, Thomas Gwynne, late of Brecon, M.R.C.S. Eng., aged 27.

NUSSEY.—Recently, John Nussey, of Cleveland-row, St. James's, L.S.A. Lond., Joint Apothecary in Ordinary to Her Majesty and the Royal Household, and Apothecary to His Royal Highness the late Prince Consort.

OSWALD.—April 19, Henry Robert Oswald, of Finch-road, Douglass, Isle of Man, L.R.C.S. Edin., formerly Senior Surgeon to the Isle of Man General Hospital, aged 71. The deceased gentleman was for some years a Member of the House of Keys.

PELL.—April 15, John Pell, of Yardley, Hastings, Sussex, Surgeon (in practice prior to 1815), aged 72.

PRIMROSE.—April 18, at the Aberdeen Royal Lunatic Asylum, Robert Primrose, late of H. M. 99th regiment, aged 55.

WALDRON.—April 20, at Theale, near Reading, Henry Waldron, M.R.C.S. Eng., L.S.A. Lond., aged 45.

WELSH.—April 24, at the Royal Railway Hotel, Liverpool, William Henry Welsh, of Eccles, Manchester, M.D. Univ. Edin., M.R.C.S. Eng., L.S.A. Lond., aged 53.

WE regret not having been present at the dinner of the "Widows and Orphans," at Willis's Rooms, on Saturday, and can only express our desire to promote to the utmost the success of so useful a Society. When we consider that *three halfpence a-day*, which is the total amount of payment, will make any Medical man's widow and children secure from want, we can only wonder that any member of a profession in which life is so hazardous, should neglect to enrol themselves as members.

COUNCIL OF THE COLLEGE OF SURGEONS.—Mr. T. Paget, of Leicester, has announced his intention of coming forward as a candidate at the approaching election. Mr. Erichsen, who had been mentioned in a contemporary as a probable candidate, has disclaimed all intention of standing. Should Mr. Paget be elected, there can be no doubt that he will most worthily represent the provincial Surgeons of England. Few men by the mere force of Professional skill and personal character have attained a higher or more extended reputation. On the other hand, the retiring members, Mr. Tatum and Mr. Cock, are eligible, and will be proposed for re-election. These gentlemen have deservedly attained great popularity, and it is certain that they will receive the support of a considerable number of the Fellows.

DR. SMETHURST.—This notorious individual has succeeded in establishing the will of his paramour, Isabella Bankes, by an action in the Court of Probate. However the decision of the jury may be opposed to popular feeling, there can be no doubt that it was entirely borne out by the evidence. There was not a tittle of testimony to show that the deceased was of unsound mind when she executed the will, nor was there anything which really proved that the will was procured by undue influence or fraud on the part of the plaintiff Smethurst. The Medical evidence adduced at the trial was substantially the same as that urged on the part of the prosecution at the Old Bailey. Dr. Julius insisted on the "look of terror" which, it will be remembered, formed so prominent a part of the evidence given by the late Dr. Todd. Professor Taylor ascribed his celebrated mistake with regard to the chlorate of potass mixture to "a fact then new to chemists." Smethurst is said to have given evidence with great coolness and self-possession.

DISEASED CATTLE.—In a report just issued by the Registrar-General of Scotland he calls the attention of the public to the fact that ever since pleuro-pneumonia broke out among the cattle of this country a few years since, the returns of mortality have shown that carbuncle, a disease formerly very rare, has become comparatively common. Dr. Livingstone observed in Africa that if the flesh of animals who die from pleuro-pneumonia is eaten it causes carbuncle in the persons who eat it, and that neither boiling nor roasting the flesh, nor cooking it in any way, gets rid of the poison. It is true that if such cattle are ever sold for food they are killed before they fall victims to the disease naturally, but still the poison is in them. The report suggests as a subject for inquiry whether the new form of disease, which we term diphtheria, may not be partially induced by the use of diseased flesh.

NEW CHAIRS AT THE PARIS FACULTY OF MEDICINE.—As a specimen of how even good actions are sometimes done by the French Government in the most repulsive because the most despotic manner, we may note the establishment of two new chairs at the Faculty of Medicine. No member of the Faculty was consulted, and no intimation given to that body until the decree was published in the *Moniteur*, establishing chairs of Comparative Medicine and Histology, and nominating the first occupants, viz., M. Rayer for the former, and M. Robin for the latter. This last nomination must call for unanimous approval, fallen as it has upon one of the most distinguished microscopists, who has done much to retrieve the backward condition of histology in France. As to M. Rayer, with a large practice, and advanced in years as he is, it has excited some surprise that he has taken the post, especially as he has also been appointed to the onerous office of Dean of the Faculty (by the same absolute decree), in place of M. Paul Dubois, resigned. The sudden surprise of the Faculty at the appointment has given rise to the witticism that his body has been struck by a *coup de cannon rayé* (rifled).

A DEPUTATION from the Metropolitan Association of Medical Officers of Health had an interview with Secretary Sir George Grey, on April 28, at the Home Office. The deputation was introduced by Lord Fermoy, M.P., Mr. Hanbury, M.P., and Mr. Harvey Lewis, M.P., and consisted of Dr. Dundas Thomson, F.R.S., Medical officer of Marylebone; Dr, Aldis, Medical Officer of Health for St. George's, Hanover-square; Dr. Challice, Medical Officer of Health, Bermondsey; Charles F. Lord, Medical Officer of Health, Hampstead; Dr. Stiff, Medical Officer of Health, Newington; Thomas Hillier, M.D., Medical Officer of Health, St. Pancras; Dr. Sanderson, Medical Officer of Health, Paddington; Dr. J. Northcote Viven, Medical Officer of Health, St. Olave's, Southwark; J. Liddle, Medical Officer of Health, Whitechapel; Thomas Ansell, M.D., Medical Officer of Health, Bow; Dr. Ballard, Medical Officer of Health, Islington; and Mr. Rendle, Southwark. The deputation brought under the notice of Sir George Grey certain defects in the sanitary provisions of the Metropolis Local Management Amendment Act, relating especially to the space at the rear of new buildings and the removal of manure.

PATHOLOGICAL SOCIETY OF DUBLIN.—The concluding meeting of the twenty-fourth annual session of the above Society was held on Saturday, the 26th ult., in the Anatomical Theatre of Trinity College, Dr. Banks, King's Professor of the Practice of Medicine in the School of Physic, and President of the Society, in the chair. Several very interesting communications having been made, the President stated that the pleasing duty then devolved upon him of presenting to the successful competitor the Society's gold medal for the best essay upon the subject announced at the commencement of the session, "The Diagnosis and Pathology of the Diseases of the Larynx and Trachea." Three essays had been sent in, and so great was the merit of each that the Council had considerable difficulty in deciding between them. The medal had finally, however, been awarded to the writer of the essay signed "Laryngoscope." In consequence of the industry, research, and talent exhibited in the production of the second essay, from the pen of "Alethes," the Council had for the third time determined on giving also a silver medal. On opening the sealed envelopes containing the names of the writers, it was ascertained that the gold and silver medals had been gained respectively by Mr. Charles Cameron and Mr. John Berry Mulock. The latter gentleman had also obtained the first Medical prize at the examination held at the Meath Hospital on the 14th, 15th, 16th, and 17th ult. The essays of the successful candidates were laid upon the table, and the great pains which had evidently been bestowed upon the "getting up" of each of these really handsome and large volumes, as well as the beauty of the illustrations, elicited the strongest expressions of admiration from those present. Dr. Banks then declared the adjournment of the Society to the last Saturday in November.

MEMORIAL TO MR. SANDS COX ON THE COMPLETION OF THE NEW WINGS OF THE QUEEN'S HOSPITAL, BIRMINGHAM.—At a special meeting of the Committee of Council held on Friday last,—present, Mr. S. V. Horton (in the chair), Messrs. Jacob Phillips, J. W. Walsh, Isaac Trow, Richard Parry, John Suckling, and John Shackel,—after the ordinary business had been concluded, Mr. Suckling, in pursuance of notice, moved that a memorial be presented to Mr. Sands Cox upon the completion of the new wings to the Hospital. Mr. Suckling said it seemed but the other day that Mr. Cox had undertaken the stupendous task of raising the funds necessary to build the additional pile of buildings in single penny stamps. Probably many thought his scheme visionary. Indeed, he knew that a rev. vicar near Birmingham, in reply to an application for assistance, replied, "He (Dr. W.) could not be made a party to such a scheme as that recommended; it was child's play." However, thanks to the reliance Mr. Cox had justly placed in his own indomitable exertions and on a generous public, this child's play had, by accumulating penny upon penny, erected for the permanent relief of the poor of this town the handsome structure now before them—a noble monument of Mr. Cox's exertions and the liberality of the public. It was no trifling undertaking to have entered into building contracts at his own risk, at an expense of £1600; but this he had done, the buildings had been completed and paid for, and opened for the reception of patients. But Mr. Cox had not forgotton the spiritual welfare of the poor. Out of the penny fund he had erected a chapel, and with the contributions and assistance of the friends of the Hospital it had been most suitably furnished, and Divine worship was celebrated there every Sunday. In order the more forcibly to present the nature of Mr. Cox's labours, it might be stated that the fund was made up of 402,960 pennies—every one of which he had collected and recorded, and where names were supplied he had kept a record of them. He had also filed 2000 collecting cards, and had acknowledged every donation in his own handwriting. And at the close, the accounts had been audited, found correct, and published. A more business-like and satisfactory termination of any work never took place. But Mr. Suckling would not forget to acknowledge the deep obligations Mr. Cox was under to the local and county press for their valuable support and assistance. Mr. Suckling said he would not now recount all Mr. Cox had done for the town. Suffice it to say that concurrently with this movement, he had, notwithstanding the cold shoulder which the aristocratic connexions of the Queen's College had shown him, raised and paid more than £1000 in discharge of liabilities of the Queen's College, the sister Institution, which were not of his creating. Not only had these high connexions refused any contributions themselves, but they had even refused the loan of their names in countenance of the movement. Notwithstanding all, Mr. Cox had persevered; the public had kindly supported him, and the College was rapidly regaining the high position it formerly held. He concluded by moving,—"That the grateful thanks of the council be recorded to the founder, William Sands Cox, Esq., F.R.S., upon the completion of the new wings, at an expense of £1679 11s. 2d., raised solely by the founder in public contributions of penny postage stamps, an event evincing a degree of devoted industry on the part of a single individual, in aid of the suffering poor, unsurpassed in the annals of charitable institutions. That in honour and commemoration of the event the new wards be called 'The Founder's Wards.'" This was briefly seconded by Mr. J. W. Walsh, and carried with acclamation. We believe the Committee intend, at their own expense, to present the memorial in a handsome silver case.

SMOKE NUISANCES.—The following extract from Dr. Gibbon's reports shows that he is alive to the necessity of a more stringent application of existing powers for diminishing the production of smoke:—"I have received a complaint of a smoke nuisance arising from Mr. Kemble's furnace at

No. 30, Hatton-wall. On examination I found that the only attempt that the proprietor has made towards consuming the smoke has been by drilling a few holes in the furnace door; this may, perhaps, have a little abated the dense volumes of black smoke that issue from the chimney flue, but is assuredly not what the Act of Parliament means by an efficient smoke-consuming apparatus. Hitherto your Board has left the suppression of these smoke nuisances in the hands of the police, who are required to carry out the provisions of the Smoke Act, but I am sorry to be obliged to say that they have done so with little effect in this district. The smok-nuisance in the metropolis is a very great one; it not only detracts greatly from the architectural splendour of the metropolis, and entails a considerable expense upon the inhabitants for cleaning, washing, etc., but is very detrimental to the public health. It not only thickens and contaminates the air we breathe, but by arresting a great portion of the sun's rays and by blighting vegetation, it enfeebles the vital powers of the people. As I have before explained, direct sunlight has a most beneficial influence on the human frame, in preventing rickets, scrofula, and consumption. That smoke destroys vegetation is a matter of everyday experience, and as vegetation absorbs carbonic acid gas and exhales pure oxygen gas,—being, in fact, the only known source from which the oxygen of the atmosphere is derived,—its destruction amidst a population of three millions of people must have a baneful effect on the public health. This nuisance also exerts an indirect influence on health by necessitating the closure of windows to keep out 'the blacks,' and thus prevents the adequate ventilation of dwelling-rooms, counting-houses, and manufactories. Under these circumstances, it appears to me to be a question whether it is not desirable that your Board should take proceedings to abate the smoke as well as other evils that are prejudicial to public health."

Arsenical Paper-hangings. — On Wednesday the investigation was resumed at the Freemasons' Arms tavern, Limehouse, touching the death of Amelia Turner, the last of a family of four children who have all died within a period of two months with symptoms of arsenical poisoning, alleged to have been produced by green paper-hangings. Dr. Thomas Orton, of White Horse-lane, Stepney, said he was called to deceased on April 3, and found her suffering from extreme prostration. He thought the symptoms exhibited by the child very strange, and questioned the mother about the other children. She said that they had all been attacked in the same way, and had ultimately died of soreness of the throat, which had been attributed to diphtheria. He prescribed tonics, but without much effect. He then noticed the green paper on the wall, and could see a marked connexion between the symptoms exhibited by the deceased and the other children and those caused by arsenical poisoning. He made a post-mortem examination, and found that the stomach presented streaks of inflammation, but was otherwise healthy. The intestines were also inflamed. The other organs were healthy. He found no traces of disease to account for death. Dr. Letheby, Professor of Chemistry at the London Hospital, said he had received from Dr. Orton the stomach and viscera of deceased, and also a certain portion of green paper. He found that the latter contained arsenic, loosely adherent, in the proportion of three grains to the square foot. There was no glaze, and the poison could be very easily rubbed off. He examined the stomach and viscera, but could not find arsenic. The symptoms described by Dr. Orton were those of arsenical poisoning. He had known effects of the same kind produced by the poisonous powder from such papers being absorbed and inhaled while floating in the atmosphere; though he could not trace arsenic in the system, yet he should say in the absence of disease that death might have been caused by arsenic. Owing to the absorption of the poison being gradual, it was possible that the traces might be wanting, though the effect would be fatal. The fact that the children were not sleeping in the room did not make much difference. He had known two children in Hackney die from arsenical poisoning imbibed while playing for a few hours daily in their father's library. Arsenic would not produce diphtheria, but it would soreness of throat. Dr. Orton, recalled, said he had no hesitation in saying that deceased died from chronic poisoning, by arsenic taken into the system in minute quantities. Cases were on record in which arsenic known to have been taken could not be traced after death. The paper in question was highly deliquescent. At fifty degrees it became quite damp, and the colour came off on the hand almost like paint. The Coroner summed up, and the jury, after a brief consultation, returned a verdict of "Natural Death." The Coroner said it was a question whether he could take this verdict. He could not refrain from expressing his entire dissent from the conclusion to which the jurors had come. The Medical evidence showed that there was not only no disease to account for death, but that there were no traces of disease. A juror said that the jury were willing to admit that the use of green paper was objectionable, although they were of opinion that in this case death was natural.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 26, 1862.

BIRTHS.

Births of Boys, 994; Girls, 965; Total, 1959.
Average of 10 corresponding weeks, 1852–61, 1715·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	684	710	1394
Average of the ten years 1852–61	578·8	553·8	1132·6
Average corrected to increased population..	..	..	1246
Deaths of people above 90	..	8	8
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	2	3	2	5	12	4
North ..	618,210	..	2	11	4	12	20	1
Central ..	378,058	..	2	10	1	8	13	1
East	571,158	2	15	4	8	12	19	1
South ..	773,175	1	10	37	3	9	22	7
Total.. ..	2,803,989	3	31	65	18	46	86	14

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

If Mr. Alfred W. Moore will favour us with any cases, we shall be happy to publish them.

Mr. B. Willoughby.—The rules of copyright vary in different countries. Authors are generally very willing to have their works translated, and readily accord permission on proper application being made to themselves or their publishers.

Mrs. J. M.—Mr. R. M. Row, Operative Chemist, of 282, Regent-street, W., has sent to Paris for some of the extract of *Fucus Vesiculosus* for a patient, and proposes to prepare some of it in his own laboratory. We hope that any of our correspondents who may use it will keep a note of their weights.

Discovery of the Camera Obscura.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In letters published in your Journal (*Vide Medical Times and Gazette*, 1862, pp. 74, 99, 126, and 150), it was maintained by "F.R.S." that

1. Porta did not promulgate his discovery before 1589.
2. The first edition of his work contained only three books.

We at that time gave our reasons for believing that Porta published his discovery before 1589, and we succeeded in settling the second point by proving that the first edition of his work contained four books.

Having lately obtained the editions published at Antwerp in 1564, and at Leyden in 1651, we at once found by their comparison that "F.R.S." was totally wrong as to the first point also. The chapter in which the camera is described, is in the later edition the 6th chapter of book 17, and in the earlier edition the 2nd chapter of book 4; and these chapters, with the exception of some elucidatory phrases and verbal alterations in the later edition, are the same.

It may interest some of your readers to know that an English translation of the whole twenty books was published in the year 1658.

I am, &c.

The Reviewer in the "Medico-Chirurgical Review."

Carbonic Acid for Wounds.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Under the above heading some practical remarks occur on page 411 of your Journal of April 19, where the claims of MM. Demarquay and Leconte are compared as to priority with those of MM. Dobson and Graefe. As regards the first application (anæsthetic) of carbonic acid to irritable wounds, it is a curious thing that probably the real credit of having first applied this gas extensively as an anæsthetic to wounds, is rather due to two Englishmen. Watt, the celebrated steam-engine inventor and Beddoes, a practising Physician. There is a very valuable book by the latter, where carbonic acid baths to cancerous ulcers and wounds is described as quite a fashion, like Turkish baths at present; a large institution, in fact, was established in London, and carbonic acid was used in various ways by both Watt and Beddoes. Watt himself tells us, with the utmost *naiveté*, that in trying to inhale the carbonic gas he several times lost consciousness, and felt as if in a dream: and Beddoes all but anticipated the discovery of chloroform; for he says in his work, he was asked why would he not perform an operation on a strangulated hernia whilst a patient (under carbonic acid gas) was thus unconscious? "Being a Physician," he adds with excellent simplicity, "the thing did not seem to me very strikingly obvious, so I did not do it." I need not say how singularly this reads now! Of course, the application of carbonic acid gas in the common fermenting poultice shape to bad wounds in Hospitals is a different thing, and is very common; but Beddoes did more than that, for like MM. Demarquay and Leconte, he described an apparatus for the pure carbonic acid gas, in which the affected limb or ulcer was plunged. The most interesting fact that strikes one, however, is that this carbonic acid gas bath was remarkably serviceable in large blisters and burns, which healed very kindly, and without pain under its influence.

I am, &c.

25, Sackville-street, W., April 20. Charles Kidd, M.D.

Poor-law Medical Reform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE

Sir,—It is quite possible that I may have fixed the rates of the elements of my triple scheme too low for the country Medical officers. This, however, is very easily remediable. What I have been attempting to devise, is a basis which would not only be equally applicable to, and workable in, the Metropolis and the Provinces, but one which would obviate the grave objections to the per-case system. I believe I have succeeded. The rates of payment founded on this basis are mere matters of detail. The advantage of my plan in this respect is its facility of extensibility. The basis remaining the same, the rates may be augmented *ad libitum*. For example, if in the Weymouth Union treble the rates will not be compensatory, let them be quadrupled. Sick and Benefit Societies, although they all adopt the same basis, vary their rates according to locality, etc. The Poor-law Board might be safely left to determine in which Unions the minima rates should be doubled, trebled, or quadrupled, and so on.

I have nowhere stated that the rates of the first two elements of my scheme are to be at the discretion of the Guardians.

Adopting Mr. Griffin's figures, my calculation makes: that the Medical Officer of the 1st District of the Weymouth Union would, by the first two elements of my plan, receive for his next half-year's salary 1s. 10d. per sick individual. I cannot comprehend the figures Mr. Griffin gives for the 2nd District. If the "Pauper Classification Book" is correctly kept, it cannot (with so few non-residents) possibly happen that the number of individuals receiving Medical relief can exceed the total number of resident paupers and "persons having received Medical relief only" combined.

Mr. Griffin must surely know that this scheme is the result of my own private cogitations since my examination before the Select Committee. I do not promulgate it in my "official capacity" as Honorary Secretary to the metropolitan men. I have elsewhere, as Mr. Griffin well knows, entered fully into this matter. Better men than myself have ere this seen reasons to change their opinions. I may remind my friend that in his official capacity, as Chairman of the Poor-law Medical Reform Association, he also, since 1855, has suggested more than one mode of remuneration for Poor-law Medical salaries. In 1860, Mr. Griffin actually adopted Mr. Sotheron Estcourt's tribasic method, which was embodied in (the so-called) Mr. Pigott's Bill. In his summary of this Bill, Mr. Griffin states (page 17):—"The Poor-law Medical Officers, in proposing this mode of payment, have done so because it is simple, and admits of no doubt, and is just to all parties. The first element named is so low that it can scarcely be an inducement for the Guardians to refuse orders to the poor, whilst, on the other hand, the Medical officers will not then complain, as they now do, with their fixed salaries, of the number of orders granted by the Relieving Officer."

Now all is changed. My scheme, which, in respect of its remuneration clause, if based on the same intent as was this very one he, but a few years ago, approved of and adopted, becomes in 1862 a source of great offence and discomfort to my energetic friend.

With the late Poor-law President I also make pauperism my basis—with this difference, that whilst he took the average, I take the actual, pauperism of the parochial half-year. I have elsewhere given, on the authority of Sir George Nicholls, the objection, to the former mode of computing the pauperism of a place My second element is intended, as was undoubtedly the late President's second element, to obviate the objection which Mr. Griffin has so frequently advanced against the adoption of pauperism alone as a basis. In framing it I have taken Mr. Griffin's own figures, which show that twenty-five per cent. is about the minimum proportion of sickness to pauperism throughout England and Wales.

I have elsewhere stated why I consider the guardians to be the best judges of how to fill up the third element. The late president also left his third element in like manner to the Board of Guardians.

I have maturely contemplated the objections raised by Mr. Griffin in his postscript. Considering that a severe depression, either in temperature or labour, almost invariably and "suddenly" augments the amount of the Parish Doctor's daily work, the objections stated I deem misplaced. I do not believe that these depressing occurrences would affect the Poor's-rate half so much as would a severe and sudden epidemic to be paid for at so much per case.

At all events, I am quite content to leave the fate of our two plans not only to the practical consideration of the elected "Guardians," but also to the calm and impartial judgment of those many *ex officio* Guardians who form so large a proportion of our legislature.

I think I am warranted in saying that the metropolitan men will smile at Mr. Griffin's very unwise threat. Surely my friend has forgotten the power displayed by the metropolitan men at a period when he, with all his strength, showed a tendency to coquet with a scheme which would have deprived us all of the permanency of our appointments, and saddled every parish in the Kingdom with two competing Medical officers

It is not the obstructiveness of the metropolitan men in general, or of myself in particular, that opposes the advancement of the cause of Poor-law Medical Reform

Not a few, I think, in the Provinces as well as in the Metropolis, will, on the contrary, agree with me in believing that its progress is materially affected by the persistence of Mr. Griffin in advocating an impracticable and impolitic scheme—a scheme, too, which has been so decidedly and so emphatically denounced by an authority (Hon. Sotheron Estcourt, M.P.) stating *ex cathedra* that "Parliament had so strong an objection to such a system (the per case), that it would be impossible to get them to agree to it."

In conclusion, I will recall Mr. Griffin to this fact. It is quite immaterial to my argument what remuneration the per-case system produces. Whether it results in 10s. or only 6d. per case, the objections to its principle still remain in force. But, as I have stated, my scheme, whilst free from these objections, is capable of unlimited pecuniary extension.

Unless, therefore, Mr. Griffin can impugn the the principle of my plan, I shall not think it necessary to trouble you with a further letter. I have neither time nor taste for personal recriminations.

I am, &c. Robert Fowler, M.D. Edin.

145, Bishopsgate-street Without, April 26.

Hæmorrhage from the Placental End of the Umbilical Cord.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reply to Mr. Norris, who says "he cannot understand how any amount of hæmorrhage from the maternal end of the funis could be dangerous to the mother," I beg to say I have known hæmorrhage from this source in one case to be fatal in which the cord had been severed immediately after the birth of the child, and the maternal end not secured by ligature; the woman was dead long before my late father could reach the house; and, according to the best of my recollection, she only lived a few minutes.

In another case, which I attended about three years ago, I found that the child had been born about a quarter of an hour, and removed very soon after its birth by an officious charwoman, who neglected to tie the placental end of the cord; I was struck immediately with the blanched appearance of the patient, and found her lying in a pool of blood, which proceeded from the funis, which I secured immediately. The person was a very long time in recovering her strength, and was unable to suckle her child; neither of which misfortunes happened after her next confinement.

In another case, where the funis was short and coiled tight round the neck of the child, I was quite unable to slip the head through the loop, and, being apprehensive of strangulation, as the child was struggling violently, I forthwith cut through the funis, and most certainly shall never forget the stream of blood pumped out of its maternal end, which, unchecked, must very soon have put an end to the affairs of life.

I presume Mr. Norris means that he encourages free bleeding or drainage from the placenta after pulsation in the cord has ceased; and, consequently, after the child has been separated *secundum artem*; in this state of things I can imagine his treatment might be useful.

I am, &c.

Polesworth, Atherstone. Joseph A. Bond.

COMMUNICATIONS have been received from:—

Mr. Wood; Dr. R. Fowler; Mr. Weatherfield; C.; Mr. Alfred W. Moore; W. W.; Mr. Hutchings; Dr. Gray; Dr. Ramsbotham; Dr. Kidd; Mr. Brayley; Mr. Gulliver; Mr. Gayton; Mr. Bruce; Mr. Faulkner; Mr. John Moore; Mr. Masters; Messrs. W. and A. Gilbey; Mr. Prout; Dr. Wells; Mr. E. Willoughby; Dr. Moore; Dr. McWilliam; Mr. J. A. Bond; Mr. G. Williams; Messrs. Sparks and Son; Mr. W. A. Tompson; Mr. C. Rogers; Dr. Caplin; Mr. S. Norman, jun.; Mr. T. Hudson; Mr. C. D. Doig; Mr. F. H. Hallam.

APPOINTMENTS FOR THE WEEK.

May 3. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Royal Institution, 3 p.m. Professor Anderson "On Agricultural Chemistry."

5. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

Epidemiological Society, 8 p.m. Dr. Smart, "On the Epidemics of Bermuda."

Royal Institution, 2 p.m. General Monthly Meeting.

6. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. Meeting.

Ethnological Society, 8 p.m. John Crawfurd, Esq., "On the Commixture of Races of Man in Europe." Dr. Shorth, "Notes on Strength and Weight of the Europeans and Asiatics." Charles Carter Blake, Esq., "On Some Peruvian Skulls."

Royal Institution, 4 p.m. Mr. G. Newton "On Ancient Art."

7. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Society of Arts, 8 p.m. Meeting.

Obstetrical Society of London, 8 p.m. Dr. Matthews Duncan, "Note on the State of the Internal Surface of the Uterus after Delivery." Dr. Skinner, of Liverpool, "Brief Remarks on Anæsthesia in Midwifery, with New Apparatus." Dr. Tanner, "Case of Unsuspected Pregnancy and Labour." Mr. Ellis, "A Practical Inquiry into the Properties of Nitrate of Silver; New Instrument for its Use in Uterine Disease."

Hunterian Society, 8 p.m. Council Meeting.

8. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Dr. Lyon Playfair "On Progress of Chemical Arts, 1851-62."

9. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Mr. W. Fairbairn, "Resisting Properties of Iron."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Operation on the Urethra; Removal of a Tumour from the Scalp; Removal of a Tumour from the Wrist; Excision of the Upper Jaw.

ORIGINAL LECTURES.

◆

LECTURE ON DIABETES,

DELIVERED AT

The Grosvenor Place School of Medicine,

ON MARCH 24, 1862,

By Dr. RICHARDSON.

(SECOND LECTURE.)

(Reported by Mr. S. H. MACPHERSON.)

GENTLEMEN,—In pursuance of the inquiries which formed the subject of our last Lecture, I purpose to consider three points:—

1. The primary cause of diabetes.
2. The causes of the coincidental, and secondary affections.
3. The treatment of diabetes.

Primary Cause.—In considering the primary cause of any disease, let this fact first impress you, that in every case, without exception, this primary cause is external to the body; it is some influence, that is to say, from without, which coming into contact with and acting upon the organism, disorders the functions, and ultimately the structures of the body. You will not find this fact in any book with which I am acquainted, but it is not less worthy of your attention; and so, to leave it more firmly in your minds, I lay down the following axiom. *Every disease to which animal organisms are subject, has for its primary cause an agency external to such organisms.*

This law, perfectly strict in itself, and calculated to render the study of diseases very simple, must be taken in its true and literal, and, I may say, exclusive meaning, or it may be misunderstood; it has reference only to primary diseases, not to mere attendant symptoms, which are often nominally transformed into diseases. Moreover, it must be understood as referring only to one primary or disturbing act, which may cease at once; while the train of continuous changes which are set up may continue with such apparent independence as to lead, by implication, to the idea that the organism itself was guilty of the first departure from natural life.

I say I could apply this law to every disease; I wish to apply it, however, now only to diabetes. What, then, is the external, or, rather, what are the external causes of this disorder? In their influence on the body, the external causes all tend, unquestionably, to the production of one elementary derangement; but from their external position, they strike us as different. Without borrowing from other experiences, I will trace back in my own records for the nature of certain of these exciting agencies. In two examples,—and understand that I am speaking of cases of such a nature that the origin of the malady could be immediately fixed upon,—in two examples the first symptoms were clearly traceable to sudden exposure to cold and wet. The patients suffered, not from the ordinary symptoms of catarrh, but from oppressive shock, followed by no reaction of the ordinary kind, such as heat of body and free perspiration, or congestive lung and rapid breathing, but by shock, with faintness, giddiness, and, within a few hours, a frequent desire to pass urine. On this, temporary relief to the more urgent symptoms occurred, but there was left a debility, a powerlessness for muscular effort, which was not removable, either by mental effort or physical rest. Side by side with this depression, the kidneys continued to eliminate beyond all natural bounds, and time only has been required to determine that the patients were diabetic.

In another case the subject of it, after exposure to severe cold, had inflammatory reaction, in the course of which evidences of inflammatory exudation in the membranes of the brain manifested themselves; the man in this case was discharged from the able care of the late Dr. Baly, as convalescent from inflammation of the meninges of the brain, but as the specific symptoms of acute meningeal disease subsided, they were supplanted by the signs of diabetes, of which disease the patient died. In three other instances in which the diabetes presented itself in young persons, I traced it from the first, as I believe, to excessive masturbation. In all these cases there was that marked evidence of debility, mental feebleness, and, in a word, shock, which tell so readily to the practised eye the history of the patient. In all the cases two individuals themselves admitted this cause; and one of them, under tonic treatment and abstinence from the mischievous practice, made a fair recovery, and is living still.

In yet another example, occurring in a woman, the symptoms were clearly described by the patient as commencing immediately after severe mental strain, arising from sudden fright; this case terminated fatally at last.

Lastly, we have the example of the man who was brought down to this theatre, in whom the diabetic affection seemed obviously to have been induced by constant position of the head in the backward direction.

Now, you will observe that in all these illustrations the primary cause was external; the impression being in every case, as it were, transferred to the cerebro-spinal centre. Turning to the experiences of others, I find usually, when a primary cause is referred to, facts identical with those above narrated; that is to say, at the point when it was determined that urine, previously healthy, began to be charged with sugar, some external agency had already told upon the sufferer suggesting, in its effects, an interference with the nervous function.

With this idea of a first cause clearly before us, we direct attention now to the organism itself, and ask what change has taken place there to produce so remarkable a modification in the nutritive processes of the body that the disease in question shall be set up? In following out this question, we ask, again, what supplies the sugar? It is not taken into the body as grape sugar, whence then its source? Modern research has largely assisted us in solving this point. We have seen how starch, an article of food, is transformable even in the laboratory into dextrine and glucose; and we have learned that in the animal laboratory the same transformation may occur, whereupon we glean as a preliminary, and I think I may say a certain fact, that one great source of the sugar is the starchy food taken by the patient. Now, another important question arises,—Is this derivation of the saccharine body the only source? It has been often held to be so, but is that theory true?

In support of this theory it has been adduced, that in patients suffering from diabetes the withdrawal of amylaceous foods decreases largely the amount of sugar secreted; the fact is so. I know a man living at this time who has suffered from diabetes mellitus for twelve years, and who has so far suppressed the more urgent symptoms by debarring himself of amylaceous substances, that he has lived on, doing to this hour a fair amount of work. I have seen in cases which have terminated fatally, the greatest relief supplied, and life, in fact, sustained for a very long period by the practice of similar abstinence; and I may go so far as to add that I never knew a case in which such abstinence did not give some relief. So far all is well, but the picture has another side. If removal of ordinarily accepted sugar-forming foods relieves diabetes, it also fails unmistakeably in curing the firmly established disease. I have had intelligent patients under my care with this disorder; I have given them instruction as to dietary; I have shown them that their lives largely depended on attendance to such instruction; I have been as satisfied as any Physician can be that the rules suggested were obeyed; I have seen these rules carried out, so that nothing, save an animal diet,—mark, I say an animal diet,—with water, or milk and water, for drink, has been sustained for months; I have seen the amount of sugar reduced by this process, but I never saw it removed. Nay, I have seen under such a regimen the disease over-ride all, and kill. We are driven to infer from observations such as these, that the theory of the origin of glucose in the organism from starchy foods alone is not correct as accounting for all the phenomena. We must have some other bodies, in a word, capable of yielding the saccharine constituents, and those must belong to the albuminous or proteine series. The possibility of the transformation of proteine bodies into sugar has been recently powerfully advocated by the Rev. Samuel Haughton, F.R.S., who, in his valuable researches on various physiological subjects, has shown how catholic the study of medicine is, and how readily a sound general education opens the way to the profoundest Medical inquiries. In a paper printed last year, "On the Phenomena of Diabetes Mellitus," Mr. Haughton points out that, together with increase of sugar in the disease, there is excessive excretion of urea. Together with this extra loss of the *effete* matter of the nitrogenous tissues, there is a "canine relish" for food; an apparent assimilation of an amount of food from twice to thrice that which satisfies ordinary appetites, while withal there is not so much work done by the patient, not so much power, that is to say, effected through the food, excessive as it is, as can be effected by a healthy person subsisting on an ordinary quantity of nourishment. What then becomes of this excess of food in diabetes? Assume that the starch-food was transformed into sugar, carbonic acid, and water; that does not give a true account of the whole of the sugar. Assume that the excess of urea is derived from the albuminous foods, that excess does not account for the decomposition of all the albuminous foods taken; hence Mr. Haughton concludes that the proteine compounds do possibly, by the addition of small quantities of water, oxygen, and carbonic acid, which all exist in the blood, become converted into glucose as well as urea. I confess that Mr. Haughton's arguments very effectively support the views derived from the treatment of diabetes,—viz., that proteine compounds may be resolved into glucose; but before such a theory is fully accepted we must know that there is a proteine body capable of such transformation, which possesses no sulphur or phosphorus as elements, and we must further be able in the laboratory to produce from the proteine bodies, by their decomposition, the saccharine substance, glucose. It may be urged against this last objection, that however true the belief that urea is a product of the decomposition of muscle, the evidence of the matter is as yet purely inferential; it may be said that up to this time we have no demonstration of the change occurring in muscle, by which the urea is produced. These arguments are cogent, and exhibit a force incontrovertible, so long as we remain ignorant on the points suggested.

Leaving the question of the sources of the sugar in the position above stated, we next are led to inquire what change is that in the organism which leads to the transformation of the food into sugar? Where does the transformation take place? I think we have seen enough to lead us pretty safely to the conclusion that the commencement of the organic change leading to the transformation is in the nervous system, and in or near those portions of the nervous system known as the medulla oblongata. It is not to be presumed that the transformation takes place in these veritable parts. No; but it is to be presumed that from some change occurring in those parts another change in the secerning organs is set up, by which the new and abnormal product is eliminated. What then is the organ, or, rather, what are the organs, on the action of which such a change is made, that sugar is formed in them? We are driven by exclusion to refer these organs to four: the alimentary tract, the liver, the lungs, or the kidneys. Prout seems to have conceived that the first step in the process of sugar production is in the stomach, or we had, perhaps, better said the alimentary tract. Here, as he viewed the matter, the amylaceous foods were at once converted into glucose, and as glucose were conveyed into the blood. It may be that this view is in a measure correct, and, indeed, there is no other way of accounting for temporary diabetic conditions which sometimes are met with, and from which, as you may infer, apparent recoveries take place. But of late our attention has been drawn from the alimentary canal itself to the liver; it has been assumed, as we have seen, that the liver is the producer, if not of glucose, of a substance—glucogenic material—from which the transformation into sugar is an easy process. From this circumstance we have been led to the supposition that in the liver the particular transformation has its origin, and that the body is constantly fed with the saccharine substance from the hepatic blood current. The hypothesis is simple and rational; it must approach the truth. Undoubtedly it narrows very considerably the limits of the inquiry; but whether it completes the inquiry, is a question not too hastily to be answered in the affirmative. We will take the subject up from this point when we next meet to study it.

Vaccination Act.—It has been matter of astonishment for many years that no effectual steps have been taken to amend this Act. The subject has been repeatedly brought before the late Board of Health and the present Committee of the Privy Council, with no practical results. A strong representation has now been made to the Chancellor of the Exchequer respecting the enormous expense of the books, forms etc., required by the Act, and there is some reason to believe that at last something will be done without injury to the really useful clauses of the Act.

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.
Physician-Accoucheur to the London Hospital, etc.

(Continued from page 398.)

The following eight forceps cases occurred in my practice during April, May, and June, 1843:—

Long Forceps Case.

Case 83.—On April 6, 1843, at 11 p.m., I was requested by a Medical friend to visit Mrs. C., at Stepney, a mulatto woman, in labour of her first child. I found that the membranes had been ruptured more than thirty-six hours; the os uteri was entirely dilated; the pelvis was narrow at the brim, measuring about 3¼ inches in the conjugate diameter; the head had partly passed through it, but the base was still above; neither ear could be felt by the finger; the forehead was looking towards the left acetabulum; there had been no change in the situation of the head, nor any advance in the labour for six or seven hours. The pains had been strong, but were now declining both in power and frequency. The woman had borne the fatigue of her labour well, and there was no great distress in the system; nevertheless, I thought it prudent to deliver by the long forceps, if that were practicable. I therefore adapted the blades, one within the left ilium over the right brow, the other within the right over the left side of the occiput, and delivered in ten minutes without difficulty; the child was alive; the placenta passed soon, and she recovered well.

Long Forceps Case.

Case 84.—On April 9, 1843, at 11 a.m., I was sent for to Mrs. S., Cannon-street, whom I was engaged to attend, in labour of her first child. The os uteri was not more dilated than the size of a shilling, and the progress went on very slowly, notwithstanding that the pains in frequency and strength were fully equal to the average during the first stage. At 3.45 p.m. it had acquired the size of half-a-crown, when the membranes broke spontaneously. At 6 p.m. it was almost entirely dilated, and the head had well engaged itself in the pelvic brim. During the night the pains varied much, being for two or three hours together strong and forcing, then for a time much weaker. At 9.30 a.m. of the 10th the head had not made the least advance for twelve hours; the base of the skull was still above the pelvic brim; the forehead was looking towards the right sacro-iliac symphysis; neither ear was within reach of the finger; the conjugate diameter of the pelvis at the brim did not measure more than 3¼ inches. The patient was becoming exceedingly restless, and was suffering much from the length of her labour; and the temperature of the vagina had greatly increased. Under these circumstances, I felt it necessary to deliver her; and, although the os uteri could be felt all round, it was so soft that I thought I could accomplish that object by the long forceps without doing it any injury. I therefore applied the blades, one within each ilium, over the right brow and left side of the occiput respectively, and brought the head through the brim, by three or four efforts, though I used some exertion. When the head was fully occupying the pelvic cavity, there being considerable rigidity of the external parts, I took off the instruments, hoping Nature might finish the expulsion; but as no advance took place, in less than an hour I re-applied them over the ears, and extracted in five minutes; the child was alive; the placenta was soon expelled naturally; some hæmorrhage followed, which, however, was controlled by manual compression of the uterus, and the patient recovered perfectly well. This lady has had six children since, in five of which cases I have delivered her by the same instrument; and all the children have been born living. The one that passed naturally was smaller than the average.

N.B.—In both this case and the former one, the probability is that delivery would soon have become imperatively necessary; and unless we had possessed the long forceps, both the children must have been sacrificed. In this case it will be observed that the os uteri was not entirely dilated when the instruments were first introduced. I need not say that such a state of things adds much to the chance of injuring the organ; and I have laid it down as a principle in my own practice, that if more than one-third of the os uteri is to be felt *continuously*, it will most likely be found in a condition to preclude the use of the long forceps; but here it was so soft, and so distensible, that I was sure it would dilate readily as the head passed through the brim without suffering any injury. It was prevented, indeed, from fully opening and retreating by being held prisoner by the head of the child, which compressed it anteriorly between itself and the pelvic bones, and posteriorly between itself and the promontory of the sacrum.

Long Forceps Case.

Case 85.—On April 18, 1843, at 4.30 a.m., I was sent for by the resident Medical Officer of the Tower Hamlets Dispensary, to one of the patients living in Limehouse-fields, her eighth child. Her labours had always been lingering; and once she had been delivered by instruments. The membranes broke on the evening of the 16th, and the uterus had been acting very powerfully ever since; as, indeed, was the case still. The os uteri was quite dilated; a large portion of the head was occupying the pelvic cavity; but the base was still entirely above the brim, so that neither ear could be felt; it had remained in the same position for nine or ten hours; there was a very large swelling on one side of the vertex showing that it had been for a long time subjected to great compression; the forehead was directed to the right acetabulum. The right labium was much distended by œdematous fluid, and the left even more so by varicose veins. The pelvis was narrow throughout, at the brim possessing very little more than three inches in the antero-posterior diameter; and the coccyx was anchylosed. I drew off more than a pint of urine, and applied my long forceps within the ilia, one blade over the left brow, the other over the right side of the occiput, brought the head through the brim, turned the face into the hollow of the sacrum, and delivered of a live child in about ten minutes; the placenta was soon expelled, and the woman recovered without a bad symptom.

N.B.—This is another case showing the great value of the long forceps.

Long Forceps Case.

Case 86.—On May 8, 1843, at 6·45 p.m., a Medical friend sent for me to Mrs. E., in Spitalfields, in labour of her second child. The first had been extracted by the forceps alive, but it soon died. The membranes broke at the commencement of labour, which took place early in the afternoon of the 7th. The head was almost entirely above the brim, which did not measure more than three and a-quarter inches in the conjugate diameter, the forehead looking towards the right acetabulum; the os uteri could be felt all round, but it was very soft and distensible. There was no distress in the general system; the head was not impacted; the bladder had acted two or three times in the course of the day; the pains had been very strong, but had quite ceased. I should have been inclined to wait two or three hours before I interfered, hoping the pains would return, and that the os uteri would dilate; but my friend had promised that she should be delivered at once; and had attempted to do so with a pair of large bladed straight forceps, which I found still applied. I made some efforts to extract with them, but could not succeed. I therefore took them off, and adapted my own instrument, each blade within an ilium, one over the left brow, the other upon the right side of the occiput, and directing the face backwards I brought the child into the world, living, in ten minutes. The placenta was expelled in ten minutes, and she recovered favourably.

Long Forceps Case.

Case 87.—On May 16, 1843, at 9 p.m., I was requested by a professional friend to see Mrs. L., in Whitechapel, in labour of her first child. The membranes broke in the night of the 13th. She had suffered labour pains ever since; for the chief part of that time they had been powerful and expulsive; but now they had almost ceased from exhaustion. Her constitution was considerably depressed from the length of the labour, and delivery was urgently called for. The pelvis was narrow throughout; the brim much contracted; but the chief obstacle to the child's passing consisted in an elongation, and projection inwards of the spinous processes of the ischia, especially the left; against this the head, which was greatly elongated, had rested all day, the base being above the brim; the scalp was very tumid; neither ear could be felt, and there had been no advance nor alteration in the position of the head for twelve hours; the forehead was directed towards the right acetabulum. The os uteri was entirely dilated. The catheter had been twice introduced during the day. I applied the long forceps within the ilia upon the left brow and right side of the occiput, turned the face into the hollow of the sacrum, and delivered in twenty minutes without difficulty; the child was living; the placenta soon passed, and she did well.

Forceps Case.

Case 88.—On May 21, 1843, at 8 a.m., a professional friend sought my advice for Mrs. G., Goswell-road, aged 43, in labour of her first child. She had been in labour for eighteen hours; the os uteri was almost dilated; the membranes were still whole, and there was a very small quantity of liquor amnii; so that the head had come down well into the pelvis, and the right ear could be distinctly felt behind the pubes, the forehead having originally presented towards the right acetabulum; the pains were feeble, and only recurring once in every half-hour. There was no distress in the system. I advised patience, and saw her again at 1.30, when things were much in the same state. At 3 p.m. I ruptured the membranes, and the uterus soon began to act both more frequently and powerfully; at 8 the pains were strongly expulsive, and the os uteri was quite dilated; at 10 it was evident that the head was very much compressed, but it had not altered its position in the least, the right ear being still to be felt behind the pubes. The pulse had now risen to 130 beats in a minute, the mouth was becoming dry, the face was flushed; she was complaining vehemently, and very anxious to be delivered. Feeling assured that the child would not be expelled naturally, I passed the blades of my instrument within the ilia over the head antero-posteriorly, turned the face into the hollow of the sacrum, and delivered without much trouble in ten minutes; the child was alive; the placenta passed soon, and she recovered well. The chief cause of the difficulty appeared to be that the tuberosities of the ischia were too near each other, thus contracting the arch of the pubes and rendering it too forked; and also that the coccygeal ligaments, and soft structures generally were more than usually rigid; though not more so than might have been expected from her age, it being her first child.

Forceps Case.

Case 89.—On June 3, 1843, at 10 p.m., I was sent for to Mrs. C., Long-alley, Moorfields, a patient of the Royal Maternity Charity, and found two of the district Surgeons in attendance. It was the woman's fourth child, the last was eight years ago, and she said her labours had always been good. The os uteri was not more dilated than the size of a shilling, but it was very low, almost, indeed, on a level with the external parts, the head having come into the pelvis covered by the cervix uteri. The membranes were still whole. The pains had been very strong, inefficient, and distressing, and during the day she had taken forty minims of laudanum. I ruptured the membranes, and dilated the os uteri with my fingers until it was the size of a crown-piece. I could now feel distinctly the right ear behind the right thyroid foramen, so that the head was lying with the forehead looking to the right sacro-iliac symphysis. There was a rigid band at the back part of the vagina, the effect, no doubt, of previous sloughing, which led me to doubt that her former labours had been all so easy as she described. The spinous processes of the ischia were both long, and their points, particularly the left, turned too much inwards. I left her expecting that she would be delivered during the night. At 11.30 next morning, however, I found that the head had made no advance; and that it lay exactly in the same position in which it had been the night before. But the os uteri was entirely dilated and out of reach of the finger. I therefore introduced the blades of the long forceps within the ilia, adapting one over the right brow, and the other over the left side of the occiput, turned the face into the hollow of the sacrum, and extracted the head in less than fifteen minutes; the child was alive. The cicatrix gave way by laceration; but the return was not implicated; and she recovered without feeling much annoyance from the accident. My two friends, who were with me, said they had never seen the os uteri so low in labour before.

Forceps Case.

Case 90.—On June 29, 1843, at 9 a.m., I was requested by a Medical friend to see Mrs. W., Goswell-road, in labour of her first child. The membranes broke at 8 p.m. on the previous evening, when the os uteri was but slightly dilated; and the pains had been strong ever since. I found the head in the pelvis, the forehead looking towards the left sacro-iliac symphysis, and could feel distinctly the left ear behind the left thyroid foramen; the os uteri was entirely dilated, and had receded out of reach of the finger; the pulse was quick; the face flushed; the uterus was acting powerfully; the head was much compressed, with a puffy tumour of the scalp, and had remained in its present position for four hours, completely wedged; the vagina and external parts were rigid, hot, and dry. I removed about a pint of urine from the bladder, applied the blades of the forceps over the ears, and delivered in twenty-five minutes. The posterior part of the vagina, and the perineum were lacerated to a slight extent, but that did not retard the patient's recovery, nor was it attended by any permanent inconvenience. On the child's extraction its face was very livid, and I thought it dead, but in less than five minutes it cried vigorously. The uterus acted well, and expelled the placenta into the vagina, from whence I removed it; but it immediately relaxed, enlarged, and filled with blood; and on compression at least two pounds of coagula and fluid blood escaped. It again relaxed in a trifling degree; but by the application of cold vinegar and water, aided by a *kneading* action of the hand kept up for some time, permanent contraction was produced; and she recovered favourably.

8, Portman-square.

(To be continued.)

ON CYSTICO-CUTANEOUS FISTULA.

By JOHN COCKLE, M.D.

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The following observations have reference to a lesion which, from its infrequency, may be fairly assumed to possess a certain amount of clinical interest. I allude to a communication established (though not exclusively) by calculous disorder, in a way to be detailed, between the gall bladder and the outer abdominal wall. Before, however, proceeding to the actual narrative of a case recently occurring in my Hospital practice, it may be well to take a passing glance at some preliminary points connected with the formation and subsequent accidents produced by biliary calculi, and then to resume the special literature of the malady. The concretions referred to play so leading a part in the pathology of my subject that their history leads us, by natural stages, to the immediate mechanism of the accident to be discussed. With regard to the formation of calculi, it will be remembered that the solid *matériel* of the bile, during its retention in its temporary reservoir, is held rather in mechanical suspension than in actual solution, and in this particular it differs from the secretion in the hepatic ducts. So that, assuming the solid matter from the operation of the several concurring causes to be in actual excess, or in a state of chemical alteration, either primary or from change in respect to the natural secretion of the mucous membrane of the bladder; or, again, the menstruum diminished in quantity, leaving the solids in relative excess, causing what is probably known as inspissation, or concentration of the bile; in any result there would be a natural tendency for the solid matter to find its gravitating point, which, from its anatomical position, would be the fundus of the bladder. Lastly, we may even conceive a cause for the development of a calculus to originate *ab extra*, that is, from sand from the hepatic ducts, drifted into the bladder with the influent bile. Matter thus deposited might, in process of time, give rise to catarrhal irritation of the lining membrane, and thus superadd the cementing agent necessary for the particles to form one or more coherent masses. Further, should the ulcerative process be induced by the irritation of a calculus on the inflamed membrane, the capillary hæmorrhage thus caused might become the nucleus of other concretions. Primary catarrhal inflammation might possibly lead to the same result. So that, so far as concerns the gall bladder, we trace the conditions under which calculi most probably occur. But whatever their determining cause, once formed in the viscus named, the phenomena subsequently developed may, for practical purposes, be subdivided: first, into those of presence, and second, into those of transit. Our acquaintance with the first group is at best but indirect. As occasionally happens with renal, vesical, pancreatic, and other calculi, so may those of the gall bladder remain for an indefinite period almost latent so far as regards vital reaction,—they make no sign. It may be that a thick coating of mucus smearing the facets, or a uniformly smooth surface of the stone, might prevent irritation either direct or reflex. Again, they may restrict their influence to the production of local mischief, as hypertrophy of the coats of the bladder, catarrhal irritation, and now and then of ulcerative perforation of adjacent organs or even vessels. The famous founder of the order of the Jesuits, Ignatius Loyola, died from perforation of the portal vein by a calculus. Or they may by peculiarity of position, as, for example, when they press directly upon the pylorus, simulate so accurately carcinoma of the stomach as to betray the most sagacious Practitioners into a wrong diagnosis. An instance of this kind occurred in the practice of the late Professor Cayol, whose experience in cancer was unusually great. Recamier and Fouquier shared the error, which was eventually corrected by the result, a result anticipated by the late Professor Bretonneau, of Tours, who suspected calculi from several slight attacks of hepatic colic the patient had formerly suffered from. Lastly, in some rare cases, with or without local change, or the special pressure just adverted to, biliary calculi may awaken phenomena purely reflex, and of sufficient intensity to imperil or even terminate life. The writings of Dr. Abercrombie furnish one remarkable instance of death from mere reflex vomiting from this cause. Dr. Selle, a very famous Practitioner of the last century, relates another fatal case from the exhaustion consequent upon violent and protracted vomiting. On post-mortem examination the only discoverable cause was gall-stones with some incrustation of the bladder. This result, however, is not limited to calculi in the gall bladder, for Cruveillhier relates a case in which a renal calculus caused death by the same reflex exhaustive act. The last question connected with the phenomena of presence involves the possibility of concretions in the gall bladder inducing fugitive attacks of jaundice from reflex spasm of the gall ducts. Professors Kölliker and Hyrtl have recently demonstrated the existence of muscular tissue in both bladder and large ducts,—tissue in which the Practitioner of old as firmly believed as the contemporary physiologist as strongly doubted. Indeed, it is inconceivable by what other power than such contraction a calculus could be impelled through a narrow tube, with peculiar arrangement of its mucous folds. For we must remember that where the calculus impacts the cystic duct there is no fluid *vis a tergo* to force it onwards. Very different is the case where such obstruction happens in the common duct. Here a double fluid column lends, no doubt, a powerful aid.

It is, then, during the period of transit that we most frequently gain our first direct knowledge of the actual existence of biliary calculi. The next point, consequently, for our consideration is the initiative in the phenomenon, in other words, the immediate cause of a calculus leaving the fundus of the gall bladder and engaging the cystic duct. It is by no means easy to obtain a correct insight into the exact causes which may operate in any single case. That an accidental paroxysm of coughing, vomiting, or other abnormal abdominal contraction, or even over distension of stomach or colon, may be adequate to the effect, is probably beyond dispute; but these, at best, are but occasional causes.

It is a fact in accordance with enlarged experience, that the paroxysm of hepatic colic occurs, as the rule, a few hours subsequent to the injestion of food, just about the time the chyme would be entering the duodenum. There is now a marked synergy of organs. We must, therefore, assume that the true exciting cause (or at least the one acting with an approach to uniform certainty) of the passage of a stone from the gall bladder into the cystic duct, depends principally upon the organic activity of the former viscus, probably increased by the reflex excitement of the stone. The bile is quickly passing from its reservoir, and this rapidly setting outward current, probably increased in force by hypertrophous walls, carries with it a calculus of nearly the same specific gravity as the fluid by which it is constituted. But whatever the agency at work, once a calculus is forced into the cystic duct, phenomena arise involving the future history of the stone, duct, and bladder.

First, a calculus may enter the commencing portion or mouth of the duct, and then, the spasm relaxing its grasp, it may retrograde into the bladder, or it may completely traverse the duct, giving rise to the characteristic anguish of a forced dilatation of this narrow channel, and might form a sub-nucleus for an intestinal concretion. This dilatation may entail permanent enlargement of the conduit from paralysis of the contractile fibre, and, if often repeated, induce chronic catarrh, or even adhesion of the opposite walls of the channel; or a calculus may partially occlude and form a *diverticulum* of the lateral wall; or induce death *in transitu* by exhaustion; or inflammation communicated to the adjacent viscera; or it may cause gangrene and rupture of the wall into the abdominal cavity. Lastly, a calculus completely obliterating the cystic duct may reach, almost exclusively, upon the gall bladder. Where no marked inflammatory action results at the point of impaction, it is clear that the mucous membrane of the gall bladder would continue gradually to pour, within, its ordinary secretion. This, having now no natural outlet, gradually distends the bag, sometimes to an enormous extent, constituting a veritable dropsy, a condition readily appreciated by careful palpation. Indeed, were I treating of the diagnosis of gall-stones, I should lay a special stress upon this sudden distension of the gall bladder, as characterising a total blockade of the cystic duct; so uniform is the sequence. In fact, combined with the sudden supervention of hepatic colic, without jaundice, it may be regarded as almost pathognomonic. We are indebted for this valuable sign to Tacconius and Pujol. When the dropsy of the bladder ceases, this organ usually undergoes degeneration, either fatty or cretaceous. But another result occasionally occurs from closure, by calculus, of the cystic duct. Either from inflammation, passing from the point of closure in the duct to the interior of the bladder, or from some decomposition of the imprisoned bile, the gall bladder itself may undergo suppurative inflammation. Under such an issue one of two results may happen. The bladder may burst directly into the peritoneal sac, and develope an almost inevitably fatal peritonitis. Or, prior to such an accident, inflammation may extend to its peritoneal investment, fusing together opposite surfaces, and the rent may occur in the external abdominal wall. With respect to its anatomical course, the track may be direct or circuitous; and, with respect to its duration, either temporary, intermittent, or permanent. It is with respect to such external orifice that I have now to direct your attention. So rare is this accident, that some of the most experienced pathologists have hardly met with a case. The long practice of Cruveillhier furnished him with only one solitary example. Cases so rare, and occurring so widely apart in the earlier history of our art, excited but a passing interest, and could form no nucleus for pathological deductions. It was only when a happy chance threw, in rapid succession, a few cases of swollen and suppurating gall bladder into the practice of the great French Surgeon, J. L. Petit, that he was enabled to publish his famous Memoir in 1730. It is here that we first obtained anything like a methodised treatment of these affections. It furnishes the most entire proof of the extraordinary sagacity for which he was so renowned.

So late as the year 1851, the best special historian of the lesion, Fauconneau-Dufresne, at the time he published his monograph upon the calculous disorders of the liver, could only collate twenty-six cases of biliary fistula, from all causes, during the entire historic period. Even in these some were wanting in scientific precision. Of these twenty-six cases nineteen were caused by biliary calculi. Of these nineteen cases, in fourteen only was the sex indicated. It is remarkable that thirteen occurred in females. This numerical preponderance, however, harmonises with the clinical experience that females are much more liable than males to the formation of biliary calculi, determined probably by their more sedentary habits and peculiar functions. With respect to this latter point, Fauconneau-Dufresne and the late Professor Chomel have seen cases of hepatic colic from calculi exactly coinciding with the menstrual period.

A brief analysis of these 19 cases gives 6 recorded deaths, 6 permanent cures, 2 cases of permanent fistula. The result of the five remaining cases is not stated, but there are no grounds for inferring a fatal termination.

As regards the extent of course of the sinus, it varied within wide limits. In some cases it was almost direct; in others long and devious, opening in the umbilical, or even inguinal region. In one case of Petit's, a director used after death (the patient refusing such examination during life) passed five inches obliquely upwards towards the gall bladder, where it met a firm resistance. The abdomen being opened, the gall bladder was found attached to the abdominal wall by a sort of hollow cord communicating, at one end, with the gall bladder, and, by the other, with a small purulent *cul de sac* placed between the oblique muscles, and emptying itself through the external fistula. The gall-bladder was densely adherent, hypertrophous, and contained calculi, but it is not named whether or not it involved the cystic duct. Of course, if the duct were closed, there could be no biliary fistula, in the true sense of the term. In two cases, the fistula was bifurcate, each sinus containing a calculus. When a single stone only existed, and was removed, the sinus soon permanently closed. In those cases where others still remained in the bladder, the sinus, after closing, re-opened at indefinite periods. In no case did the sinus permanently close so long as the bladder held any concretion. In nearly every case the liver was more or less enlarged, and in several bound to the abdominal wall by adhesion. In one case it was perforated by the fistulous sinus, and formed part of the track from the gall bladder to the orifice. In all the fatal cases the gall bladder was small, adherent, and greatly atrophied and degenerated.

Of the calculi the smallest resembled a millet-seed, the largest, a goose-egg in size. The number, of course, being inversely as the size. The exact chemical constitution of the calculi is not, nor could be, at that period stated. But their combustible nature being constantly alluded to, we may infer they were mostly of cholesterine.

Independently of these cases of biliary fistula collected by Fauconneau-Dufresne, three others, singularly enough omitted by him, are recorded by Walter in the Catalogue of the Museum of Berlin, published in 1796; and quite recently the list has been swelled by Oppolzer, the celebrated Professor at Vienna, whose paper is published in the Medico-Chirurgical *Transactions* of Vienna for 1860. I only regret that I have not time to embody the results in this communication.

The particulars of the only case, so far as I know, since occurring, and caused by complete impaction of the cystic duct, I have now to detail:—

Hannah E., aged 59, widow, of sedentary habits, was admitted under my care at the Royal Free Hospital, towards the end of last year, with the following history:—She came of healthy family, and always enjoyed good health, with the exception of occasional pain and tenderness over the right side.

About nine days before her admission the pain in the side returned with unusual severity. It began soon after dinner, at the pit of the stomach, and extended over the entire body and side of the neck. She felt very chilly, and retched violently.

She is quite sure she was not jaundiced, and the state of her bowels was natural, but she remarked that her urine was dark in colour. After a day or two the violent pain and sickness abated, but there remained great tenderness and a swelling at her right side. Over this the skin became red and inflamed, and in less than a week after it burst, and a considerable quantity of green matter escaped with about fourteen calculi, such as I exhibit, apparently composed of cholesterine with striæ of pigment matter, and of angular shape.

In the subsequent poultices three more calculi passed. The redness of skin and tenderness now rapidly abated, leaving an opening the size of a crow's-quill, situate about two inches in a slightly oblique line below the umbilicus. From the orifice was a constant oozing of nearly colourless mucus, which was somewhat increased upon pressure from above. A probe introduced readily passed obliquely upwards for nearly two inches and a-half, when it came in contact with a solid body. Palpation, corresponding to this point, easily detected a firm tumour about the size of a small hen's-egg. Percussion, however, did not determine the peculiar chink occasionally met with where calculi exist in the gall bladder. The liver was very considerably enlarged. After some time she complained of pain and tenderness over the old spot, and a calculus was felt by the probe about one inch and a-quarter from the orifice, and the skin again began to redden. After several ineffectual attempts on successive days to extract it with the dilating forceps Mr. Hill had constructed expressly, I was compelled to slit up the sinus as far as the stone, and readily removed it. It was the one now produced, the largest of the series. The wound quickly healed, and the sinus seemed for two or three weeks almost entirely closed. At the end of this time the old symptoms returned, and another calculus was detected about two inches distant from the outer orifice. Mr. Hill again tried to dilate the sinus and grasp the stone, but after a few attempts so much tenderness and purulent discharge followed that it was not considered safe to interfere further at present. Recently these signs have ceased, and the fistula has again relapsed into its former indolent state, contracting, and only discharging nearly colourless mucus. The patient has now returned to her ordinary occupation; but there can be no doubt that the sinus will again open from time to time, as many calculi are still in the gall bladder. Considering the difficulty of determining the amount of adhesion existing in such cases, we must be extremely careful to use only the gentlest means in endeavouring to extract a calculus when high in the fistulous canal, whatever the amount of local irritation present. In a similar case, under the care of M. Robert, at the Hôtel Dieu, the attempt at extraction induced, from the disturbance of the adhesions, fatal peritonitis. In the case of Hannah E., the fluid obtained by pressure from the parts, exhibited, under the microscope, numerous mucous or pus corpuscles, but no bile-cell or cylinder epithelium; and, on using the ordinary test of nitric acid, no evidence of bile existed or, at least, of biliverdine: corroborative evidence of the entire closure of the cystic duct.

There is one residual point connected with biliary calculi deserving further inquiry, namely, the amount of sympathetic irritation of the kidney they may induce. Dr. Prout has already shown that severe renal disturbance is occasionally determined by these concretions. The following instance appears to support his opinion:—A few weeks ago, a middle-aged, married woman was admitted under my care with symptoms probably indicating the passage of a calculus. After these had existed in great intensity for a day or two, she became deeply jaundiced. The liver and gall-bladder were greatly swollen and tender, leading to the inference that the seat of obstruction was the common duct. No bile entered the bowels. Just as the hepatic symptoms and signs were waning, she complained of pain in the back and bladder. Considerable dysuria existed, and blood in considerable quantity soon passed. So marked were these symptoms that Mr. Hill, learning that her father had undergone the operation of lithotomy, was induced to examine the bladder with the sound. No calculus, however, could be found. In a few days the urinary symptoms completely ceased, and she left the Hospital well with the exception of slight jaundice. Now, it would be premature, considering the occasional association of biliary and urinary calculus, to assert that no concretion existed in the kidney, yet I am disposed to regard the symptoms and hæmorrhage as the result of intense sympathetic hyperæmia.

CASE OF ACUTE POISONING FROM SWALLOWING CHLOROFORM.

By Dr. AXEL LAMM.

Translated from the *Hygiea* for February, 1862,

By William Daniel Moore, M.D., T.C.D., M.R.I.A.

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At about a quarter-past seven in the morning of October 7, I received from Mrs. M. the following note:—"My husband being last night, as usual, unable to sleep, drank chloroform. It was then about half-past twelve, and he still sleeps, but so profoundly as to render me extremely uneasy. Is it dangerous? What shall I do?" Instead of sending the answer requested, I hastened to the house and found the husband in an apparently tranquil sleep with somewhat hurried and audible respiration; the pulse was full, though rather slower than natural; there was good heat of body, the eyelids were closed, but the pupils were highly dilated and gave no sign of sensibility. The smell of chloroform pervaded the room, and was also perceptible on the patient's breath. I immediately opened a window, and, in order to get rid of all chloroform, had the night-vessel removed, into which Mrs. M. had imprudently emptied what had remained in the bottle. She stated that her husband, who had for the last few nights slept badly, and on that night could not sleep at all, had, at about half-past twelve, struck a light, got up, and in answer to her inquiry what he was doing, replied that he was taking a little chloroform to enable him to sleep; that he had afterwards laid down, taken the chloroform, and that after some conversation she, having felt herself somewhat affected by the fumes, had fallen asleep. She stated further that she awoke early in the morning and heard her husband sleeping in an unusual manner, and, as it appeared, snoring. She had therefore got up, and then found him more than usually pale. Beginning to be uneasy, she wrote the above-mentioned note, but, expecting that a change would soon take place in her husband's state, delayed sending it. His condition had, however, continued unaltered, and was at the time of my arrival what I have above described. In addition to my admonition to maintain fresh air in the room, I prescribed a bladder of ice to the head, cold affusions along the spine, and a common enema.

On paying a second visit, at about half-past nine in the forenoon, I found the patient paler, less warm, and breathing less audibly, with a much weaker and rather slow pulse, on which account I determined to employ artificial respiration by means of electricity. For this purpose I called in the aid of Drs. Sätherberg and Broberg. On our arrival, the patient was still paler, and his face and feet had begun to grow cold. The breathing was now but slightly audible, and the movements of the thorax were scarcely perceptible. The room still smelt of chloroform. Additional windows were opened both in the bedroom and in the adjoining apartments. Warm jars were laid to the feet and electricity was applied by means of damp sponges, one pole being held to the pit of the stomach and the other to the neck over the phrenic nerve, alternately on the right and left side. After some few applications, with several minutes interval between each, the respiration became somewhat deeper and more distinct. The electricity was applied also along the spine, to the thoracic muscles, and to the calves of the legs, with a view to establish reflex action. A lavement, with the addition of from twelve to fifteen drops of caustic ammonia, was given and retained. Other means were also tried The tongue, which was not particularly retracted, was, however, drawn forward by means of a forceps, and continued hanging, cold, pale, and dry beyond the teeth. A cork was introduced between the opened jaws to promote the access of air. Aspersions with ice-cold water on the chest and pit of the stomach were employed alternately with warm coverings. At intervals air was blown in simultaneously with the patient's inspirations, through a long tube passed into the nasal cavity.

Notwithstanding all this treatment the narcosis continued; but the pupils, which during the whole time had remained dilated, began about half-past eleven in the forenoon to contract, the breathing to be deeper and better marked, while the expired air often smelt distinctly of chloroform, and the pulse became fuller. The frequency of the respiration was very great, particularly in comparison with that of the pulse. The apparent improvement thus commenced continued. The thorax rose and sank more and more distinctly, and the heat of the body gradually increased.

At five o'clock in the afternoon the abdomen was found to be strongly distended with gas, and as it had not been observed that the patient passed water, the catheter was introduced, but without a single drop of urine being obtained. The sound on percussion over the greater part of the abdomen, even in the pubic region, was tympanitic.

An hour and a-half later the heat of the body was found to have become somewhat greater than natural, the skin was moist, the pulse was full and rather quick. A lavement with the addition of colocynth drops was administered, which was returned in about an hour, bringing with it a mass of greyish excrement of varying consistence.

The patient, who had hitherto lain motionless and silent, and manifested no sign of movement in any part of the body except in the chest, in the respiratory action, began about nine o'clock in the afternoon to breathe in a moaning manner, elevating the alæ nasi at each inspiration; the eyes commenced to move, and the pupils appeared sensitive to light; he subsequently turned away his head from a smelling-bottle held under his nose, and showed some sensibility to ice in the upper eyelid; but in no other respect did he exhibit any sign of feeling.

Perspiration began at last to be abundant. The head became hotter and hotter, and that to such a degree that the ice applied, which rapidly melted, had to be frequently renewed. The pulse grew rapid, reaching 160 in the minute, and was tolerably hard. The patient sat up occasionally, and seemed to look around with surprise, but always soon fell back against the head of the bed. At times there was in his look a perfect expression of sense, raising our hopes for the result.

But after this state had continued for about half-an-hour, the patient began to be more and more restless. He threw his head backwards and forwards on the head of the bed; the perspiration increased so that his skin was soaked. The pulse at the same time grew weaker and more rapid, so that it could not be reckoned. The mucus accumulated in his throat, and he died at a quarter to twelve at midnight.

The body was examined thirty-eight hours after death.

External Inspection.—The body was of ordinary height and in ordinary condition. Cadaveric rigidity continued in all the muscles of the extremities, and of the neck. There was extensive lividity over the whole back, the posterior and inner surfaces of the thighs, and in both inguinal regions. In other respects the body presented nothing remarkable.

Internal Examination.—Head.—On separating the scalp, the veins in it over the occiput were found to be highly congested. The skull was of ordinary thickness. The dura mater was strongly adherent to it. The veins of this membrane were highly congested. The longitudinal sinus contained some particularly small, fatty coagula, with a little fluid dark blood. In the middle and anterior part of the falx cerebri were found, both in the neighbourhood of the longitudinal sinus and also nearer to the free edge of the membrane, a number of small bony tubercles, from the size of a pin's head to that of a small bean, some of which were completely enclosed in the membrane, while others projected free at its sides. One of these exceeded the others in size and was 5''' in length, 3''' in breadth, and from ½ to 2''' in thickness. This was situated about in the middle of the falx, 3" from its free margin, completely perforated the falx, and protruded at both sides of the same. All the small tubercles above described exhibited a rough, uneven surface, with smaller bony prominences projecting here and there. Somewhat to the left of the anterior extremity of the longitudinal sinus there was in the dura mater a small bony tubercle of this description, and of the size of a pea, which had likewise perforated the dura mater, to which it was strongly adherent. Its upper surface was on a level with the surface of the dura mater, but without being attached to the skull itself. From the under surface of the dura mater it projected about 1'''. The veins of the soft membranes of the brain, even the more minute, were particularly highly congested. Between the convolutions was an inconsiderable quantity of slightly opalescent, yellowish effusion. The pacchionian granulations were abundant along the upper margins of both hemispheres, particularly in the posterior portion of the vertical region. The soft membranes were easily removed in connexion, and appeared firmer and thicker than natural. After their removal the surface of the convolutions appeared closely studded with points of blood. Neither on the soft membranes nor on the substance of the brain were any traces of pressure or irritation from the above-mentioned bony excrescences observed. The cerebral substance appeared everywhere particularly loose, soft, and highly dotted with blood. The lateral ventricles were not distended, the ependyma was softened, the choroid plexuses were highly injected. The third ventricle was normal. The fourth was somewhat dilated, with softened ependyma and congested veins in its walls. The cerebellum was of the same loose consistence, and was in the same congested condition as the cerebrum. The lateral sinuses were filled with dark fluid blood and some coagula. No bony excrescences could be discovered on the inside of the cranium, either on the arch or base.

Cavity of the Thorax.—In each pleural sac were some tablespoonfuls of a thin, serous, yellowish fluid. There were no adhesions to the thoracic wall. The lungs anteriorly were of perfectly normal appearance. Their posterior portions were much congested, particularly in the superior lobe of the right lung and the inferior lobe of the left. From these last-named parts flowed everywhere a considerable quantity of blood-coloured fluid, which was in general very frothy, but in the lower lobe of the left lung exhibited only a few bubbles of air. A piece of lung cut from this part sank in water, and its substance was more easily broken up than natural. The bronchi contained a large quantity of a frothy, slightly blood-coloured fluid. Their mucous membrane exhibited a decided but rather bluish redness, but in other respects presented a perfectly normal appearance. The pericardium contained some teaspoonfuls of clear, yellowish fluid. The right auricle was filled with loose, dark, not fatty, blood-coagula. The substance of the heart was of rather dark colour, but in other respects appeared as usual. The valves and orifices were sound. The larynx and trachea contained a large quantity of a highly frothy, rather viscid, colourless fluid. The position of the epiglottis was normal; the opening of the larynx was free.

Abdomen.—The stomach contained about three ounces of a greyish, thick fluid, in which floated a number of gelatinous flakes. Its mucous membrane exhibited in the neighbourhood of the cardia and over the whole fundus a rather strongly marked congestion of both the larger and smaller veins. In this region there were, moreover, numerous closely situated point-like livid spots, which had their special seat at the extremities of the minutest venous branches, that is, immediately before their transition into capillaries. No traces of circumscribed foci of irritation or of erosions were seen. In the pyloric half of the stomach the mucous membrane was pale, close to the pylorus it was rather corrugated and coated with mucus. In this half of the stomach only the larger veins were filled with blood. The contents of the small intestines were tolerably thick, and were of a greyish colour. In the large intestines was a small quantity of thin fæces. The mucous membrane of both the small and large intestines was pale, but in other respects presented a normal appearance. The bowels were not distended with gas. The kidneys to the touch felt rather loose, and were, moreover, rather paler and less sanguineous than is normally the case, but in appearance were perfectly healthy. The capsule of the spleen was highly corrugated; its substance was pale, the trabeculæ were especially distinct, the malpighian bodies were large and distinct. The liver was poor in blood, of normal appearance and consistence. The gall-bladder contained some fluid, greenish yellow bile. The bladder was highly distended with clear urine. Its mucous membrane was normal. Neither in opening the head, chest, abdomen, or stomach could any smell of chloroform be observed.

That the cause of death in this case was the ingestion of chloroform, is granted; but the poison did not in this instance act directly, as in the fatal cases which have hitherto been described, and where the chloroform was introduced into the system through the respiration. As is well known, chloroform abolishes the nervous sensibility from the periphery to the centre, and if its inhalation be continued, the nervous life is destroyed in the central parts themselves. From the description of the symptoms it appears, also, that some hours after I first saw the patient the activity of the central organs of the nervous system was greatly depressed; the blood flowed slowly through the capillaries, sanguification was diminished, the cutaneous perspiration and the secretion from the kidneys and intestinal canal had ceased, and coldness had set in: in a word, life was nearly being extinguished through the direct and immediate influence of the chloroform. At length, all the chloroform which had been taken was removed through respiration, and now the violent reaction set in, which became so intense in the brain as to destroy its activity, though not until after all the secreting organs had not only resumed their functions, but had discharged them in an excessive degree. In this instance, therefore, chloroform had mediately produced death, or, more correctly, the patient had died in and through the reaction after chloroform-narcosis. On opening the body, moreover, no smell of chloroform was observed in either the stomach or the lungs.

The difference in the effects of chloroform taken by the mouth and of the same agent when inhaled, appears, therefore, so far as can be inferred from a single case belonging to the former category, to be considerable. So far as I am aware, the present is the only case of the kind on record which has terminated fatally and during the stage of reaction.

Mr. P. M., who was not quite 35 years of age, was, during life, in an intellectual point of view, a highly-gifted man, but was of a restless disposition, and extravagant in his undertakings. Occasionally suffering from sleeplessness, and pursued by a vivid train of thought, he sometimes used to inhale or swallow a little chloroform. He often carried a bottle of it in his pocket, inviting his acquaintance to smell it; and he seemed to have made himself familiar with its use. But that he was unusually sensitive to its action I ascertained last spring, when I was called upon to administer it to him for the purpose of having a tooth extracted, on which occasion he became insensible after the inhalation of about half a drachm.

How much chloroform he had taken on the fatal night I was unable to make out. The bottle employed might have held about two and a-half ounces. His wife thought it seemed to have been nearly half full. Thus she had during the last days of his life repeatedly seen it standing half full in his workroom without paying much attention to it in consequence of her husband often having recourse to it to quiet his uneasiness. When on the morning in question she threw the chloroform into the night-vessel, about a drachm remained in the bottle, and was found in it when I saw it. How much had been in the flask before she threw out its contents she had, in her confusion, not observed.

The chloroform employed had been purchased in one of the pharmacies of the capital, where Mr. M. had frequently bought the drug in quantity varying from half an ounce to an ounce, as I ascertained from inquiry on the spot early in the morning after the fatal result, and before the fact of the poisoning had become known in the neighbourhood.

While apothecaries are forbidden, except on the prescription of a qualified Physician, to sell much less active poisons, this narcotic, which through ignorance or criminal design may particularly easily be misused, can be obtained retail at pharmacies in whatever quantity the apothecary or purchaser pleases. The medicinal statute mentions respecting chloroform only the different prices for the German and English article at which apothecaries are to sell it; but, so far as I know, not a word about any control over the sale itself. Chloroform might even, without transgressing the statute, be kept for sale in spirit stores. It is true that a Royal proclamation of April 16, 1847, imposes a fine on any one who "otherwise than on the prescription of a qualified Physician and in his presence makes another inhale ether, or designedly co-operates in such a proceeding;" but against the similar application of chloroform, which has come into Medical use since the promulgation of the proclamation in question, and which acts much more rapidly than ether, no prohibition exists.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

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AND BY

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ROYAL PORTSMOUTH, PORTSEA AND GOSPORT HOSPITAL.

MULTIPLE MELANOSIS OF THE CELLULAR TISSUE —DEATH FROM INTUSSUSCEPTION.

(Communicated, with remarks, by Dr. JOHN WARD COUSINS.)

R. B., aged 47, came under treatment on January 17, 1862. She stated that her health had been generally very good, and that she was the mother of five children. For many months she had been very unwell, and lately had lost both flesh and strength. About six months ago she first noticed that several small tumours were growing under the skin in different parts of her body, which have rapidly increased both in size and number. She complained of great mental depression. Her pulse was small and quick. Tongue clean and flabby. Appetite very poor. Bowels regular. Catamenia very scanty and uncertain. On examination her body was found to present a large number of subcutaneous tumours, varying in size from a small pea to a filbert, roundish in form, unadherent to the skin, very movable, and of a deep bluish colour.

The largest of them were nodular, and felt as if made up of three or four small ones. There were only a few on the face—one small one was situated on the edge of the lower eyelid, and two or three on the opposite cheek. On the trunk they were very thickly placed both before and behind, but especially towards the middle line in front, where there were upwards of two hundred. Some also were situated on the extremities (a). Her countenance was somewhat sallow, and her appearance emaciated.

The patient continued much the same, until the second week in February, when she was attacked with vomiting and severe abdominal pain, for which opium, effervescing draughts, and turpentine stupes were ordered.

February 24.—These symptoms are not relieved. She appears much exhausted, and her face is anxious and sunken. For some days the matters ejected have been very offensive. Bowels slightly open with straining. Tongue red and dry. Pulse 110, very small and wiry. Abdomen tender on pressure. During the last few days the tumours have increased both in number and size.

28th.—No improvement, she is rapidly sinking. Pulse 130, very feeble. Abdomen still very tender, and somewhat tympanitic. She died on the following day.

Autopsy, Forty-eight Hours after Death.—Body was emaciated and covered, as before mentioned, with dark bluish tumours, which were found on dissection to be wholly in the subcutaneous cellular tissue. *Thorax.*—Pleuræ and lungs quite healthy. On examining the heart several melanotic tumours were discovered beneath its serous membrane,—two on the surface of the ventricles, two large ones, about the size of marbles, projected into left auricle, and several others were within the ventricles between the columnæ carneæ. The blood was dark coloured, and very imperfectly coagulated. *Abdomen.*—There were many subperitoneal tumours in every part of the abdominal walls, and others were situated between the folds of the peritoneum. The largest of all was lying unattached in the cavity between the folds of the great omentum. It was about the size of a small orange, quite black, somewhat lobulated, and marked upon its surface by fine blood-vessels. On raising the omentum, a piece of small intestine, a short distance from the termination of the ilium, came into view. It was of a dull red colour, and here and there presented patches of purulent deposit. This was the seat of intussusception. The invaginated gut was about three or four inches in length. Just above this point the intestine was considerably distended, and contained three submucous tumours, each of them being about as large as a walnut. Their surface was somewhat softer than those in other parts, and was covered with a dark grumous fluid. The pelvic peritoneum was considerably injected, and smeared in some places with yellowish lymph. The remainder of the small intestine was contracted. The stomach and large intestine were healthy; likewise the rest of the viscera. The tumours were all of them entirely black, roundish, and firm. On section they presented a uniform black surface, which yielded on pressure a large quantity of dark brown fluid. Under the microscope this liquid exhibited a great variety of cells and particles of pigment. Some of the cells were round, others triangular, fusiform, or elongated into one or more spurs. In size they varied from $\frac{1}{1000}$ to $\frac{1}{2000}$ of an inch. Many of them were of a dark colour throughout, and appeared loaded with pigment; others contained black granules irregularly scattered through their interior, or arranged in a line near their margin; others, again, were colourless cells with a well-marked eccentric nucleus. The stroma of the tumours consisted of delicate fibrous tissue of considerable firmness, intermingled with fusiform cells.

Remarks.—True melanosis occurs in various forms, and in all the organs and tissues of the body. Sometimes it is found apart from any peculiar structure of its own, and appears in minute dots or points, grouped together over a considerable surface, such as a serous membrane, or deposited in the substance of an organ. At other times it exudes into a natural cavity of the body in a fluid state, or is effused into the areolæ of some tissue, where it acquires, by the absorption of its more liquid parts, additional consistency, and at length excites changes in the structure in which it is contained. It is generally, however, developed in the human subject into a morbid growth of variable size, through which the pigment is infiltrated.

The disease does not always occupy one tissue or organ, but may invade any number, either simultaneously or successively. Its various forms, too, may exist together in the same subject, or happen singly. The tuberiform deposit, as in the case here recorded, is by far the most common and conspicuous of all its varieties.

True melanosis has received many pathological positions, probably arising from the number of forms which it assumes; however, after a careful analysis of this interesting case, it is my opinion that this form at least of the disease is essentially malignant, and ought to be regarded as a species of carcinoma.

(a) She said that an old mole between her shoulders had much enlarged during her illness. It was nearly the size of a walnut, of a black colour, and slightly ulcerated on its surface.

Under some constitutional vice these numerous growths were developed, for the intention and purpose of eliminating from the blood certain unhealthy elements; they must, therefore, be regarded as a mere indication of a general disorder,—local phenomena, in which the whole energy of the system is engaged,—organs essentially of elimination,—constructions of some unknown constitutional disturbance, upon the nature of which it is useless to speculate. So far only it is certain that a persistent process of development was established for the discharge of extraneous matter, which soon disturbed the nutritive functions of the whole frame, by draining the blood in new acts of growth, and starving the various organs and tissues. Hence the cachectic habit of body, loss of strength and energy, unhealthy aspect, and progressive emaciation, which attended the evolution of the tumours.

Again, the common characters of cancerous growths were found in every tumour examined by the microscope. Their structure consisted of delicate fibrous tissue, containing in its interstices a juice full of pigment cells of every shape, and an abundance of sepia-coloured granules. They were all new growths,—strange developments of the organism, with a total unlikeness to every other tissue. This is strong evidence of their malignity!

The tumours everywhere invaded the cellular tissue—the favourite situation of melanotic formations. Even those which appeared to be on the surface of the peritoneum, intestinal mucous membrane and endocardium were clearly developed in the tissue beneath, carrying their delicate coverings before and around them. This fact, again, offers another point of correspondence with other malignant affections, which generally have a marked affinity for some one organ or structure of the body; other parts only suffering from immediate contact with the disease, or becoming, through cancer germs entering the blood or lymphatic canals, the seat of secondary deposit.

It must be admitted that in this case there appeared to be no disposition to softening or infiltration into the neighbouring tissues,—two very common characters of malignant disease. Both processes, however, might have occurred, had not the patient died from an accidental affection; although the probability of either is less when the disease is so generally diffused. But supposing the morbid elimination had been centred in one point, instead of being scattered through the whole cellular membrane, then, no doubt, other tissues would have been at length involved; and so, partly from changes within the tumour itself, and partly from compression and softening of the surrounding structures, disorganisation would have followed, and ultimately open ulceration.

In conclusion, these considerations lead me to believe that this is a case of malignant melanosis; and that whatever may be the mysterious constitutional disturbance at the bottom of the disorder, it may be regarded as essentially the same as the cachexia which attends the other species of cancer, except that it is associated with a remarkable accumulation of the carbonaceous elements of the blood.

The immediate cause of death was a very unexpected and singular complication. The intestine had, probably, made many ineffectual efforts to propel forward the morbid growths situated in its wall, just as if they had been free in its cavity; at last, in some of these protracted muscular struggles, one part of the bowel becomes included and grasped by another part. That the intestinal tumours should have caused by their presence some irregular peristollic movements, which terminated in the fatal accident is, at least, highly probable; for they must have been a source of constant irritation, and were situated just above the point of intussusception.

DIFFUSED CANCER OF GLANDULAR ORGANS AND CELLULAR TISSUE, ASSOCIATED WITH MELANOSIS.

The notes of the following case were kindly given me by my friend and colleague, Mr. Burford Norman :—

W. P., during 1844, consulted me for numerous lumps which were forming in all parts of his body. He said they had been coming for seven months. They varied in size from a split pea to a pigeon's egg. There were a hundred or more on the back of his head, neck, and back, others on chest and abdomen, especially about umbilious, and a few on the inside of thighs. At the back of the neck the skin covering the swellings was somewhat vascular. He complained of debility and loss of flesh. The tumours were all firm, globular, painless, and movable. One situated in the left orbit underneath the eyeball, another on the right cheek, and a few in other parts appeared of a deep blue colour. His right eye had been lost eight years, and was the seat of old cataract.

When seen again in January, 1845, many fresh growths had appeared. The tumour in the left orbit had decidedly increased, and was pressing upon the eyeball. The right eye presented several melanotic deposits; two below, two on the inner side, and one above the cornea. The chain of cervical glands was also thoroughly involved. His countenance was pallid, yellowish, and sunken. Pulse 120, and small. He complained of dyspnœa and some cough.

In August, some of the tumours about the chest had much increased in size, and the skin over them was adherent and shining. He appeared very weak; pulse 128. The patient continued slowly to lose ground until November, when severe purging set in, and after a few days' suffering he died from exhaustion.

Autopsy.—Putrefaction commenced very early. The body was considerably emaciated, especially the face. Many of the tumours presented the blue colour they had during life. *Head.*—The dura mater was found firmly adherent to the skull, and the arachnoid thickened and opaque in several places. *Chest.*—The right pleural cavity contained a pint of bloody serum. A few tumours were found under both costal and pulmonic pleuræ, but they were thicker over diaphragm. The lungs were of a deep green colour, crepitant throughout, and somewhat œdematous. The bronchial glands, at the root of the right lung, presented the same characters as the tumours in other parts of the body. Under the cardiac pericardium the tumours were also numerous. *Abdomen.*—Many similar growths of small size were deposited between the folds of peritoneum. The pancreas and mesenteric glands were enlarged and hard. The same disease was found at the lower margin of right lobe of the liver, and in the substance of each kidney. One tumour was situated in the right spermatic cord. The stomach and intestines were healthy. All the tumours exhibited the same characters. They were firm, roundish, and presented on section a scirrhoid appearance. Those only which were situated within the orbits and upon the face were perfectly black, and thoroughly infiltrated with melanotic matter.

Remarks.—On comparing these cases with each other, we can discover many common features in them. They were both characterised by the development of a remarkable number of tumours, which were scattered through the cellular tissue of the body, and nowhere presented an indication of softening. They were both also associated with emaciation and progressive cachexia. On the other hand, there are two important points which distinguish them from each other:—1st. The disease in one was much more extensively diffused through the body, being found after death in the liver, kidney, pancreas, and other glandular organs. In the other case, however, there is much reason to believe, that had the patient lived to permit the disease to commit its final ravages, it would have involved other tissues and extended to other organs. 2ndly. The structure of the tumours presents another prominent difference between them,—in the former case all were melanotic; but in the latter only a few were thoroughly infiltrated with pigment. Now, this fact must be regarded as a strong argument in favour of the opinion that the melanic diathesis is closely allied to the other malignant states of the system; for in this case, at the very time that a diffused cancerous disease attacks the abdominal viscera and cellular tissue of the body, other parts are the seat of melanotic tubercles.

THE LONDON HOSPITAL.

FRACTURE OF THE OLECRANON—LACERATION OF SOFT PARTS—SLOUGHING AND PHAGEDÆNA—RECOVERY.

(Under the care of Mr. CRITCHETT.)

[Reported by Mr. CHARLES TAYLER.]

ELLEN B., aged 57, monthly nurse, was admitted October 11, 1861, into Mary Ward. Whilst coming down stairs a short time previously, with a pitcher in her hand, she fell with great violence and struck her left elbow. The olecranon was fractured into several distinct portions, and the surrounding soft parts deeply lacerated and incised by the broken fragments of the vessel upon which she had fallen. Hæmorrhage unimportant. Great swelling and pain within the joint and its vicinity.

Edges of wound brought neatly into apposition. Limb placed upon a straight splint, and warm fomentations to be applied over the articulation. Tinct. opii. ℳxl. h. ss. The constitutional depression, excited by the excessive pain of the inflamed joint, was for some days very great. Opium and ammonia were given, and the joint enveloped in large poultices, after the application of leeches. The edges of the wound commenced to throw out healthy granulations, and the pain and swelling around the joint had abated, when the appetite suddenly failed, violent vomiting occurred, and the wound assumed an unhealthy aspect. Rapid and superficial ulceration set in, the whole forearm became swollen and painful, and the immediate neighbourhood of the wound dusky red and purple.

Mr. Critchett, on the 22nd, ordered the powder of equal parts of chloride and oxide of zinc to be freely laid into the ulcerating surface. A mixture of bark with ammonia to be given every four hours, beef-tea, eggs, wine, and brandy.

For some days this patient remained in a most precarious state. She was reduced to a low typhoid condition, refusing nourishment or stimulants, and occasionally relapsing into delirium.

The slough rapidly extended, and deeply, until it had acquired the size of the palm of the hand. The chloride was again freely applied after cleansing the slough with a poultice. Quinine and opium every four hours, with eggs, brandy, wine, and strong beaf-tea.

Obstinate vomiting was most persistent throughout the early part of the phagedænic stage of this case, and seriously interfered with the required exhibition of nourishment and stimulants. The only article retained was the brandy mixture, of which she took large quantities for several days. Poultices were applied, the sloughing surface cast off, and the wound commenced a healthy action, and assumed florid granular edges.

Tonics, wine, and liberal diet were persisted in for a considerable time, gentle flexion of the joint being occasionally attempted. Dangerous as had been the constitutional symptoms, and important as were the structures involved in the first injury, and subsequent phagedæna, this patient was discharged on February 7, 1862, the limb being in a semi-flexed position, and possessing some amount of painless mobility. She was capable of holding and carrying heavy articles with the injured arm at the time she left, and she had latterly rendered herself very useful in the ward.

SEVERE LACERATION OF ELBOW—DIVISION OF TENDON OF TRICEPS AND ULNAR NERVE—PHAGEDÆNIC ULCERATION.

(Under the care of Mr. CRITCHETT.)

(Reported by Mr. CHARLES TAYLER.)

Ellen F., aged 12, having fallen through a pane of glass, was admitted into Mary Ward, October 12, 1861. An extensive laceration was found at the lower part of the back of the arm, nearly severing the triceps from its attachment, and exposing the olecranon.

Hæmorrhage slight, sensation of little finger and ulnar side of ring-finger destroyed. Edges of wound brought together by suture, wet lint applied, and arm placed upon a straight splint.

On the following evening the patient complained of intense pain around the seat of injury. Region of the joint swollen and inflamed, and complains of pain and sense of stiffness about the neck and dorsal muscles. Patient of a highly irritable and excitable temperament, with a weak and rapid pulse. Six leeches applied immediately, hot fomentations, tinct. opii. at bed time, and house-mixture in the morning. Sutures removed from wound.

She lost the muscular pains and stiffness, and the acute inflammation of the joint was subsiding, and the case progressing most favourably until the 21st, when a sudden attack of intense pain was complained of. The forearm became swollen; and the wound assumed the character of sloughing phagedæna. Great depression of the vital powers, and constitutional disturbance set in.

This patient being in the same ward as case No. 1, and the symptoms in each case being manifested about the same time, Mr. Critchett advised her immediate removal from the Hospital, and requested Mr. Powell and myself to attend upon and watch the case out-of-doors, which was rendered practicable by the mother of the patient residing close at hand.

We encountered the same difficulties in this case as in the previous. Great vital exhaustion; excessive, deeply-seated pain in the joint; and extensive sloughing, by which the original straight linear wound was changed into a deep circular cavity. Chloride of zinc with the oxide was freely applied. Generous diet; wine, quinine and iron given; and she made a good and rapid recovery. Although for some days after leaving the Hospital she continued in a most critical condition, the good influence of change of air was most marked.

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Medical Times and Gazette.

SATURDAY, MAY 10.

◆

CULTIVATION OF THE QUININE-YIELDING CHINCHONA PLANTS IN INDIA.

IN the *Medical Times and Gazette* of August 31, 1861, we gave a full account of the important operations connected with the introduction of quinine-yielding and chinchonine-yielding trees into India. We are now able to report their complete success; for these precious febrifuge plants have been satisfactorily acclimatized, and considerable progress has been made in their cultivation.

When Mr. Markham was entrusted with the superintendence of the collection of chinchona plants and seeds in South America, and their introduction into India, in 1859, he took measures for obtaining plants and seeds of all the valuable species, and arranged that they should be collected simultaneously in the different regions on the eastern slopes of the Cordilleras of the Andes, which are separated by many hundreds of miles from each other. The results of his arrangements have been that, within two years of the commencement of his operations, every valuable species had been successfully introduced into the Neilgherry hills in the Madras Presidency, as well as into Ceylon, and the Eastern Himalayas, namely:—

1.	*C. Uritusinga,**	yielding	"Crown Bark"	of commerce.
2.	*C. Chahuarguera**	"	"	"
3.	*C. crispa**	"	"	"
4.	*C. succirubra*	"	"Red Bark"	"
5.	*C. Calisaya*	"	"Yellow Bark"	"
6.	*C. nitida*	"	"Grey Bark"	"
7.	*C. micrantha*	"	"	"
8.	*C. Peruviana*	"	"	"
9.	*C. lancifolia*	"	"Carthagena Bark"	"

The last arrivals were seeds of the three first-named species yielding "Crown Bark," which reached the Neilgherry hills last February, and are germinating most satisfactorily.

After his labours in South America were completed, Mr.

---

* These comprise the *C. Condaminea* of Humboldt and Bonpland.

Markham proceeded to India, and it became a part of his duty to select the sites for chinchona plantations on the Neilgherry hills. In selecting these sites, the climate and other conditions of growth which prevail in the chinchona forests in the Andes were compared with any similar localities which might be found in Southern India. It was necessary to fix upon two sites, in the first instance; one at the highest point at which these plants were likely to flourish, for the species growing at great elevations; and another in a lower and warmer position, for the plants of *C. succirubra*, *C. Calisaya*, and *C. micrantha*. The former of these sites is a wooded ravine, at the back of the hills which overhang the English station of Ootacamund, and upwards of 7000 feet above the sea, which has been called the "Dodabetta" site; and the latter is a tract of forest on the northern slope of the Neilgherry hills, from 6000 to 5000 feet above the sea, covering about 400 acres, called the "Neddinuttum" site.

It is a subject of congratulation that the Government should have at their disposal the services of one so admirably fitted for the post of director of chinchona cultivation in India as Mr. McIvor, who formed, and has for fourteen years superintended, the Government gardens in the Neilgherry hills. This gentleman combines with his attainments as a scientific gardener great practical experience, an intimate knowledge of the botany of the chinchona genus, and a thorough acquaintance with the climates, soils, and flora of the hills. It was, therefore, with great satisfaction that Mr. Markham saw the care of the chinchona plants, the collection of which had caused him so much anxiety, entrusted to such able hands.

Mr. McIvor was very successful in raising the chinchona seeds, and in multiplying the number of plants by means of cuttings, layers, and buds, or *eyes*. His skilful management has been well rewarded, and, whereas there were about 2000 plants in May, 1861, the stock had increased to nearly 20,000 by March, 1862. The chinchona plants were chiefly propagated by being layered, under which treatment they rooted readily in about six weeks. The success of propagating by buds has also been very remarkable, and these buds or eyes also rooted in about forty days. The accompanying drawing illustrates the manner in which this success is accomplished.

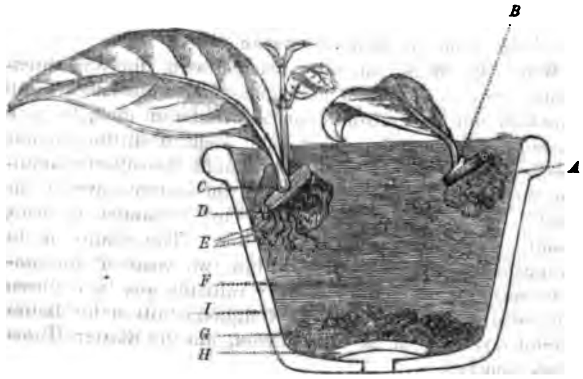
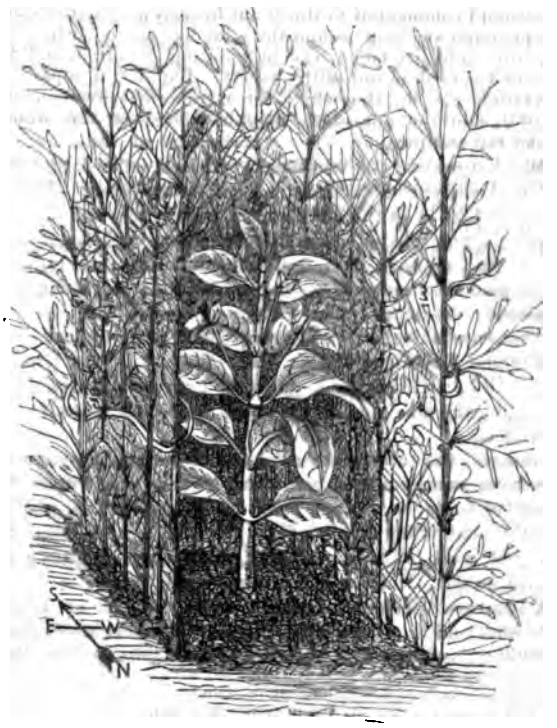


FIG. 1 represents a section of a pot to show the manner in which the buds are planted. *A* a piece of brick with the bud *B* lying on a plane portion of its surface. *C* a bud of the *Chinchona Calisaya* forty-one days after planting; it was planted on January 30, 1862. *D* its callosity. *E* rootlets adhering to the piece of brick and sides of the pots. *F* the soil. *G* a portion of moss to ensure drainage. *H* a piece of potsherd. *I* the pot.

It was made by Mr. Batcock, one of the gardeners who assist Mr. McIvor in the chinchona cultivation.

In January, about 2000 plants were planted out in the cleared space which had been prepared for them on the Neddinuttum site. All the species of the chinchona genus require plenty of light and fresh air as well as moisture, for the formation of quinine and other alkaloids in their barks; and it was therefore determined to plant them in open ground, and not under the shade of forest trees. Under these circumstances, however, they would be exposed to the effects of evaporation during the dry season, under the scorching sun; and to injury from radiation during bright and cloudless nights; and it was therefore necessary to give them artificial shade during the first year or two. On the approach of the dry season the plants were sheltered by a rough enclosure of bamboo branches, with leaves adhering to them, so as to give them sufficient shade to obviate the effects of evaporation and radiation, as illustrated in the accompanying drawing by Mr. Batcock.



The tallest of the chinchona plants is now five feet high. The enclosure is left open on the north side, and enclosed on the south, east, and west; the sun's declination being south during the dry weather. Seventy-five acres are to be planted in this way; but the artificial shading of bamboos will not be necessary after the first year or two, when the plants have become strong and vigorous.

In cultivating these plants for the sake of the febrifugal alkaloids in their bark, it was necessary either to allow them to run up as tall trees and obtain the bark from their trunks after about forty years, or to grow them as thick shrubs, and obtain a harvest of *quill*-bark from their branches. The former plan was out of the question, for no planter in his senses would undertake the cultivation of a product which would only give him a return once in his life-time. The great object is, to get the chinchona generally cultivated on a small scale by the natives of the hills, and on a larger scale as an article of export by European planters; and for these purposes their cultivation must necessarily be in the shrubby form, like coffee plants, so as to yield annual remunerative harvests of bark. The *quill*-bark of the most valuable species, even from small branches, often yields as much as four per cent. of quinine, so that there can be no doubt that this treatment will be successful and remunerative.

It will probably be found advisable to grow the chinchona plants to a height of ten or twelve feet, with branches as near the ground as possible, and thickly covering the stem. A certain number of these branches should be lopped annually for the quinine harvest, and thus a quick, uniform, and constant supply of bark will be procured, while the plants will be benefited rather than injured by the annual removal of a few branches.

By cultivating the chinchona plants on these principles, forming plantations in cleared open ground, giving them plenty of light and air, and obtaining annual harvests of *quill*-bark from the shrubs, quinine-yielding bark will become an article of commerce within eight years from the first introduction of the plants into India. After the first harvest the supply will rapidly increase; extensive Government plantations will be in a position to supply any number of chinchona plants for private enterprise, and another important product will be added to the resources of India; while the Government will have an abundant and cheap annual supply of the most indispensable of all medicines to Europeans in tropical climates, which is now only obtained at immense expense, and in quantities quite insufficient to meet the demand.

An equal, if not a greater result, will be derived from this important measure, in the naturalisation of these healing plants in a country the inhabitants of which suffer so severely and constantly from intermittent and other fevers. It is to be hoped that in all the hill districts, where there is a suitable climate, the natives will grow chinchona trees in their gardens, and when they have once used this unfailing remedy, they will regard the beautiful healing trees with warm feelings of gratitude; the fame of them will spread far and wide, and the cultivation of chinchonæ will be extended to its utmost limit throughout India and Ceylon. For the use of the natives there will be no necessity to go to the expense and trouble of extracting the alkaloids, as the green, fresh bark is itself very efficacious.

Thus will the successful cultivation of the quinine-yielding chinchona plants confer a great and lasting benefit upon the people of India, as well as upon the whole civilised world; and the concluding words of Dr. Weddell's introduction to his great work (a) may, therefore, with strict propriety be applied to Mr. McIvor and his assistants, Mr. Batcock and Mr. Lyall:—"Reste la ressource de la culture, et il faut l'employer. S'il est un arbre digre d'être acclimaté, c'est certes le quinquina; et la postérité bénirait ceux qui auraient mis à exécution une semblable idée."

THE WEEK.

THE INTERNATIONAL EXHIBITION.

During the week which has passed since the opening of the International Exhibition, much progress has been made, but the cases of the various exhibitors are in anything but a perfect state yet. As our readers will have gathered from the articles which we have already published, we have made arrangements for giving them a full account of the departments which relate directly or indirectly to Medicine, with illustrations of the most striking inventions and improvements. But it is in vain to attempt a beginning before the whole field is ready. We shall take them in the order followed by the juries; and that is not yet decided. Meanwhile, the numerous visits we have paid to the yet unfinished cases convince us that the English will not suffer by comparison with foreign competitors. So vast is the building, and so distracting the multiplicity of objects, that we defy any one on a first visit to concentrate his attention on any single department. He will be compelled, in spite of himself, to attempt a general survey of the entire building, and when he has accomplished about half of that, he will probably gravitate into the Picture Galleries, and there will pass the time till the din of bells warns him that the hour of closing has come. But when once the general appetite for wonders has been satiated, the Medical visitor will probably turn to Classes 10 and 31 in the South Court, where he may derive valuable suggestions in architectural and sanitary arrangements and materials, sinks, chimneys, windows, and stoves. Crossing the nave and ascending the stairs, near the lighthouse apparatus, to the North gallery, he will find in Class 13 Professor Beale's microscopes, Dr. S. Scott Alison's stethoscopes and sphygmometers, Professor Edward Smith's apparatus for estimating the carbonic acid in the breath, Dr. Lankester's ozonometer, and philosophical and chemical apparatus in abundance from Griffin, Adie, and Thornthwaite. In close proximity will be found Class 17, where are about 130 cases of surgical instruments of all sorts, one-fourth of them exclusively dental; the rest including plasters, stretchers, artificial limbs and eyes, respirators, breast-pumps, and even the electro-chemical bath of Dr. Caplin, and a magnetic apparatus which looks like a suit of plate-armour. In the Eastern Annexe, the specimens of drugs and chemicals will be looked at, but the eye is not so good a judge of these matters as of surgical instruments; our visitor, therefore, will probably turn his steps to the Foreign Departments. The French Court will naturally attract his attention first, where, in the south-west gallery, will be found the well-known names of Charrière, Lüer, and Mathieu. In perambulating the Courts devoted to the various foreign countries, Class 17 will be found represented in most of them; and we may call attention to the specimens of chinchona barks from Java, shown in the Netherlands Court.

NAVAL HYGIENE.

In the year 1815, Sir Gilbert Blane estimated the death-rate from all causes in the different fleets which at that time formed the British navy, as about 33 per 1000 of the entire strength. Thirty years previously he believed the deaths had considerably exceeded double that proportion. In the three years 1856 to 1858 inclusive, the mortality from all causes averaged 21 per 1000. Admitting that the former statement was only an approximation, and that various influences, which a better system of manning the navy has since removed, increased the average of mortality in the early part of the century, still it is certain that these figures represent a great advance in sanitary condition. This success, however, suggests, if it does not prove, that a much higher degree is attainable,—a conclusion we find fully warranted by the facts and statistics brought together by Dr. Gavin Milroy in his recent letter to Sir John Pakington. The Annual Reports that have of late years superseded "the bulky and unreadable Blue Books," in which the results of naval Medical observation used to be buried, have furnished Dr. Milroy with his material. No apology is needed for drawing attention to one or two points in his very able and conclusive statement. Some ships, like some houses, are much more sickly than others, and the extra unhealthiness of both houses and ships is, in most instances, owing to exactly similar causes. In both, overcrowding and defective ventilation produce their effects with the same certainty, whilst a filthy state of the ships' bilges closely parallels uncleansed cess-pits and imperfect drainage on shore. The malignant fever of the West Indian station, the dysentery of the Indian and Chinese fleets, and the ubiquitous cholera, have all been rendered doubly destructive in certain ships by these influences. A fact of very great importance at the present time is that, *cæteris paribus*, the crews of steam-ships appear to be much more severely visited by the deadly fevers of the tropics than those of sailing vessels. In reference to yellow fever, Dr. Milroy writes:—

> "This very fatal form of fever appears to have been, at times, more destructive in our ships of war within the last fifteen or twenty years than was ever known before. All the vessels which have been smitten most severely have been steamers. No sailing ships in former times seem to have sustained such terrible losses as the *Eclair* in 1845, the *Dauntless* in 1852, the *Malacca* in 1856, and the *Icarus* in 1860. This fact is very suggestive. That the excessive heat on board, without adequately free ventilation, has had much to do with the increased malignancy of the distemper is more than probable. It would seem, too, that the accumulation of dirt and other offensive rubbish under the machinery, etc., has, in several instances, added not a little to the impurity of the close, hot air in the between-decks."

(a) "Histoire Naturelle des Quinquinas," p. 13.

Considerable interest attaches to the changes which are taking place in the health standard of different stations. It is only within the last few years that yellow fever has caused serious losses in the fleet on the east coast of South America. Formerly the Brazilian station was singularly healthy, and malignant fevers were unknown. From 1830 to 1843, the annual mortality did not much exceed seven per thousand,—a ratio less than that on the home station. For ten or twelve years past it has been considerably increased, owing to the prevalence of yellow fever, which first appeared in Brazil in 1849-50. Whilst the death-rate has been thus augmenting on the South American coast, it has been diminishing on the Western coast of Africa. There, the mortality in the squadron from fever has not exceeded, during the three years 1856-7-8, five per thousand of the strength.

"This reduction has been owing in part to the absence of the malignant form of yellow fever from the African coast in that period, and for three or four years previous; in part, also, to the salutary changes which have been introduced, mainly on the recommendation of the Medical department of the service, into the mode of conducting the duties of the station. By a wise and humane regulation, the deadly practice of sending boats away on detached service, to watch or intercept slavers, has been interdicted, or, at all events, greatly restricted. Prize crews are no longer turned adrift to wander through the streets of Sierra Leone, where the vessels they navigate from distant parts of the station are delivered up to the authorities of the mixed Commission Court; the orgies of 'the barn' which lowered the character of the white man in the eyes of the black, have long since ceased; and last, though not least, the introduction of quinine wine as a preventive of fever has not only reduced the number of febrile attacks, but has lessened the severity of those which do occur; and thus the mortality has been reduced to a level, which does not materially exceed the death-rate from fever on some of the more healthy stations."

Whilst little or no febrile miasm is engendered by the mud flats of Portsmouth Harbour and the Southampton Water, the estuary of the Medway furnishes a fever locality sufficiently near home. It will be remembered that two or three years ago the Medical officer of the Privy Council drew attention to the prevalence of periodic disease amongst the dockyard and civil populations of Sheerness. The malarious agency does not restrict itself to those on shore. A considerable number of cases of fever, and much other disabling sickness, annually occur amongst the crews of the ships on the station. Ships anchored high up the Medway suffer more than those off Sheerness, exposed as it is to the sea breeze. It need scarcely be added that there is no reason why ague should not be as effectually got rid of on the banks of the Medway as from the marshy districts of Pimlico and Westminster, where it was formerly so rife. In any comparison of the general health of the public services with that of civilians, it must be remembered that neither the amount of sickness nor the consequent loss to the service is to be estimated by the death-rate alone, for the number of men invalided in consequence of incurable disease considerably exceeds on an average the number of deaths. Dr. Milroy's letter furnishes conclusive evidence that diseases, chiefly of the preventible class—fevers, dysentery, alvine flux, cholera, and consumption,—are, even in war time, by far the most destructive agents at work. We trust that the hygienic measures on which he insists will be carried into effect by the Admiralty. Statistics prove that it is of more importance in the long run to exclude fevers than even to be able to defy shot and shell.

LEVANT QUARANTINE.

An Association, meeting at Constantinople, which appears to have for its principal object the abolition of the regulation by which ships are detained in ascending and descending the Dardanelles, has forwarded us its second Annual Report. From it we quote the following case, which illustrates the grievance complained of, and at the same time gives us an edifying idea of Constantinopolitan official inflexibility. Certainly, a quarantine detention that can be set aside on the payment of a fine of a little over ten pounds, cannot be held to be a very valuable safeguard to the community:—

"At a meeting held in May last, Mr. Carnegie brought forward the instance of the unnecessary and apparently absurd detention of a steam vessel named the *Petro Bey*, which had, on her arrival at Constantinople, been ordered to remain in five days' quarantine, in consequence of passing the Dardanelles, where she had not stopped to exhibit her clean bill of health; or to pay twelve Turkish liras, which the agents preferred to do.

"The reason the vessel did not stop appeared from a letter signed by the master and engineer, 'that owing to the injury the machinery had received before her entrance to the Dardanelles, that much danger would have been entailed, and probably a total loss of the ship and cargo, had she stopped.'

"This statement was substantially confirmed by two members of an eminent engineering firm in Constantinople, viz., Messrs. Easton and Wills, who, after a careful examination of the ship, and with a perfect knowledge of the current of the Dardanelles, considered that to stop would have caused much danger. The agents of the Company immediately took the necessary steps to bring the case before the Consul-General, who directed the attention of the *Office de Santé*. The reply received from the Director was that '*The quarantine laws made no provision for broken machinery.*'"

DEATH OF DR. MCWILLIAM.

We deeply regret to have to announce the death of Dr. McWilliam, which took place in his own house on Sunday evening last. On the preceding Monday, after his family had all retired to rest, Dr. McWilliam, for some purpose, went from his drawing-room down stairs without a light—which, it seems, he was in the habit of doing,—and having obtained what he wanted was making his way towards the banister or railing of the upper stair, when he came upon an open door which led down a steep stair into the kitchen. Suddenly losing the support of the wall which had previously guided him, he fell backwards down the stair, his head coming violently in contact with the end of a dresser at the bottom. Concussion of the brain was the consequence, from which he partially rallied, but whether he was ever fully conscious of his own state is doubtful. Everything was done for him by Mr. Luke, Mr. Cooke, and his son, that skill and science could devise, but from the first recovery was all but hopeless. A post-mortem examination revealed a considerable amount of effused blood on both the posterior and anterior lobes of the brain. This useful and distinguished member of our Profession has left a widow and a large family to mourn his loss. It is our intention to give in our next Number some account of Dr. McWilliam's professional career and public services.

DUNGAY *v.* QUILLER.

The report of an action has lately appeared in the daily papers which affords a good illustration of the manner in which particular nostrums for particular diseases obtain notoriety, and are dispensed indiscriminately to all applicants by prescribing druggists. The plaintiff, who was a surveyor, brought an action against a chemist and druggist, carrying on business in Sloane-square, for negligence:—

"In June last the plaintiff had a 'touch of the gout,' and he went to the defendant's shop and saw his assistant, and told him he was recommended by the beadle to come there for some Smith's gout pills. The assistant put some pills in a box, and gave it to the plaintiff, and wrote a direction that one was to be taken twice a-day. Plaintiff asked him if there was any colchicum in the pills. The assistant said there was not. He then asked him if there was anything likely to give him cold, as he walked about in the wet. The assistant said there was not. Plaintiff asked him if they were good pills, and he said he believed they were. Plaintiff asked him if two did not do him good whether he might take three a-day. The assistant said he might. The plaintiff paid 8d. for the box, and went away. He then took two pills on that day, June 2. The next day he took two or three, and on the third and fourth days he took three. After he had taken the last of the pills he found himself very ill—great trembling in the limbs. He went to his Doctor, Mr. Goodrich, who told him to go home directly. He was ill in London till September. He was for three weeks unconscious. On June 15 plaintiff's wife wrote to the defendant. He was afterwards sent to Margate, where he remained a fortnight. Had suffered from gout for many years. Had taken Bagster's pills, which had been recommended by his maid-servant, as they had done her father good. Smith kept the Star and Garter. The beadle told plaintiff he was obliged to leave off taking the pills, but they had done him good in the first place, but he recommended plaintiff to try them. The beadle was now down below. During the illness of the plaintiff the pill-box was shown to the defendant, and he was told he had made a mistake. He was asked how much calomel there was in each pill. The assistant said about 2½ grains. The defendant said, 'Oh, no, only one grain.' "

Mr. Francis Goodrich, a Surgeon, gave evidence that he saw the plaintiff in the early part of June, that he was then suffering from severe mercurial poisoning. "His face was much swollen; his tongue out of his mouth. He could not articulate. He was in a high state of salivation." The defence was, that the plaintiff had suffered from his own obstinacy in doctoring himself and taking the advice of the beadle and his servant-maid, instead of going to his Medical man. The defendant had sold the plaintiff what he asked for. The pills were alleged to be perfectly innocent. Each, however, contained a grain of calomel, a grain of colchicum, a grain of jalap, and a grain of ipecacuanha.

"Mr. Lewty, the chemist's assistant, said he had made up the pills. The plaintiff asked him for Smith's gout pills, and he gave him a box, and wrote upon the box, "Two pills to be taken in a day." He might have told him if two did not answer he might take three in a day. A person called some days afterwards, and the defendant said the pills only contained one grain of calomel in each pill. Never heard any one complain of the pills.

"Robert Alsopp, the predecessor of the defendant, stated that Smith had brought the prescription to his shop, and he sold them. There was a good demand for them. Never had any complaint about them.

"Mr. Smith, a publican, became acquainted with the pills in 1850. He had the gout, and took the pills, and now suffered but little from that complaint. Recommended them to hundreds, but not to be taken as the plaintiff had taken them.

"Mr. Redwood, Professor of Chemistry, had analysed the pills, and found each pill weighed four grains, one of which was calomel.

"Dr. Andrew Barclay, Dr. W. Pettigrew, and Mr. W. Rendle, Surgeon, agreed that under certain circumstances, and given with due care, the pills would be a proper medicine for gout. Dr. Andrew Barclay said one of these pills taken twice a-day was not injurious. They might be taken for gout in suitable cases. Of course, he should inquire into the state and habits of a patient before prescribing for him. Mercury had a different effect upon different constitutions. Five grains taken within twenty hours would not be advisable. Calomel ought not to be taken without the person being watched by a Medical man. One grain in some cases would produce salivation.

"The jury returned a verdict for the defendant."

The moral of the case is, that the law does not undertake to protect people from the consequences, however grave, of their own folly.

COMMISSIONERS IN LUNACY FOR SCOTLAND.

The question whether the Scottish Board of Lunacy Commissioners should include a Medical element, is still being discussed by the Northern daily and weekly press. We last week expressed our opinion on the subject, and nothing we have seen advanced on the other side of the question has induced us to modify it. The *Glasgow Daily Herald*, after paying a just tribute to the professional character of Drs. Coxe and Brown, and the manner in which they have discharged their duties, urges the theoretical objection that as salaried officials these gentlemen should be subordinate to the Board:—

"These Medical gentlemen, who are both of the highest capacity and eminence, have hitherto been everything. Their position has been quite anomalous. If any complaint was made by them in their official capacity, the appeal by the party supposing himself aggrieved had to be made to them; and surely common sense would dictate that the same individuals should not be the accusers, the jury, and the judges, in one and the same cause. We admit that insanity is a 'disease;' and to assist the new Board in its deliberations and decisions it is wisely provided that one of the Medical Commissioners shall be present at every meeting. Surely this is enough without their having power to vote on and decide all questions, in many of which they themselves may be personally interested. Citizen magistrates and justices of the peace are able to pass judgment on legal points when guided by an assessor; and a body of legal gentlemen, as provided for in the bill, are certainly quite competent to dispose satisfactorily of the cases which come before them when they have heard the Medical Inspector's opinion."

A complete and practical answer to this reasoning is furnished by the Fourth Annual Report of the Commissioners, which has just been published. This Report is entirely a Medical "State-paper." No Board composed of lawyers and country gentlemen could have issued such a document as coming from themselves. It is probably enough quite true that the Medical members of the Board "have hitherto been everything." But it has been for the simple reason that the other members of the Board are necessarily unfitted to discuss or decide authoritatively on the questions which are continually before them.

REVIEWS.

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A Discourse on Hospitals, Past and Present. Delivered at the Bristol Institution, March 17, 1862. By Samuel Martyn, M.D., M.R.C.P., Physician to the General Hospital. London: Churchill. Bristol: Kerslake.

In this address Dr. Martyn gives an able and clear historical sketch of the origin and progress of the present Hospital system. He shows that Hospitals are essentially phenomena of the Christian era. It is true that Greece had her temples of Æsculapius, where the priests were Physicians, and the sick who resorted to them were treated by a combination of the skill and religious rites of the Asclepiadæ. It is also true that the temples and worship of Æsculapius were introduced to Rome nearly 300 years before the Christian era, and that the poor as well as the rich were admitted is proved by the fact that Claudius decreed freedom to any slave who might recover after having been given over by the priest-Physicians. Still, setting aside these and one or two other minor exceptions, it must be admitted that the present Hospital system of Europe is undoubtedly a Christian development. Having so lately adverted to the connexion between the history of Medicine and that of Christianity, we shall not attempt to epitomize Dr. Martyn's instructive and well arranged sketch. It may, however, be new to some of our readers that, with the exception of St. Thomas's and St. Bartholomew's, all the Hospitals and Infirmaries in the Kingdom have been built since the year 1700. Lazar-houses and the Infirmaries of the monasteries had been swept away and had never been replaced. The first provincial Hospital founded was that of Salisbury in 1716; Westminster and Cambridge came next in 1719; then Guy's in 1721; St. George's in 1733; and the Bristol Royal Infirmary in 1735. Others followed in rapid succession, twenty-seven more had sprung up by the end of the eighteenth century. Dr. Martyn in the latter part of his address enters on the subject of Hospital management. He discusses the question of town or country sites, the improvements which have already taken place, and which may be expected in the system of nursing. He pays a just tribute to the systems which have been promulgated by the sisterhoods of Kaiserswerth and St. John's. The late discussion in the Academy of Medicine, and M. Leon Lefort's pamphlet, are also referred to, together with the great question of the future of St. Thomas's. Dr. Martyn's opinion seems to be in favour of the erection of Sanatoria in connexion with town Hospitals, and the thorough ventilation of the latter rather than their entire removal to the country. He particularly notices the fact that the Hospital of Lariboisière as to general per-centage of deaths is actually the worst of the French Hospitals; and that the great pavilion Hospital of Beaugon is nearly as unfortunate. Whatever opinion our readers may entertain as to the question of Hospital sites, we can thoroughly recommend them Dr. Martyn's pamphlet, not only as containing an instructive historical *résumé*, but as embodying the views of a thoughtful and practical Hospital Physician.

School Chemistry; or, Practical Rudiments of the Science. By Robert Dundas Thomson, M.D., F.R.S.S.L. and E., etc. Second Edition. Fcap. 8vo. Pp. 270. Price 6s. 6d. London: Longmans.

This book is, as its name denotes, intended for young persons who desire to learn the rudiments of chemistry. It is equally adapted for elder persons who wish to revive the recollection of what they may have forgotten.

The character and scientific pursuits of the author are a sufficient guarantee for the fulness and correctness of the matter. The style is, on the whole, pretty good. A book of this sort, to be perfect, demands the greatest possible purity and precision of language; and it is a great merit when one so full of details as the present, and so concise, is really so intelligible, and so well adapted to the solitary student. The woodcuts are numerous and clear. The plan of the work embraces instruction in the principles of the science, as well as in the manipulations and other processes requisite for attaining practical familiarity with its objects.

It embraces, too, the whole of chemistry, organic as well as inorganic. We can only hope that there may be many a school in which such leisure hours as cannot be spent in the cricket-field, are devoted to the simple experiments described in Dr. Thomson's "School Chemistry."

Ten Days in Athens, with Notes by the Way. Summer of 1861. By Dr. Corrigan, Physician in Ordinary to the Queen in Ireland, President of the College of Physicians in Ireland. London: Longmans. 1862.

They who cannot enjoy the pleasure of travel, find the nearest approach to it in the easy, unaffected, off-hand descriptions given by their friends, in conversation, letter, or diary. In this little book the President of the College of Physicians makes us, as it were, his fellow-travellers, and lets us enjoy with him the supreme felicity of a professional man out of harness, and bent upon regaling himself with a sight of the remains of old civilisation, no less than with the latest marvels of the day we live in. As the Doctor travels, he tells us what he sees; and lets us know besides what he thinks of and talks about, as a genial fellow-traveller should. Sea-sickness and passports; the question whether the French and and English are natural enemies; whether husband and wife should have similar tastes or dissimilar; what should be the end and aim of woman's education; the progress of acclimation of animals; a hope that the bustard may be made a denizen of the British farm-yard; a description of the best fumigation against mosquitoes, and of the incubation of ostriches at Marseilles,—fill up the first few pages, and put us on board the steamer at Marseilles. The miseries of a storm at sea, the pertinacity of Italian beggars, and the grace of Sicilian *caryatides*, bring us on to Athens, where the Doctor arrived on the tenth day, and was greeted by Drs. Roesen and Makkas. The house of the latter is a perfect model of Sallust's house at Pompeii. The next day the party went to Eleusis, and there, in ascending a hill, the Doctor ran a narrow chance of being engulphed in a curious kind of man-trap. The whole hill was pierced with apertures of not more than three feet in diameter, utterly unguarded, and often concealed by the herbage which grows around their edges. These excavations widen as they descend, are very deep, and smooth as glass in their interior, and, consequently, whoever falls into one would have as much chance of escape as a mouse would of getting out of a quart wine-bottle. The homes of the small proprietors are described as miserable in our eyes; but it is added, that the notions of what is necessary inside a house must be considerably modified amongst a people who pass most of their time out-of-doors, and even sleep out-of-doors in the summer. Going from Athens to Piræus early in the morning, Dr. Corrigan passed several sleeping parties on rugs spread in the open air. The mountain dogs are described as lean, hungry, vicious brutes, not caring for a stick, but afraid of a stone; and we are referred to the "Odyssey" for a proof that the same was the case in Homer's day. A Greek *fête* seemed far too quiet, and far inferior to an Irish fair. Some of the women presented unmistakeably Egyptian or Assyrian features. After further exploration of the neighbourhood of Athens, the Doctor set off on his return journey, *viâ* Ancona, Rimini, Florence, Turin, Vichy, and Paris. It is easy to see that his opinion of Vichy is not very high. Some interesting professional notes are given of the Hospitals at Florence and Lyons; but there is nothing which detracts from the light, gossiping style of the book, or which need prevent it from being placed on the drawing-room table of any ladies who may desire to know how the President of a College of Physicians enjoyed his autumn holiday at Athens.

Volcanos: The Character of their Phenomena, their Share in the Structure and Composition of the Surface of the Globe, and their Relation to its Internal Forces, with a Descriptive Catalogue of all known Volcanos and Volcanic Formations. By G. Poulett Scrope, M.P., F.R.S., F.G.S., Memb. Roy. Acad. Naples, etc. Second Edition, revised and enlarged, with a Map of the Volcanic Areas of the Globe, Frontispiece, Woodcuts, etc. London: Longmans. Pp. 490.

This is what we may call a *thorough* book. It treats of one subject, investigates the whole of it, brings forward every example to be found, and winds up with definite conclusions. It is a book which the student of physical geography must study thoroughly, and from which every one who takes the slightest interest in the progress of physical science will be sure to glean something of interest. It is just the book for a Medical club. The author regards the internal heat of the globe as the *primum mobile* of the whole series of phenomena of which volcanos are a part. He supposes that the earth possesses an intensely heated, yet gradually cooling nucleus, and rejects the hypothesis that violent increments of heat are produced by the access of water to metallic substances (potassium, for example,) supposed to exist in an unoxydised state in the depths of the earth. He observes that there is wanting in this hypothesis something to initiate the series of phenomena and form the fissures by which the water is supposed to reach the volcanic focus; and that chemical changes depending on the access of water might produce a sudden explosion, but scarcely the long-continued and tranquil eruptions which characterise many volcanos. He believes that certain causes, such as variations in the overlying strata,—in their thickness, weight, and conducting power,—cause accumulations of heat in some parts of the earth's core, and that where heat accumulates the surface has a tendency to rise, whilst its decrease is attended with a sinking of the corresponding subaqueous, or subaërial area. He describes the earliest ascertainable condition of the lowest known matter forming the substance of the globe, as a "granitoidal triple mineral compound consisting generally of felspar, quartz, and mica, in a crystallised or granular, but, nevertheless, at times, if not always, in a softened and semi-liquid state, owing apparently to the interstitial mechanical mixture of water or of the vapour of water, holding probably more or less silex in solution, among its crystals; this "magma" being at an intense and occasionally an increasing temperature, and consequently in a state of violent elastic tension, by which it presses forcibly against the overlying and resisting solid masses." This motive power is adequate to the upheaval of mountains, and to filling of the interstices caused by their upheaval into dykes of crystalline igneous rock. The undulating vibrations in the subsequent strata are known as earthquakes. Should the upward projection of liquefied matter be so great that it gains access to the atmosphere or shallow water, it will enter into violent ebullition or volcanic action, until the escape of heated matter and deposit have cooled down the contents of the fissure. The emptied matters, fragmentary and consolidated, accumulate over the vent in a conical mound, with a cup-shaped hollow in the crater whence the eruption occurs. We are taught how volcanic action can be imitated on a domestic scale. If a frying-pan be filled to the depth of an inch or two with plaster of Paris, mixed into the consistence of paste with water thickened with a little glue, and be placed on a stove so as to cause the water in its lower stratum to boil with some violence, the bubbles that rush repeatedly from its surface, following one another in succession upon the same points, leave at last, when all the fluid has evaporated, numerous deep circular pits with a low bank of matter round each, so closely resembling those on the face of the *moon* that it is difficult to resist the conviction that the latter originated in a similar process, on a larger scale. For, be it observed, the surface of the moon is distinctly volcanic, and a mass of it exactly resembles that of the volcanic area around Naples, and thus gives another proof of the unity of matter and forces throughout the universe.

There is a map of the world exhibiting every volcano, extinct or recent, and every district liable to earthquakes. From this it appears that volcanic eruptions, "including the successive processes of fusion, crystallisation, upheaval, conversion into sediment by meteoric and organic agencies, depression and refusion, may have been continuing in endless rotation," from the first. Is the *amount* of this destructive and reconstructive work less than it was? Probably. Yet a glance at Mr. Scrope's book will show the universality of volcanic agency over the globe, and give a humiliating lesson in the instability of earthy things. Whoever is inclined for a philosophic tour next autumn, may be reminded of the volcanic district of central France—an easy journey from Paris, —and may take Mr. Scrope's book as the best guide.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, Considered in their Physiological, Social, and Moral Relations. By William Acton, M.R.C.S., etc., etc. Third Edition. Pp. 218. London: Churchill, 1862.

A work on this subject to be perfect should be written in a most severe and condensed style, with a most religious care to avoid all that can gratify a prurient curiosity. We have no objections to raise against Mr. Acton's book, except that it is unnecessarily long, and that there is too great an attempt at logical subdivision, which looks pretty in a table of contents, but tends to spin out a book to a needless length. We think, too, that he makes too much of spermatorrhœa. He very properly rebukes the quackish horde who trade on the fears which this word excites amongst young men; but he retains the word, although in his definition he evades the meaning. He defines it "as a state of enervation, produced at least primarily by loss of semen." But this is not what the quack Doctors mean by spermatorrhœa, nor what the young men mean who resort to the quack Doctors. "In nine cases out of ten," to use Mr. Acton's words, "it is not true, or only very partially true, that anything that can fairly be called spermatorrhœa really exists." Why then use the word? Enervation is one thing; but to call enervation spermatorrhœa is as absurd as it would be to call it diarrhœa. It is to be regretted that a word so abused should be sanctioned by one who does not himself give to it its true etymological signification. With these exceptions, however, we believe Mr. Acton's work to be consistent with sound morality and good sense. We willingly endorse his opinion that the evils which environ the abuses of the sexual instincts demand plain teaching and open investigation. Young people of either sex will learn; and it is absurd and cruel to leave them at puberty in ignorance of the mysterious functions which are then developed, with no helps against the promptings of sensuality, or against the foolish and immoral teaching which they are apt to get. Mr. Acton points out the benefits of that operation of circumcision which the wisest nations of antiquity adopted, and which spread from Canaan to Egypt, and all over the Asiatic isles. He strongly and consistently advocates entire continence for the unmarried; and he discusses with the freedom of a philosopher the efficacy of modern systems of religion and education in promoting chastity. He finds them wanting in this respect, and clearly prefers the weekly fast and the aid which the Catholic church gives to her members by confession and by formal instruction in morals, to that reticence and license which mark modern Protestant bodies. He gives just weight to the training of the will, to healthy manly habits of life, athletic exercises, and cold bathing. The earlier and *preventive* portion of Mr. Acton's book deserves all praise; but we say again, that if the rest of it had been condensed to one-fourth of its present size it would have been better.

On Dropsy Connected with Disease of the Kidneys (Morbus Brightii), and on some other Diseases of those Organs associated with Albuminous and Purulent Urine. Illustrated by Numerous Drawings from the Microscope. By W. R. Basham, M.D., F.R.C.P., Physician to the Westminster Hospital. Second Edition. Pp. 347. London: Churchill, 1862.

When the first edition of this work appeared we reviewed it at some length, and expressed a favourable opinion, which we would also desire to extend to the volume in its renewed form. We cannot do better in introducing this second edition to our readers than quote from Dr. Basham's preface:—"A large amount of fresh matter has been added confirmatory of the object which the author originally had in view, to show that a careful examination and record of the microscopical appearance of the sediment in albuminous urine may at all times be accepted as a truthful interpretation of the advance or recession of the renal disorder, and, therefore, is essentially the safest guide to treatment. Upon one point the author has seen reason to modify the opinion formerly expressed, that a state of inflammatory engorgement is universally the primary or antecedent stage of every form of morbus Brightii. There are clearly exceptions to this statement, although it is believed that the absence of this symptom (*sic*) will be found chiefly in that form of the disease which produces the so-called waxy kidney, and is associated more particularly with phthisis, cancer, and other exhausting diseases."

Transactions of the Obstetrical Society of London. Vol. III. For the year 1861. London: Longman and Co. 1862.

Systematic treatises form, as a rule, one of the most evanescent parts of Medical literature, records of cases the most enduring. The former are for the Student, the latter for the Practitioner. The books which maintain for any length of time a high position in the archives of medicine are invariably those which are either composed solely of careful histories of individual cases, or, if cast in a systematic mould, such as are most largely interspersed with particularised clinical facts. A carefully followed, well-reported case, is like a well-devised, well-executed scientific experiment, never old, never effete. It will have the same value a hundred years hence as it has now, however Medical knowledge may have advanced, or Medical opinion changed. It is for this reason that we regard a book such as the present volume of the *Transactions* of the Obstetrical Society, as a real augmentation to the most valuable and lasting part of Medical literature. As the papers of which it consists have been already fully reported in our pages, we shall attempt no abstract of its contents. We content ourselves with recommending it to the Profession as a repertory of clinical facts furnished by some of the best observers of the day; alike creditable to British midwifery and to the Society which has been instrumental in bringing together its contents and giving them to the world.

The King of the Belgians, who is in his 72nd year, has suffered much from a repetition of the operation of lithotrity. It is feared that his Majesty is in considerable danger.

Sir Benjamin Brodie, Bart.—This learned member of our Profession having resigned his seat in the Council of the Royal College of Surgeons of England, the following address has been forwarded to him at his country residence, Broome-park, Betchworth, Surrey, where we are happy to say the learned baronet is in the enjoyment of excellent health:—"The Council, in accepting the resignation of Sir Benjamin Collins Brodie, express their unfeigned regret at the loss of his services in maintaining at all times the dignity and efficiency of this College. At the same time they desire to record their estimation of his high professional character, evinced by researches which have contributed to enlarge the boundaries of science, and enhanced by offering in the course of a long and successful career an example of conduct, calculated by its adoption to elevate the Surgical Profession in the respect and esteem of society. The Council fervently trust that Sir Benjamin Brodie may long enjoy the well-earned fruits of his unblemished reputation, and the priceless satisfaction of having conscientiously discharged his duties. —Cæsar H. Hawkins, President of the Royal College of Surgeons of England.—May 5, 1862."

PROGRESS OF MEDICAL SCIENCE.

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Selections from Foreign Journals.

ON MARRIAGES OF CONSANGUINITY AND DEAF-DUMBNESS.

By M. BOUDIN.

M. Boudin, so well-known for his researches in Medical Statistical questions, thus concludes an interesting inquiry concerning the effects of marriages of consanguinity:—1. The opinions hitherto delivered, whether for or against the hurtfulness of these marriages, have, for the most part, not been based upon conclusive proofs. 2. It is the statistical method that can alone supply a scientific solution of the problem. 3. It results from my own researches that consanguineous marriages are contracted in France at the rate of 2 per cent.; and that deaf-mutes are the issue of consanguineous marriages in the proportion of 28 per cent. at the Paris Imperial Institution, 25 per cent. at Lyons, and 30 per cent. at Bordeaux. 4. Marriages between nephews and aunts are contracted in France in the proportion of 0·014 per cent. (fourteen thousandths per cent.), while deaf-mutes are the results of such marriages in the proportion of 2·04 per cent.—in other words, deaf-mutes resulting from such marriages are 145 times more numerous than they should be. 5. Marriages between uncles and nieces are contracted in the proportion of 0·04 per cent. (four hundredths), and the deaf-mutes resulting from such marriages reach 1·61 per cent., *i.e.*, the danger of engendering deaf-mutes is 40 times greater in this kind of alliance than it is in ordinary unions. 6. Marriages between cousin Germans are contracted in the proportion of 0·77 per cent., and deaf-mutes are produced in the proportion of 18·47 per cent., *i.e.*, 24 times more frequent than they should be. 7. The proportion of deaf-mutes proceeding from a consanguineous origin would be still greater if we could take into account those which proceed indirectly from consanguineous marriages. 8. While at Berlin the proportion of deaf-mutes is but 6 in 10,000 among the Christians, it is 27 in 10,000 among the Jews. 9. In nearly the whole of the cases the deaf-mutes issuing from consanguineous marriages have parents who are perfectly healthy and exempt from hereditary affections. 10. When male and female deaf-mutes intermarry, not being consanguineous, the children they produce, with rare exceptions, are exempt from dumbness and deafness. 11. In the face of such facts as these, the hypothesis of a morbid hereditariness, employed for the explanation of the frequency of deaf-dumbness among infants the results of consanguineous marriages, is radically false. 12. The hypothesis of the pretended harmlessness of consanguineous marriages is contradicted by the most evident and well-verified facts, and can only be excused by the difficulty, or rather the impossibility, of giving a physiological explanation of the production of infirm children by parents who are physically irreproachable. M. Boudin, in proof of the practical importance of this kind of inquiries, states that since 1831 more than 15,000 men have been exempted in France from military service on account of deaf-dumbness, dumbness or deafness.—*Recueil de Mem. de Méd. Militaire*, March.

ON THE STABILITY OF THE CURE OF VARICES.

M. Blot communicated to the Society of Surgery two cases of the spontaneous cure of large varices occurring in pregnant women. They were seven months advanced, and although the tumours formed by the veins were large, hard, and red, these entirely disappeared by means of mere rest, cataplasms, and the use of an inclined plane. They returned neither before or after delivery. M. Chassaignac doubted the propriety of the term radical cure applied to these cases by M. Blot; for how often do we find the blood resuming its course in veins which an inflammation had temporarily obliterated. The coagula produced by coagulating substances do not either assure a definitive cure of varices, as they always become absorbed. M. Chassaignac is even sceptical with respect to the radical cure of hydrocele by means of irritating injections; for he has found the fluid reproduced in the tunica vaginalis, although this at first had been completely obliterated, and had abundantly suppurated. M. Velpeau declared that relapse after the operation for hydrocele did not take place oftener than in 4 per cent., whether there had been obliteration of the tunica vaginalis or not, such obliteration, especially definitive, being, indeed, very rare. With respect to the radical cure of varices he is more disposed to agree with M. Chassaignac, inasmuch as the obliteration of the veins, whether produced by the perchloride of iron, caustics, or ligature, and which is often so difficult to effect, is not after all durable. The varices are reproduced. Such reproduction may take place even after excision of the varicose veins; for M. Velpeau has seen the saphena vein reproduced ten years after such an operation. This M. Broca regards as an illusion on the part of M. Velpeau, for as M. Verneuil has shown, in the great majority of cases, this large vein which is taken for the saphena is not that vein but a varicose collateral, taking the same direction as the saphena. With respect to the stability of the obliteration of the veins, we should distinguish whether this has been produced by means of coagula or by adhesion of the walls of the vein. Coagula will disappear at last, even those which have been produced by means of an injection of the perchloride; and in one case M. Broca has known this to take place at the end of five years. But when the obliteration is due to the adhesion of the walls of the vessel, such adhesion is as solid, or even more so, than that which takes place between the pleuræ. M. Dépaul does not regard a relapse as always a proof that a radical cure has not taken place. A man fractures his leg at the seat of a well formed callus, but surely we should not deny that the original fracture had been completely cured. With respect to M. Blot's two cases, although they certainly are examples in which the varices were cured prior to delivery, they would have been of more value as examples of radical cure had they not occurred in the persons of pregnant women, in whom varices habitually disappear at the termination of pregnancy. M. Dépaul added the observation that the production of varices in pregnant women is not solely due to a mechanical cause, for these varices sometimes appear long before the uterus has attained a size sufficient to compress the pelvic vessels. There is therefore also some special cause, the nature of which is as yet unknown.—*Gazette Hebdomadaire*, No. 16.

ON THE VALVES OF THE VEINS OF THE EXTREMITIES.

By M. VERNEUIL.

At the Paris Anatomical Society, M. Verneuil made the following observations on the venous system of the limbs:—

While some of the arteries are accompanied by only a single vein, others have two venous satellites. The former are the encephalic, pulmonary, cardiac, uterine, and thyroid veins, and those of the portal system. These are all destitute of valves, while the veins of the limbs, which are always double in relation to the artery, are all possessed of valves. Is there here anything beyond a mere coincidence, any relation of cause and effect? Is not the existence of a double vein the consequence of the presence of the valves? When we contemplate the amount of pressure exerted upon the valves by the column of blood, we feel surprised that these folds are enabled to fulfil their office, and that their resistance is not oftener overcome by the obstacle which they have to surmount. But our surprise ceases when we consider that each of the segments of the vein, of the portions comprised between two valves, is provided with what may be termed a safety canal, that is, a vascular tube, which, arising a little above the lower valve, is directed at first horizontally, then vertically, and then again horizontally, so as to enter above the superior valve, presenting towards the superior extremity of its vertical portion a valve so disposed that the blood may in this safety canal flow towards the heart, but not in the contrary direction. Each segment of the vein is provided with a similar canal; and supposing these canals conjoined, they would constitute a single safety-tube, the vertical portions of which represent the second vein attached like the first to the artery, while the horizontal portions represent the transverse anastomoses which establish a constant communication between the two parallel veins. This safety-tube is provided with valves disposed as noted, and which only allow of a concentric movement of the liquid. The second vein thus serves as a derivative for the first, which in its turn plays a similar part for the second. From this reciprocity of action there necessarily results a well nigh complete equality of volume for the two vessels. This explanation applies to all the veins of the extremities, and, in a general manner, to all veins having valves. The femoral vein, which at first sight seems to offer an exception to the rule, nevertheless presents the same disposition, for an attentive examination will demonstrate that there exists by its side a second vessel of smaller dimensions, communicating with the first by numerous anastomoses, each of which always opens into the principal vessel above a valve.—*Bulletins de la Soc. Anat.*, Vol. xxxvi. p. 268.

EXCERPTA MINORA.

Dislocation of the Clavicle on both Sides at Different Dates.—A man, aged 44, came under M. Nélaton's care after having been cast down violently on the right shoulder, and from the flattening which this presented a luxation of the humerus was at first supposed to have occurred. On examination, however, a projection of the external extremity of the clavicle above the acromion was found, and was evidently due to a supra-acromial dislocation of this bone. The flattening of the shoulder was below the dislocated extremity of the bone on a level with the acromion, and very different from that which takes place in luxated humerus, when the flattening is below the acromial process. It is to be remembered that in some individuals the external extremity of the clavicle naturally projects considerably. The strange part about this case is, that the patient exhibited a similar dislocation on the left side, which, produced nearly thirty-five years before, showed a far greater displacement than that caused by the recent accident. M. Nélaton avows that in this form of dislocation he knows of no means which will keep the bones in their places when reduced, and in the twenty cases which have fallen under his care he has always failed in doing so. Fortunately, the functions of the limb are not much interfered with.—*Gaz. des Hôp.*, No. 37.

FOREIGN CORRESPONDENCE.

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FRANCE.

Paris, April 19.

THE ACADEMY OF MEDICINE.

Every one who has for some time lived in France, must have been struck with the great analogy which exists between Institutions of the most different kind in this happy country. Without entering at any length into this promising subject, I will to-day merely throw out a few hints concerning the considerable similarity of the French Cuisine and the French Academy. The characteristic feature of the former is "to do everything to death;" an axiom which no one will contest who has only once tasted *bouilli* and *boeuf à la mode;* while the latter Institution treats scientific matters in the same way as the former does comestibles. The last unhappy victim of the Academy, Hospital Hygiene (a subject the importance of which, if properly handled, no one thinks of denying), has now, by cooks of the most different creed in the bosom of that enlightened body, been not only roasted and toasted, boiled and broiled, but also cured and fried, curried and stuffed, grilled and baked, stewed and braized; so that there seemed to be a faint hope that it would at last have become fit for being embalmed. In fact, M. Devergie, with admirable insight into the temper of the Medical Profession out-of-doors, and that of the public generally, thought that enough had been done, and moved on Tuesday last that the debate on this subject should now be closed; but as several great men are still in the background with sauces *à la financière* and *jardinière*, with cream *à la sœur* Nightingale, and peas *à la* Thackeray, this motion was indignantly rejected. If any practical advantages and improvements were likely to result from this discussion, one might put up with the nuisance as an evil from which good would flow; but as it is certain that after all nothing will be done, the Academy might have shown a little more regard for the feelings of their audience in-doors, and of the Medical Press and Profession outside, and finished a sort of speechifying which, with a few honourable exceptions, has by no means redounded to its credit.

A NEW FRENCH PHARMACOPŒIA.

A new edition of the French Pharmacopœia being urgently required, the Ministers Rouher and Rouland have addressed a report to the Emperor, praying that the edition of 1837 should be revised. They say that as all branches of public life have received impulse from the Imperial genius, Medicine and Pharmaceutics have also, in consequence of the re-establishment of the Empire, been signally advanced; and it would therefore be a graceful act to compress the additions made since then to our knowledge into a work which might indicate to posterity the splendour of the age in which we lived. The Committee charged with working out the new Pharmacopœia consists of Messrs. Dumas, Grisolle, Regnault, Tardien, Bussy, Le Canu, Mialhe, and a few others of less note.

May 2.

THE HÔPITAL DES ENFANS MALADES AND THE HÔPITAL ST. EUGÉNIE.

There are two Hospitals for the reception of sick children in this metropolis, one of which is the Hôpital des Enfans Malades, with 600 beds, and the other the Hôpital Sainte Eugénie, which contains 425 beds. In both of them boys and girls are lodged in separate wings of the building, and children suffering from scab on the head are only treated as out-patients. Concerning the diseases chiefly observed in the two Hospitals there is this difference: that in the Hôpital des Enfans Malades, especially, such children are admitted as suffer from chronic diseases, as scrofula, etc., while St. Eugénie always contains a larger proportion of children attacked by acute diseases. For this reason, patients generally remain much longer in the former than in the latter institution; and the Hôpital des Enfans, therefore, contains better contrivances for affording the patients some recreation and amusement, special enclosures being reserved for gymnastic exercises, games, etc., besides which rooms are set apart for reading and writing. A farm is connected with this Hospital, in order that plenty of good milk and meat may always be at hand. Ventilation is unfortunately very bad in the building, and endemic contagious eye-diseases are therefore of frequent occurrence. The mortality is also very high, being 25 per cent. for the Hôpital des Enfans Malades, while it is only 17 per cent. for the Hôpital St. Eugénie. The most distinguished Surgeons of the former institution are Messrs. Guersant and Bouvier, and those of the latter, Messrs. Marjolin, Bouchut, and Barthez.

ON PNEUMONIA IN INFANTS.

M. Barthez, who is well known to the Medical world by his valuable work on Diseases of Children, which he undertook in common with the late M. Rilliet, of Geneva, has lately given us an interesting account of his most recent experience on pneumonia in infants. From 1854 to 1861 he has in Hospital practice observed 212 cases of genuine pneumonia in infants, and only lost two patients, both of which were affected with bilateral pneumonia. One-half of the children suffering from inflammation of the lungs who came under M. Barthez's care were subjected to no treatment whatever; in a number of others the treatment was confined to an occasional purgative, emetic, or bath; and only in one-sixth of the cases active remedial measures were resorted to. Besides these, M. Barthez has treated a large number of similar cases in private practice with similar results. He therefore concludes that genuine and non-complicated pneumonia in children is, at least as far as Paris is concerned, a mild disease, whatever may be the seat and extent of the inflammation, the seasons, and the years, and whether the medication employed be active, insignificant, or absolutely none. Double pneumonia is, however, more dangerous, as two patients died out of thirteen affected by it. The age of the patients was between two and fifteen years. Pneumonia complicated with other diseases, such as typhoid fever, tuberculosis, etc., is of altogether a different character.

Concerning the duration of the several stages of the disease, M. Barthez remarked that if no treatment was pursued, resolution commenced between the sixth and eighth day from the commencement of the disease, and more especially on the seventh day; in some cases, however, it began as early as the fourth or fifth day, or was retarded till after the eighth.

A mild treatment produced no change in this respect; and the disease being essentially benignant, M. Barthez rejects the antiphlogistic treatment altogether, so much the more as he has seen that several children who were treated with blood-letting, etc., made a bad recovery, and for a long time remained pale and emaciated. In only four patients he found it necessary to have recourse to repeated phlebotomies; and in these instances resolution commenced on the fifth, sixth, seventh, and tenth days. If resolution has once begun, there is soon an end of the disease, viz., between two and six days, it being only seldom protracted from seven to ten days. This natural duration of the stage of decrease is not sensibly altered by any treatment; but if the latter is very active, the patient does not find any benefit from it. Pneumonia in infants generally terminates in ten days or at most within a fortnight, if left to itself; but if severe antiphlogistic measures are resorted to, the disease may be protracted. In double pneumonia a fortnight is generally the shortest term of the disease. The recovery is always most rapid in those children who have had no, or scarcely any, medicine; these almost invariably get well within a fortnight, while in those who have been actively treated convalescence often lasts from fifteen to thirty days. As regards the seat of the affection, resolution is quickest if the middle part of the lung is affected; inflammation of the top and the base of the lungs has much the same duration. The general conclusion to be drawn from all the facts mentioned is, that careful attention should be given to hygiene, and that as little medicine should be prescribed as possible. Occasional emetics, purgatives, warm-baths, or blood-letting are in certain cases useful for relieving the pain in the side and the oppression on the chest.

GENERAL CORRESPONDENCE.

ON THE PROBABLE EXISTENCE, IN CEYLON, OF A RACE OF MAN RESEMBLING THE PAPUANS AND TASMANIANS; AS DISCUSSED AT A RECENT MEETING OF THE LINNEAN SOCIETY.

Letter from Mr. E. W. Brayley, F.R.S., F.L.S.

[To the Editor of the Medical Times and Gazette.]

Sir,—Professor Busk, with other Zoologists, regarding Anthropology as a branch of Natural History, expressed his intention, some time since, of adding it to the other departments of science which are included in the province of the Linnean Society. Accordingly, at the ordinary meeting on March 20, he gave an interesting oral exposition on certain human skulls recently received from Ceylon; explaining also, at some length, the method of cranial admeasurement which he has adopted, and exhibiting in tables some of its results. Of this communication a full and illustrated report is contained in your Journal for April 12, together with a brief account of the discussion which ensued. But in the notice given of the part I took in that discussion, the explanation I offered of the occurrence of a Tasmanian-like skull from Ceylon which was announced by Professor Busk, is entirely omitted; and in the report a conclusion involved in that explanation, for which I alone am accountable, is attributed to him; while, by a misapprehension of a part of what I said, a statement and an inquiry which I did not make are attributed to me. Allow me, therefore, to record in your pages the substance of the remarks which I addressed to the Society, to correct these inaccuracies, and to add some further considerations on the subject.

My observations were confined to the probable ethnological history of one of the skulls submitted to examination, one of the two which Dr. Stephen Ward had contributed as being crania of the Veddah tribe; but of which Professor Busk, at the commencement of his discourse, had affirmed that had it not been received from Ceylon he should have taken it to be that of a Tasmanian, and the occurrence of which, therefore, he believed to be in some manner accidental.

On this point I observed that I was prepared for the fact of the discovery of a Tasmanian-like skull in Ceylon, which verified, indeed, by physical evidence, a previous deduction of my own. To explain this anticipation, I gave an outline, nearly in the following terms, of the view I had taken of the origin of the Papuan race—to which, in physical conformation, the Tasmanians belong—in a paper written many years since, and published in the *Philosophical Magazine*.(a)

From an examination of the characters and history of the Asiatic negroes or Papuans, as detailed in the works of various naturalists and ethnographers, compared with the philological researches of Julius Klaproth, I had inferred that they were, if not the Aborigines, at least the most ancient people of whom any traces can now be discovered, of the great peninsulas of India, that is, of Hindostan and Malacca, as well as of Siam: that they migrated from the peninsulas to the islands of the Indian (Malayan) Archipelago, and thence through New Guinea, their present *metropolis* as it were, to the Australian regions: that they appeared to have been driven from the peninsulas as well as the great islands of India,—including, of course, Ceylon,—or compelled to inhabit the interior fastnesses only of those countries, by some of the races who were the remote ancestors of the present Hindoos and Buddhists, and chief population of India.

Having also discriminated between the Australians and Papuans in my paper, I expressed my concurrence with Mr. Busk in the opinion which he had formed from the examination of their crania, that they are distinct races.

I admitted that these views might be greatly affected by the advance made by ethnology since they were originally enunciated, and would now, probably, require modification; and also that there was another interpretation of many of the facts, which, it might perhaps be considered, would account for them equally well. There might have been an indigenous race of man in every principal locality, each having been "a centre of creation." The Tasmanian form might have originated in Tasmania, and the Cingalese form, apparently identical with it, might have originated in Ceylon, under perhaps similar conditions. I concluded by stating, however, that I did not espouse this interpretation, but merely admitted in candour that it also might explain the facts immediately under consideration.

In your report (p. 387), it is stated that Professor Busk, applying to the Veddah skulls the method of admeasurement he had explained, "observed that it was obvious that if a cranium which had been sent to him by Dr. Ward as a Veddah skull, and which exhibited characters allied to the crania of the Papuan race, was really Cingalese, that two classes of hill tribes existed in Ceylon."

This is not accurate. The inference that "two classes of hill tribes existed in Ceylon," was not drawn or stated by Mr. Busk; who, on the contrary, in reply to the implication contained in my views that if the cranium in question were truly Cingalese, there must be more than one race among the savage people of Ceylon, reiterated his opinion that it did not belong to any native race of the island, but was the skull of "a stranger, an intruder in some way."

I had alluded, as above, to the philological researches of Julius Klaproth; but I did not say, as stated in your notice of the discussion (p. 388),—neither is it the fact,—that he "had connected the Papuan and Indian races on the evidence of language;" nor, consequently, did I remark that "it would be interesting to know whether this philological conclusion was supported by physiological facts." Such a conclusion would have been entirely at variance with the view I had suggested of the origin of the Papuans, and with those inductions of Klaproth with which it is in harmony, all implying, in fact, the non-affinity of language between what are here termed the Papuan, and the Indian races, respectively. It is possible that your reporter may have been led to misapprehend my allusion, by my having said, speaking from memory only, that the views I had published on the subject were partly based on the "philological" researches of Klaproth, when I ought to have said, as in my original paper, on his "profound researches into the ancient history of Asia;" though, of course, those researches were in great measure philological.

In reviving this investigation, I desire to express myself in the most cautious manner. As already intimated, the views I formerly offered must necessarily be greatly affected by the knowledge subsequently acquired of the various races of man inhabiting the continent and islands of Asia and the countries to the south. My attention, though never entirely withdrawn from the physical and ethnic history of the human race, has been long chiefly given to other subjects. The generalisation implied in the term "Asiatic negroes," as employed in my paper, is clearly too wide, and includes a variety of races, some of which probably differ from each other as much in their origin as they do in their actual conformation. The same remark is applicable to the modern more limited designation of "Pelagian negroes," now used, by some ethnologists, as synonymous with that of "Papuans." As an example of the analysis required, and with respect to some of these races already effected, I may cite the recent discrimination of the Andamaners from the Papuan race by Professor Owen; to which Professor Busk alluded in his reply to my observations. He considers the former, however, to be "a diminutive Malay race," thus differing from Professor Owen, who has ascribed to them an origin independent of all other races.

(a) "On Certain Points, hitherto unexplained, in the Natural History of the Papuans, or Asiatic Negroes."—*Phil. Mag.*, November, 1832. Third Series (*Lond. and Edinb. Phil. Mag.*), Vol. i. p. 466—469.

Should, however, the truth of the views suggested in my paper, respecting the distribution of the Papuan race, be hereafter established, the term "Asiatic negroes," limited to that race, will probably be found the most appropriate. That of "Pelagian negroes" would exclude the "Papuans" of the continent of Asia, to which those of Ceylon would virtually belong.

The distribution of the Papuan race or races, is a subject of too great a magnitude to be materially affected by the identification of a single cranium; but of its existence in Ceylon, we have at present no other physical evidence. The diversified relations of the subject, however, as a portion of the history of man, give extreme interest to the discovery of even one Tasmanian-like skull from that island; and among rare skulls, one in six is a large proportion, corroborating the inference that its occurrence is not accidental, but indicative of a native people to one of whom it belonged. If such a race exists, or has formerly existed, among the savage mountaineers of Ceylon, other evidence of it must be obtainable.

Mr. Thwaites, by whom four of the Veddah skulls described by Professor Busk were procured, is admirably situated for directing or promoting the requisite researches; and he would add greatly to the benefits he has already conferred upon science, in this and other departments, by establishing the fact—if such it be—that the scene of his labours was one of the ancient seats of the remarkable people whose history has been glanced at in this paper.

I am, &c.

London Institution, April 24. E. W. Brayley.

REPORTS OF SOCIETIES.

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METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

Dr. Thomson, F.R.S., President, in the Chair.

A paper, by John Gamgee, Esq., Principal of the New Veterinary College, Edinburgh, was read, on the question,

"IS THE PRODUCE OF DISEASED ANIMALS UNWHOLESOME AS HUMAN FOOD?"

After a few introductory remarks as to the unsatisfactory state of our knowledge in reference to the effects of animal food, which he compared to the state of knowledge in relation to the effects of impure air and water twenty-five or fifty years ago, the Author classified the sources of impurity known to affect animal food into five divisions. I. Cadaveric venom and animal poisons of undetermined nature developed spontaneously in health or disease. A poison of this nature exists in animals goaded and hunted until they are infuriated. The form of disease induced by eating the flesh of an over-driven ox is violent dysentery, with febrile excitement. A similar poison appears generated by a protracted parturition; and the flesh of cows dying in labour should on no account be eaten. II. Animal poisons well known from their effects in inducing specific contagious diseases. *Anthrax* is the disease which is best known as generating such a poison. The warmer the climate, the more deadly is anthrax; in our own country the disease is seen, but is rarely, and then in hot weather, attended with the development of the anthrax poison. The *braxy* in sheep, the *black quarter*, *quarter coil*, *quarter garget*, and *black leg*, are other names for this disease. It is the terrible virulence of the anthrax poison abroad that has led to the excellent organisation of slaughter-houses and the appointment of qualified professional inspectors. The milk of animals affected with anthrax appears in some instances to have caused diarrhœa. *Contagious typhus fever*, a disease which has not reached our country, owing to the vigilance of the Prussian and Austrian Governments. It does not appear that the flesh is rendered poisonous to man by this disease. The milk has produced alarming symptoms in man and dogs. *Epizoötic aphthæ*, which has been so rife in London for some time past, and known by dairymen as the hoof and tongue disease, is not often fatal, except from the violence of irritative fever which no doubt deteriorates the flesh. The milk, if taken quite fresh and undiluted, has been proved to cause feverish symptoms, and a vesicular eruption in the mouth. It has proved fatal to calves and pigs. *Epizoötic pleuro-pneumonia*, which has also been so fatal in England, appears confined to the ox tribe. The Author believes it to be exclusively contagious; but the losses it induces are greatest when animals are kept in defiance of sanitary rules. The milk derived from animals that die of this disease, though deteriorated in quality, cannot be said to be poisonous. Mr. Gamgee considers that when a fat bullock or other well-conditioned animal is taken with the disease it should be slaughtered at once, and the flesh allowed to be sold at a reduced price. III. Organic poisons the result of decomposition. The flesh of diseased animals putrefies rapidly. IV. Mineral and vegetable poisons absorbed into the system of animals. *Tartar emetic* may be given in very large doses, many ounces daily, to oxen, and would prove very pernicious. Cattle and sheep may eat with impunity many narcotic vegetables which render their flesh and milk poisonous. V. Parasitic animals and vegetables inducing disease in man. The cysticercus in measly pork causing tapeworm, and animals suffering from ringworm, giving rise to eruptions and boils, come under this category.

Members generally expressed their opinion that we stand in need of more well-ascertained facts as to the effects of eating the flesh of diseased animals.

Three proposals of Dr. Letheby's were discussed, namely, that Sanitary Inspectors should condemn as unfit for food—(1.) The meat of animals slaughtered in a state of acute inflammatory disease. (2.) The meat of animals that have wasted from lingering diseases. (3.) The meat of all animals that have died from any other cause than the act of the butcher.

A few members thought these rules too stringent, but the majority considered that a regard for public health rendered such regulations necessary. Animals that died from accident should only be allowed to be used for food when the details of the accident were well ascertained. The effect of stringent regulations, it was believed, would be to make graziers and others more careful as to the hygienic conditions of their animals. It was, undoubtedly, a fraud that the meat of diseased animals should be sold as the meat of healthy ones, and should not be permitted any more than adulteration of food. A thorough inspection of slaughter-houses whilst animals were being dressed appears to be absolutely necessary in order to the detection of disease in animals, and to render this practicable, private small slaughter-houses must be disallowed, and only public ones permitted; the real character of the diseases of animals from which meat was obtained might be discovered, and the effects of such meat might be traced in persons who should partake of it.

MEDICAL SOCIETY OF LONDON.

Monday, April 21.

Dr. Sibson, F.R.S., President, in the Chair.

Dr. Richardson read a Paper, illustrated by various specimens, on

THE ANTISEPTIC PROPERTIES OF AMMONIA.

He said that his earliest researches were directed to the study of the antiseptic properties of gases, and recalled attention to the communication he had made to the Society on this subject in 1850. His present inquiry and application of ammonia as an antiseptic commenced in 1858. His attention was then directed to the fact, that the presence of ammonia effectually arrested the oxidation of various bodies, and even prevented the action of ozone. Believing that by an extension of the same law animal substances exposed to ammonia could be prevented from putrefaction, he kept blood and portions of tissues in contact with simple ammoniacal vapour, and with results which were most remarkable. Blood in an ordinary stopped bottle, if charged with ammonia so as to give a faint ammoniacal odour, would retain its freshness and many of its properties for years. Animal structures in like manner placed even so as to be massed together in bottles containing ammonia vapour, would retain their freshness for an unlimited time. Dr. Richardson now showed the following specimens :—The lungs of a calf which he had used for lecture purposes for six months, and which had been simply placed under a bell-jar, a little ammonia in solution being put over them from time to time; a pancreas which had been kept for eighteen months in a bottle containing twenty minims of ammonia solution; a kidney showing deep congestion, which had been removed sixteen weeks; a bottle of mixed specimens, including portions of intestine with enlarged glands; a bladder, the inner surface of which was injected; a uterus and ovaries and a pancreas, all of which had been preserved lying close in one bottle for sixteen weeks; also a portion of liver, which had been removed nearly three years; and a cancerous breast, which had been removed by Mr. Spencer Wells eight weeks before. The specimens all retain their freshness, and admitted of dissection and examination as in the recent state. The author then described the method of applying ammonia. It was necessary, in the first place, to trust to the ammonia alone: specimens that were exposed first to spirit and then to ammonia vapour were always spoiled. For the preservation of fluids, such as blood or milk, it was merely necessary to add the alkali in solution in proportion, say of twenty minims, of the strong solution to two ounces of the fluid to be preserved. For tissues the plan was to place the specimen to be preserved in a stoppered bottle or under a bell jar, such as is used for wax flowers and ornaments, to place in the jar with the specimen a layer of felt or lint, charged with from ten minims to a drachm of the liquor ammonia fortis, and then to close the vessel or jar secure from the external air. For a luting in such cases soap answered best, or a mixture of soap and red lead. After this description, Dr. Richardson pointed out the practical value of the method. 1st. In conducting post-mortem inquiries it did away with all occasion for hurry. It was now only necessary at an autopsy to be provided with one or more jars, each containing say a drachm of liquid ammonia. The jars might now be filled with specimens, and if the stoppers were put in with care the specimens would retain their freshness for weeks, and even their microscopical characters. The only peculiar change was, that if much fat were present, the alkali formed with it a kind of soap: a fact which explained the formation of adipocire in the dead subject undergoing slow decomposition. For forensic purposes this method of preserving animal structure was perfect, inasmuch as it added no mineral or poisonous matter, and yet secured the part to be examined free from change and from all offensive odour. Not only so, but important pathological changes, such as ulceration of intestine, could be kept under observation and submitted to any number of pathologists. He (Dr. Richardson) had found the system a very useful one, too, for lecture purposes, as it enabled him to show to his class real specimens of disease, such, for instance, as the schirrous breast now going round, instead of casts or specimens softened, discoloured, and indeed destroyed altogether by immersion in spirit. The last point to which Dr. Richardson drew attention had reference to the cause of the antiseptic power of ammonia. Ammonia being a product of decomposition had been looked on commonly as a substance provoking decomposition. But ammonia was truly the most powerful antiseptic known: it acted catalytically by preventing the union of oxygen with oxidizable bodies. An experiment was here performed illustrating this: half a grain of ammonia diffused through 40 cubic inches of air was shown to possess the power of entirely suspending the combination of oxygen with potassium on a surface of paper saturated with iodide of potassium, starch, and solution of oxygen, so long as the paper was presented to the ammoniated air; but so soon as the paper was removed, the evidence of the combination, indicated by the formation of the blue iodide of starch, was presented. In preserving animal structures in ammonia, the same experiment was virtually carried out; the presence of the ammonia suspended the oxidation. There were other agents which effected the purpose, such as chloroform; but the fact that these agents were indifferently soluble in water rendered them much less effective as compared with ammonia, which combined readily with the water contained in the tissues, and so perfected the preservation to the minutest point. In conclusion, the results presented tended to throw a light on the influence of the ammonias as the producing causes of some diseases, and as the curative remedies in other diseases. The same rule that pertained to dead pertained to living organic matter. Hence long exposure to ammoniacal vapour, by arresting oxidation, produced extreme anæmia and a low depraved condition of the system, altogether with reduced respiration, reduced appetite, reduced muscular power, and reduced energy. On the other hand, in cases where a rapid oxidation of the body was being determined attended with increase of heat and rapid disintegration of tissue, the administration of ammonia, by arresting these changes, became in judicious hands the most powerful and effective of remedies. It checked decomposition by its action on oxygen; it held the blood fluid by its solvent power as an alkali, and being volatile it inflicted no immediate injuries on the structures of the body.

OBITUARY.

DEATH OF PROFESSOR SCHROEDER VAN DER KOLK.

With feelings of the deepest regret we announce the decease of the excellent and distinguished Professor of Medicine in the University of Utrecht, of which sad event intelligence has just reached us from Holland. Professor Van der Kolk had apparently recovered from the abdominal affection under which we some time ago stated he was labouring, when fever, the result of taking cold, in a few days reproduced the whole train of symptoms, under which he finally sank on the evening of May 1.

The irreparable loss which has thus been sustained cannot be better described than in the words of the friend who has furnished us with the foregoing particulars :—

"Utrecht," he observes, "has thereby lost one of its most estimable citizens, the University one of her ornaments, society one of her greatest benefactors, science one of her most devoted cultivators, his numerous household a loving father, their mainstay and their hope.

"J. L. C. Schroeder Van der Kolk, Professor of Medicine in the University of Utrecht, Inspector of Institutions for the Insane in Holland, Knight of the Order of the Lion of the Netherlands, and of the Swedish Order of the Polestar, and Commander of the Order of the Oaken Crown, member of numerous societies both at home and abroad, esteemed and beloved by all for the endowments of his head and heart, which he employed in the interests of society, succumbed at the age of sixty-five to a protracted illness, which had long undermined his health and confined him to a sick bed. He lived in the conscientious discharge of duty, and died in calm dependence on God's loving mercy."

Having in our Number for March 31, 1860, page 320, given a short biographical notice of the highly-gifted man whose decease we now deplore, we have little to add to the foregoing save our conviction of the magnitude of the loss which Medical science in particular has sustained in his removal. His memory must ever live as that of one of the most distinguished physiologists and pathologists of modern times, while the improvement he effected in the treatment of the insane in his native country entitles him to be classed among the benefactors of the human race.

The College Lectures.—The interesting course of lectures by Professor Gulliver, F.R.S., will be resumed in the Theatre of the College on Tuesday, June 17.

The Heathery Burn Cave.—The geological facts respecting the conditions under which human remains, bronze ornaments, bone implements, and the bones of various mammalia were discovered in the Heathery Burn Cave, near Darlington, Durham, are now before us. In the *Geologist* for the current month, Mr. John Elliott gives ground plans and sections of the cave, and points out that from the peculiar manner in which the deposits at a certain part of the cave are formed, it is probable that a long lapse of time must have occurred, during which the inhabitants of the cavern lived and cooked the remains of the animals slain by them in the chase. In his paper, he affirms confidently that the cave-men "lived and died so long ago, that no time has chronicled the career of their race, who probably had perished ere Cæsar came to conquer." We have seen many of the bones found in the cave; but as the whole evidence is at present *sub judice*, we refrain from offering any opinion as to the probable age of the deposit until the gentlemen at present charged with the interpretation of the facts shall have concluded their labours.

MEDICAL NEWS.

University of Aberdeen.—Graduates in Medicine, April, 1862.—On Friday, the 25th ult., at the close of the Medical Examinations—which have been conducted during the last three weeks by the Professors of the Medical Faculty and the Assessors nominated under a late ordinance by the University Court—Degrees were conferred by the Vice-Chancellor on the successful candidates, viz. :—

⁂ The names are arranged alphabetically, except in cases of honours, which stand in order of Merit.

The Degree of M.D. on the following :—

Messrs. David Mackie, John Barclay, Angus Fraser, Alexander Yule, D. Williams Davies, honourably distinguished; William Connon, Samuel Bailey Eadon, Wm. Henderson Grant, Ernest Low, Archibald Maclean, Robert Hall More, Geo. Russell Pickthorn, William Reid, and William Stables.

The Degree of M.B. on the following :—

Messrs. Alexander Turner, George Maclean, Alex. S. Maclagan, Alexander Brebner, Wm. R. Duguid, honourably distinguished; Alex. Dalziel Keith, and James Benjamin Fraser Suther.

The Degree of M.C. on the following :—

Messrs. John Barclay, Alexander Brebner, David Williams Davies, Wm. Robert Duguid, Samuel Bailey Eadon, William Henderson Grant, Angus Fraser, Ernest Low, Alexander Dalziel Keith, David Mackie, Alexander Stormont Maclagan, Archibald Maclean, George Maclean, Robert Hall More, William Reid, William Stables, Jas. Benjamin Fraser Suther, Alex. Turner, Alexander Yule, and George Russell Pickthorn.

At the same time, the following candidates were declared to have passed part of their Medical Graduation Examinations :—

Harvey Eustace Astles, James Forbes Beattie, Arthur Woolsey Blacklock, Theunis Johannes Botha, David Dyce Brown, John Brown, Charles Henry Burnett, Harcourt Macleod Busfield, Alexander Campbell, George M'Iver Campbell, Stewartson Clark, Robert Collins, Thomas Connon, William Dunbar Cosgrove, Samuel Davidson, A. F. Angus Fairweather, John Fraser, Gabriel Fropier, James Thomas Gage, John Grant, Robert Harvey, William Gauld, James Hector, James Foote Henderson, James Alexander Innes, Robert Keith, David Arthur Kerr, Benjamin Knowles, George Symmers Knowles, David Arthur Leslie, John Gray Mackendrick, Andrew Macmillan, John Macpherson, James Green Milne, Alexander Minty, John Murray, sen., John Murray, jun., Alexander Ogston, Francis James Padfield, William Paterson, Lawrence Pitcaithly, John Reid, John Shand, Peter Shepherd, John Simpson, Charles Smart, James Dear Smith, William James Smith, John Clement Souter, William Stables, William Henry Stewart, George Thomson, Robert William Troup, Thomas Watt, Thomas Black Webster, and John Wight.

Royal College of Surgeons of England.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 2nd inst., and when eligible will be admitted to the pass examination :—

Messrs. Cornelius Benjamin Fox, Edward Harley, Richard Hake Bush, Henry John Hunt, and Edwin Roberts, of King's College; Howard Rees, James Smith Harris, Charles Albert Hingston, and Fred. King Green, of St. Bartholomew's Hospital; Ernest Arthur Hudson, John Morgan Bryan, Carey Pearce Coombs, and Samuel Woodman, of St Mary's Hospital; John Chaundy Clarke, Edward Ashwell Burnham, and William Henry Vipan, of Guy's Hospital; Richard Prior Wintle and William Reuben Booth, of St. George's Hospital; Francis James Ryder and Frederick Hendebourck Gervis, of St. Thomas's Hospital; William Henry Dyson Mence and George Lamb, of the University College; Frederick John Hawthorn, of the London Hospital; Richard Carter, of the Charing-cross Hospital; and John Brown Oliver, of the Westminster Hospital.

The following gentlemen having undergone the necessary Examinations for the Diploma were admitted members of the College at a meeting of the Court of Examiners on the 6th inst. :—

Messrs. George Morris Ashforth, L.S.A., Westmill, Herts; Thomas Henry Barnes, Clare, Suffolk; Frederick Woodman, Exeter, Devon, and Thomas Holman, L.S.A., Uckfield, Sussex, of Guy's Hospital. Michael Alfred Conolly; Caudell Clarke, Wymondham, Norfolk, and William Thomas Smith, Haworth, Yorkshire, of Westminster Hospital. William Henry Griffin, L.S.A., Banbury, Oxon; William Saul, Banbury; Reuben Thomas Warn, Plymouth; William Talbot Clindening, Adelaide, Australia, and Charles Taylor, Dalston, of the London Hospital. Thomas Clarke, Poulton-le-Fylde, Lancashire, and Daniel Biddle, Walton-under-Edge, of St. Thomas's Hospital. Lewis Carter Badcock, Camberwell-grove, and Francis Bonney, Chichester, of the Charing-cross Hospital. John Leigh Becker, Altham, Lancashire, of King's College. Charles Stewart, Plymouth, of St. Bartholomew's Hospital. Hugh Moss, L.S.A., Congleton, Cheshire; John Dixon Mann, Kendal, and Thomas Aubrey Bowen, Melbourne, Australia.

Admitted members on the 7th inst. :—

Messrs. Frederic Edward Gabb, Cheltenham; Richard Luscombe Elliot, Kingsbridge, Devon; John Ruddle Milsome, L.S.A., Longparish, Hants; James Herbert Brown, Brighton; Woodruffe Daniel, L.S.A., Ipswich; Charles Edward Addison, Doncaster; Ebenezer Ludlow, L.S.A., Hertford, and Michael John Milton, Bradford, Yorkshire, of St. Bartholomew's Hospital. William Horracks, L.S.A., Farnworth, near Manchester; John Smith, Great Yarmouth; Robert George Freeman, Trafalgar-road, Greenwich, and Astley Augustus Charles Cooper, Southampton, of Guy's Hospital. Alfre Averill, Broadway, Worcestershire; Arthur Long, Barham, near Canterbury, and George Mowatt, Plymouth, of Westminster Hospital. Thomas Robert Pearson, Newark-on-Trent, and Henry Nanton Murray Sedgwick, Antigua, West Indies, of King's College. Thomas Joyce, L.S.A., Newbury, Berkshire, and John Wallis Mason, L.S.A., Upper Marylebone-street, of Middlesex Hospital. Edward Howard Moore, Cambridge-heath, Hackney, of the London Hospital.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 1, 1862 :—

Hugh Moss, Congleton; Thomas Morton, Holbeach; Cambridge Cary Cocks, Ross, Herefordshire; George Henry Davis, St. Mary's Hospital; William Frith Hunter, St. Thomas's Hospital.

The following gentlemen also on the same day passed their First Examination :—

Robert Thomas Nichols, Guy's Hospital; Edward Harley, King's College; Michael Beverley, King's College.

APPOINTMENTS.

Allen.—William Allen, L.F.P.S. Glasg., has been appoitned Parochial Medical Officer for Dalmellington, Ayrshire, *vice* James Ritchie, L.R.C.S. Edin., deceased.

Aspinall.—Robinson Aspinall, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer to the Shipley District of the North Bierly Union, Yorkshire, as re-modelled with the sanction of the Poor-law Commissioners.

Carter.—Albert Pleydell Carter, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Police Force in the City of Gloucester.

Coats.—John Coats, M.D. Univ. Glasg., has been appointed one of the Medical Examiners in the University of Glasgow.

Dempsey.—William Churchill Dempsey, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for District No. 1 of the Fulham Union.

Edmunds.—Dr. James Edmunds has been appointed Physician to the Victoria Benefit Life Insurance Society.

Erskine.—Robert Erskine, M.D. Univ. Edin., L.R.C.S. Edin., has been elected House-Surgeon to the Ayr, Newton, and Wallacetown Dispensary and Fever Hospital, *vice* David Wield, M.D. Univ. Edin., L.R.C.S. and L.M. Edin., resigned.

Fleming.—Alexander Fleming, M.D. Univ. Edin., F.R.C.P. Lond., has been elected Consulting Physician to the Birmingham Eye and Ear Hospital.

Fleming.—John Fleming, M.D. Univ. Glasg., F.F.P.S. Glasg., has been appointed one of the Medical Examiners in the University of Glasgow.

Galton.—Robert Cameron Galton, M.B. Cantab., M.R.C.P. Lond., has been appointed Superintendent of Post-mortem Examinations at the Middlesex Hospital, *vice* Charles Murchison, M.D. Univ. Edin., F.R.C.P. Lond., L.R.C.S. Edin., resigned.

Halford.—Dr. G. B. Halford has been elected Physician to the Royal Infirmary for Diseases of the Chest, City-road.

Hodgson.—Joseph Walley Hodgson, L.S.A. Lond., has been elected Medical Officer for the re-modelled Idle District of the North Bierly Union, Yorkshire.

Hother.—George Hother, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Second District of the Chailey Union, Sussex, *vice* Mr. Richard Turner, M.R.C.S. Eng., L.S.A. Lond., resigned.

Liveing.—Edward Liveing, M.B. Cantab., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., has been appointed Demonstrator of Anatomy at the Middlesex Hospital, *vice* Mr. Thomas William Nunn, F.R.C.S. Eng., resigned.

Morgans.—John Morgans, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the Huntington District in the Kington Union, Herefordshire, *vice* William Blakely, M.R.C.S. Eng., L.S.A. Lond., resigned.

Parker.—Thomas Didymus Parker, M.D. Univ. St. And., M.R.C.S. Eng., and L.M., L.S.A. Lond., has been elected Medical Officer for the Upper Deptford District of the Greenwich Union, *vice* Alfred Jones, M.D. King's Coll. Aberd., M.R.C.S. Eng., L.S.A. Lond., resigned.

Pierce.—Evan Pierce, M.D. St. And., L.R.C.S. Edin., L.F.P.S. Glasg., L.S.A. Lond., has been re-elected Medical Officer for District No. 3 of the Ruthin Union, Denbighshire.

Sparham.—John Jeffes Sparham, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical officer for the Ashburton and Ilsington Districts, *vice* Thomas Lyle, M.R.C.S. Eng., L.S.A. Lond., deceased.

Watson.—Thomas Watson, Univ. Glasg., F.F.P.S. Glasg., has been appointed one of the Medical Examiners in the University of Glasgow.

DEATHS.

Darling.—April 30, George Darling, of No. 6, Russell-square, M.D. Mar. Coll. Aberd., M.R.C.P. Lond.

Griffith.—Recently, at New South Wales, Richard Griffith, M.D., formerly of the County Cavan, Ireland.

Herring.—April 28, at Sheepwash, Devonshire, Edmund Herring, Surgeon (retired), aged 74.

Gutch.—April 30, at No. 38, Bloomsbury-square, John Wheeley Gough Gutch, M.R.C.S. Eng., aged 53.

Jones.—April 21, William Jones, of Portmadoc, Carnarvonshire, for many years of Llanwrst, Denbighshire, M.R.C.S. Eng., aged 52.

Lock.—April 20, Edward Lock, of Debenham, Suffolk, Surgeon (in practice 52 years), aged 74.

Macdougall.—May 5, George Macdougall, of Galashiels, Selkirkshire, L.R.C.S. Edin., aged about 50.

Macfarlane.—May 5, at No. 17, Keir-street, Edinburgh, Dr. Archibald John C. Macfarlane, of Montego Bay, Jamaica.

Rumbelow.—May 5, suddenly, William Rumbelow, of No. 17 Guildford-street, Russell-square, M.R.C.S. Eng., L.S.A. Lond., aged 51.

Scanlan.—April 30, Edward Scanlan, of No. 21, Upper Seymour-street West, Hyde-park, M.D. St. And., M.R.C.S. Eng., L.M. Dub., aged 45.

Skues.—Recently, Edward Walker Skues, M.D., M.B. Mar. Coll. Aberd., L.R.C.S. Edin., Staff Surgeon, Army (September 14, 1860).

Tobin.—Recently, John Richard Tobin, M.R.C.S. Eng., Staff Assistant-Surgeon, Army, (October 21, 1853,) late Assistant Surgeon 36th Regt.

Trotman.—April 23, William Henry Trotman, of Charlotte-street, Park-street, Bristol, Surgeon R N., on the retired list, (Seniority August 21, 1810,) aged 77. He was Acting Assistant-Surgeon at the battle of Trafalgar.

Tutin.—May 2, Septimus Tutin, of Westgate, Ripon, Yorkshire, M.R.C.S. Eng., L.S.A. Lond., Senior Surgeon to the Ripon Dispensary.

Wilson.—March 28, at Rawul Pindee, suddenly, from disease of the heart, John Wilson, Assistant-Surgeon 18th Bengal Cavalry, aged 27.

Ex Parte Hastings.—Criminal Information.—Mr. Coleridge, Q.C., moved on the part of Dr. Hastings for a rule calling upon Thomas Savill and George Coker, the printer and publisher of the *Lancet* newspaper, to show cause why a criminal information should not issue for certain remarks contained in a notice published in the *Lancet*, of a work written by Dr. Hastings, in which he stated that he had discovered a remedy for the cure of consumption by the use of the excrement of snakes and reptiles. The Court, however, refused the application.

Hunterian Museum.—The Council of the Royal College of Surgeons of England has set an example to the authorities of other Institutions having treasures to exhibit, worthy of all imitation. Expecting a great number of foreigners and country visitors to the Great International Exhibition, they have given directions that the Museum be thrown open to the public every day during the summer months, except Saturday, from eleven o'clock until five, instead of the first four days from twelve until four o'clock as heretofore. And in order to make the collection still more available to the general public, a very interesting synopsis of the contents of the Museum has just been published.

Geological Society.—At the meeting of this Society, held at Burlington-house on Wednesday, the 7th instant, Professor Ramsay, F.R.S., President, in the chair, a paper was read by Professor Huxley, F.R.S., "On a New Labyrinthodont Reptile from the Edinburgh Coal Field." This form, which he named *Loxomma Allmani*, was distinguished by a more oblique form of the orbits than in the previously known archegosaurians and labyrinthodonts. The specimen belongs to the Natural History Museum of Edinburgh. He also defined another form of ichthyoïd labyrinthodont, which had been erroneously classified with the fishes, and which he termed *Pholidogaster pisciformis*. In this genus the vertebræ were more perfectly ossified than in the triassic labyrinthodonts, their articular surfaces being flat, or very slightly biconcave. Observations were made on the subject by Sir R. Murchison, Sir Charles Lyell, and the President. Professor Huxley's most interesting paper was illustrated by the exhibition of the original type-specimen of *Loxomma*, and by diagrams of the vertebræ of *Pholidogaster*. Dr. Dawson, of Nova Scotia, also read a paper "On the Land Flora of the Devonian period in North-East America." This afforded evidence according to him of an Angiospermous Dicotyledon in the Devonian age, as demonstrated by a fragment of fossilized wood, on which Sir Charles Lyell remarked as affording evidence of Angiospermous Dicotyledons in a stratum of high antiquity. Professor Huxley, however, seemed to have a doubt whether the diagnosis of the species in Dr. Dawson's catalogue warranted the supposition of its dicotyledonous nature. The meeting adjourned till the 21st instant.

Ethnological Society.—At the last meeting of this Society, held on Tuesday, the 6th inst., John Crawfurd, Esq., F.R.S., President, in the chair, the first paper read was by the President, "On the Commixture of the Races of Man in Europe." In this paper Mr. Crawfurd described the various disturbing causes, as, *e.g.*, migration, invasion, conquest, which have tended to produce mixed races amongst the primordially distinct nations of Europe. An animated discussion ensued, in which Lord Talbot de Malahide, Mr. T. Wright, Mr. Spottiswoode, Mr. Burke, and the President took part. The next paper was by Dr. Shortt, "On the Relative Strength and Weight of Europeans and Asiatics." This was illustrated by elaborate tables which will be published at length in the *Transactions* of the Society. Mr. Charles Carter Blake also read a paper "On the Cranial Characters of the Peruvian Races," in which he described the prevailing modes of artificial distortion practised by the Aymaras, Quichuas, Chinchas, Chimus, and Changos, and expressed his regret that no examples of the skulls of the Caras, Seyris, or Puruhas, had fallen under his observation. The various recorded instances of the presence of an "interparietal" bone (*os Incæ* of Tschudi) were mentioned; and the general tendency of Mr. Blake's observations was to corroborate the opinions of Retzius, that the "brachycephalic" races of South Americans were chiefly confined to the western, and the "dolichocephalic" races to the eastern side of that continent. The nearest analogues of the Titicacan races might be found in the remains described by Castelnau and Lund, from Eastern Brazil. Mr. Cull, F.E.S., commented on Mr. Blake's paper at length, and regretted that ethnologists did not offer more satisfactory information as to the probable age when the various Peruvian races flourished. He further pointed out the great diversity of type between the old Titicacan, modern Incarial, and modern Chango type of skull. Mr. Bollaert, F.R.G.S., stated the circumstances under which the skulls exhibited were obtained by him. The President concurred with the author of the paper, in condemning the theory that any general classification of the races of man on craniological grounds was possible. Linguistic character, according to Mr. Crawfurd, afforded a surer test of ethnological affinity. The next meeting, which will be the anniversary, will be held on the 20th inst.

Apothecaries' Hall of Ireland.—The annual examination for the Council's prize of five guineas, to be awarded to the best answerer on a given subject in Physiological or Pharmaceutical Chemistry, was held on Monday and Tuesday, the 5th and 6th inst. The subject for the present year was the "Vegeto Alkalies, including their history, botany, chemistry, pharmaceutical preparations, physiological action, poisonous effects, antidotal treatment, and the tests and the mode of analysis for their detection." Mr. John Neeson Stone obtained the first prize, Mr. William John Dundas was awarded a second prize, and Mr. Richard S. Minchin the certificate for distinguished answering.

Royal College of Surgeons in Ireland.—At a Meeting of the Council, held on Tuesday, May 6, the following gentlemen were elected Examiners for the ensuing year, viz.:—For Letters Testimonial and Fellowship—Richard G. H. Butcher, Jerome Morgan, George H. Porter, Benjamin Wills Richardson, M. H. Stapleton, Edward Stoker, and Jolliffe Tufnell. Examiners in Midwifery—Henry Croly, Robert Johns, and E. J. Quinan. And in order the better to carry out the provisions of the Medical Act in reference to preliminary education, the following were at the same time selected from a large number of candidates at a Special Court for Examination in Arts:—George Ferdinand Shaw, A.M., LL.D., Fellow and Ex-Scholar of Trinity College, Dublin; John Murray, A.M., LL.D., Ex-Scholar of Trinity College, Dublin, heretofore Professor of the Royal College of Surgeons in Ireland, gold and silver medalist, etc.; Thomas Byrne, A.B., M.B., Fellow, and some time Medical Examiner of the Royal College of Surgeons in Ireland.

The Governors of the Middlesex Hospital have recently determined to appoint a resident Obstetrical Assistant, whose duty it will be to supplement the attendance of students and midwives in the Maternity Department of the Hospital. Besides personally attending all lying-in patients who may not be able at once to procure the student or midwife to whose care they have been originally entrusted, the Obstetric Assistant will, under the direction of the Physician-Accoucheur act as Obstetric tutor to the students. He will accompany every pupil attached to the school when he goes to his first midwifery case, or as often as may be required, and give him practical hints and direction for his guidance. Thus it is hoped that the teaching of practical midwifery will be rendered more efficient, and that the greater safety of the patients will be ensured. The appointment is competitive, and Mr. Spanton has been the first successful competitor. The following case was submitted to candidates for written commentary during the examination:—"A woman, aged 22, stout and muscular, and apparently strong, is in labour for the first time; the pains, at first slight, have during the last twenty-four hours gradually increased in frequency and force, until they have become very severe, and elicit complaints of great suffering from the patient. Her face is flushed when the pain is absent, and almost livid when the uterine contractions recur. Her pulse is full and bounding—ninety in the minute. It is observed that the lower limbs are somewhat deformed by rickets, but the arms and spine are not so. On external examination, the uterus is found of the usual ovoid form, and it contracts regularly and firmly when the pains occur, relaxing in the intervals; there is no tenderness on pressure, except just above the pubis, where the hand encounters a swelling as large as a child's head, and which becomes more prominent when the pains are present. On examination, the vagina is found relaxed and moist; the os uteri is fully dilated, and the head in the first position occupies the brim of the pelvis; the cranial bones overlap as the uterus contracts, and a large swelling is present over the right parietal bone. That the child is alive is proved both by its own movements and by the stethoscope. The patient and her friends beg earnestly that she may be relieved from suffering by immediate delivery. What is your diagnosis in this case? Is artificial delivery justifiable? What treatment would you pursue immediately and prospectively?"

A **Banquet in a Sewer.**—On Monday afternoon, at the invitation of Mr. W. Webster, the contractor for carrying out that portion of the metropolitan main drainage from Deptford to the outfall at Erith, the members of the Greenwich District Board of Works and about 500 inhabitants of the locality proceeded to inspect the line of sewer previous to its being handed over to the Metropolitan Board. About 12 o'clock the company assembled in front of St. Alphage Church, Greenwich, the band of the Volunteer Rifles being in attendance; and the descent, which occupied some time, having been accomplished by means of a long ladder, a novel scene was presented. The immense archway of brickwork, the radius of which is struck from a centre of five feet nine inches, giving eleven feet six inches in the clear, or diameter, and of circular form, had been provided with a temporary floor for a distance of about one mile, and was lighted on both sides with lamps. The refreshment tables were abundantly supplied. The most interesting portion of the proceedings was the presentation of a testimonial from the inhabitants of Greenwich to Mr. Webster. The chair was occupied by Mr. Bristow, M.P., who presented the address to Mr. Webster, and observed that the sewer in which the large number before him were then assembled was, in his opinion, one of the greatest engineering works of modern times. A similar testimonial was presented to Mr. Jennings, agent to the contractor, who acknowledged the same in suitable terms. Several toasts were duly honoured and addresses delivered, and after remaining under ground about two hours the company ascended.—*Express.*

Dinner to Mr. Martin, of Reigate.—On the 25th of last month, twenty-seven gentlemen met at the Albion Tavern to do honour to the qualities of heart and head which have distinguished Mr. Martin in his long professional career. The chair was taken by Mr. Propert, who after the usual loyal and complimentary toasts, introduced the chief one of the evening "The health and prolonged life of the veteran, Mr. Thomas Martin, of Reigate." Mr. Martin, who looked in good health and vigour for the age of 83, thanked his friends for their kindness in coming to meet him, and for their cordiality. He then gave a brief outline of some passages in his professional life, which extended over a period of fifty-four years, and said that all he could take credit for was "good intentions." His wish had at all times been to keep up the tone and character of his Profession, and, as far as he was able, to support all works of a benevolent and beneficial character. He also spoke at some length of the establishment of the National Institute, in the conducting of which he had been supported by many of those whom he saw around him; and although it had ceased to exist, it had not been devoid of fruit. Mr. Bird, who with Mr. Ancell, were joint secretaries of the Institute, bore testimony to the value of Mr. Martin's past exertions. Several excellent speeches were given by Mr. Hood (the vice-chairman), Dr. Cooke, and Mr. Propert —the two latter mentioning that they were volunteers in the days of the first Napoleon. Dr. Hodgkin, although unused to attend such meetings, could not refrain when he heard of the opportunity of paying a tribute of respect to his old friend Mr. Martin, whose father (who lived to the age of 95) he had known in Paris during his declining years. In order to know a man it was necessary to have seen him in his family as well as in the world, and thus had he known Mr. Martin. Dr. Hodgkin concluded by quoting some lines from Sallust, illustrative of "the Good Man." A very pleasant evening was thus brought to a close, and it is to be regretted that such opportunities of social intercourse and good-fellowship in our Profession are so few.

Royal Remedies.—From the Letters of the Queen of Bohemia, daughter of James I., to Sir Edward Nicholas, "Archæologia," vol. xxxvii., p. 224:—" Nov. 22, 1655.—Mr. Secretarie, I have such an extreme colde, my nose and eyes running like a fountaine, as I cannot saye aniething to you, onelie to tell you that I dide desire Dr. Morley to let me have his two sermons he sent to the King. . . . I ame verie sorie your goute beginns seaze you. I wish you well ridde of it, who ame your most affectionat friend." "Nov. 28.—Mr. Secretarie, I ame verie glade your goute is departing. My colde is gone also, but before it left me I was verie angrie at it, for when my deare Neece came hither I coulde not goe to her for my colde, nor she to me for her weariness, but yett we mett at last. I find her verie leane and paile, which troubles me verie much; but (if) she will exercise enough, she will be soone well. After I had my first childe I was just so, but I rumbled it away with riding a hunting. I tell her of it, but she is deadlie lasie." . . "Dec. 6.—Mr. Secretarie, my dearest Neece beginns, God be thanked, to mend in her lookes and health since she saws billetts everie morning."

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 3, 1862.

BIRTHS.

Births of Boys, 987; Girls, 984; Total, 1971.
Average of 10 corresponding weeks, 1852–61, 1769·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	659	655	1314
Average of the ten years 1852–61	580·6	555·4	1136·0
Average corrected to increased population..	..	..	1250
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	2	12	..	7	12	1
North ..	618,210	..	2	1	2	3	27	5
Central ..	378,058	..	3	9	..	8	10	2
East	571,158	1	18	6	..	11	21	5
South ..	773,175	1	3	25	5	12	30	3
Total.. ..	2,803,989	2	28	53	7	51	101	15

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

Dr. R. Aldridge.—We are not aware that injurious effects have been attributed to any other colour.

Why do People Die? or, Plain Words for Plain Folks, is the title of a sanitary tract, published by Billing and Co., of Bermondsey, and containing an unusual amount of sensible teaching on the causes of preventible mortality.

We regret that the present arrangements of the Journal do not permit us to insert notices of any deaths except those of actual Members of our Profession.

Digitalis in Delirium Tremens.—Mr. Hussey refers us to a note in our predecessor, the *Medical Gazette* of August 29, 1835, in which this drug is recommended as a specific by a Physician at Wurtemberg.

Dislocation of the Patella.—With reference to this dislocation, of which several cases have been lately reported in our pages, Mr. Hussey, of Oxford, calls our attention to a case reported by him in the *Medical Times and Gazette* of September 4, 1858. Mr. Hussey believes the accident is not uncommon, though cases are not often seen in the public Hospitals.

M. B.—One of the best is the solution of creosote and naphtha recommended by Dr. Beale:—"Creosote, three drachms; wood naphtha, six ounces; distilled water, sixty-four ounces; chalk, as much as may be necessary. Mix first the naphtha and creosote, then add as much prepared chalk as may be sufficient to form a smooth thick paste; afterwards add, very gradually, a small quantity of the water, which must be well mixed with the other ingredients in a mortar. Add two or three small lumps of camphor, and allow the mixture to stand in a lightly covered vessel for a fortnight or three weeks, with occasional stirring. The almost clear supernatant fluid may then be poured off and filtered if necessary. It should be kept in well-corked or stoppered bottles."

Medical Missions.—Dr. Colledge, now of Cheltenham, formerly Senior Surgeon of the Hon. E. I. C. in China, was the first to open an Hospital for sick Chinese. The Rev. Dr. Morrison, the celebrated scholar and missionary, also opened and sustained a dispensary, conducted by a Chinese Physician; so that the idea of using medicine as a handmaid of Christianity originated rather with our countrymen than with the Americans. Dr. Parker was appointed by the American Board of Missions in 1835 Wm. Lockhart and Dr. Hobson, by the London Missionary Society in 1838. The honour of commencing so noble a scheme of philanthropy, which is proving such a boon to the Chinese people, is due in the first instance to Drs. Colledge, Morrison, and Gutzlaff.

D. Lambert. — Professor Duchesne Duparc's pamphlet, "Du Fucus Vesiculosus; de ses propriétés fondantes et de son emploi contre l'obesité," etc., may be had of Baillière, 219, Regent-street. The extract may be procured from Mr. Rew, Chemist, 282, Regent-street. The dose is from three to four grammes per diem; *i.e.*, from nine to twelve pills of five grains each. Dr. Duchesne Duparc recommends it to be taken in the morning fasting, and believes that the best results are obtained when a decoction of the fucus is taken in addition to the pills. The plant is easily powdered if dried; if distilled with water, or treated with ether, it yields a green oil; the stalks and roots should be rejected. It may produce some weight at the stomach and colic, but usually produces increased appetite and quicker digestion. After two or three weeks the urine becomes more abundant, and exhibits a white iridescent pellicle on its surface. Dr. Duchesne Duparc offers no explanation of the state of urine, or *modus operandi* of the remedy; in which latter point he is wise. Facts first: theories afterwards.

Bleeding in Puerperal Convulsions.—Note from Dr. Cottew.—After some remarks on the apparent discrepancies between Dr. Ramsbotham's narrative of a case, lately reported, and his own, Dr. Cottew continues:—

"The statement of so high an authority as Dr. Ramsbotham, that he attributes the low rate of mortality compared with that which occurred in former times mainly to the free use of the lancet, must be a great cause of gratulation to younger and obscurer practitioners like myself, who have bled our patients pretty freely; dismayed, perhaps, at the expressed opinions of some other Practitioners of equal celebrity, among whom I would mention M. Trousseau, of Paris, who says, 'It was formerly the custom to bleed the patient, a method probably calculated to conquer the rigidity of the os uteri, but highly irrational and perilous if the chloro-anæmic condition of the subject be taken into consideration. Venesection in such cases, far from being useful, hurries on the symptoms to a fatal termination. Here science places at our disposal one remedy only, but on which full reliance may be placed. Chloroform should be inhaled so as to induce considerable diminution of sensation, though not complete unconsciousness. The action of the anæsthetic may be protracted during the entire duration of labour, and even after delivery, if the convulsions continue.' For my own part, I well remember when I saw the patient on my return with Dr. Ramsbotham at night, marked her blanched appearance, and trembled lest the depletion should have been carried too far, the relief he afforded to me, when instead of expressing disapprobation he recommended that it should be carried still further, although to a somewhat limited extent; and I am now delighted to find that in answer to my question concerning her, he attributes her safety to the measures adopted.

"Hornsey-road, April 5. "I am, &c. "EDWARD COTTEW."

ERRATUM.—The inverted commas in Dr. Ramsbotham's letter, in our last number, were introduced by mistake.

RICH *v.* PIERPOINT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The full history of Mr. Rich's case having appeared in the *Lancet* of Saturday, April 26, I feel I need not trespass upon your valuable columns by again publishing it. Feeling satisfied that the Profession will at once see that I have only performed a most painful duty, at the same time I cannot refrain from expressing my deep regret that I was "by subpœna" compelled to appear against one of the Profession, and had I known that I was not bound to give my opinion, I certainly would have refused. I have sent a cheque for two guineas as my subscription to his fund.

I am, &c. PETER CHARLES DUNCAN, M.D.

Great Marlborough, May 7.

THE EFFECTS ON HEALTH OF EATING THE FLESH OR DRINKING THE MILK OF DISEASED ANIMALS

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Metropolitan Association of Medical Officers of Health is seeking information on this subject, and I shall feel much obliged if any of your readers will furnish me with distinct facts bearing upon it. The nature of the disease from which the animals were suffering, and the character of the symptoms observed, as well as the number and ages of persons attacked, are points on which information is especially desired. Negative facts will be acceptable, as well as positive ones.

21, Upper Gower-street, W.C. I am, &c.
May 3. THOS. HILLIER, Secretary.

HÆMORRHAGE FROM THE PLACENTAL END OF THE UMBILICAL CORD.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I trust Mr. Bond will not deem me uncourteous, when I say I think if he will read the researches of the Hunters or the Goodsirs, or the remarks on the structure of the placenta in Dr. Carpenter's "Manual of Physiology," or, indeed, in any other modern work, he will confess that his views as to the danger of the mother in cases where the placental end of the cord has not been tied, are untenable.

In the instances he cites (the first, by-the-bye, I think open to criticism), some other source of danger must be assigned than the fact of any direct communication existing between the maternal and fœtal circulation, as a normal arrangement.

In my own practice, as a general rule, I wait until the child has cried, and the pulsation of the cord ceased before I tie it, because I think it well for the infant that its own individual circulation should be established before it commences its own individual existence, but assuredly not because I fear that any danger would result to the mother were I more precipitate.

Mr. Bond's cases are remarkable and, I should say, rare; and I much wish he would communicate them to the London Obstetric Society.

I am, &c.

South Petherton, May 5. HUGH NORRIS.

TREATMENT OF ULCERATION OF THE CORNEA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As a subscriber I shall feel thankful if you will afford me the medium of communication to inquire of your readers if I acted properly in treating the following case:—

An engraver, aged 27, of a bad constitution, came under my care some weeks ago; he was then suffering from ulcers in the cornea, and had been troubled with them for the past four years. From time to time he has availed himself of Medical advice. I ordered a blister to be applied to the right temple, and as soon as his constitution was improved, I directed that a solution of nitrate of silver, five grains to the ounce, should be applied to the eye; he improved under this treatment. Being a poor man he was obliged to resume his work; and in a short time afterwards he visited me again, the eye in a worse condition than before, with an ill-conditioned cicatrisation going on in the ulcer. After subduing the inflammation, I rubbed the solid stick of nitrate of silver very gently over the eye; the consequence of which was that the three ulcers on the cornea formed a slough, which now much impedes the sight. I shall also be thankful if I am told how I ought to manage the case now, and how the stain on the cornea can be effaced.

I shall also feel thankful if either you or your readers will inform me how the thirst dependent on diabetes may be best treated,; I have tried various medicines unsuccessfully. I am, &c.

May 4. STET NOMINIS UMBRA.

POOR-LAW MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Instead of leaving it to the determination of the Poor-law Board to say in which districts the minima rates should be doubled or trebled, recent calculations have enabled me to substitute the following note to the first two elements of my remuneration clause:—"Whenever the said total number of paupers is 250, or less, treble—and whenever the said total is over 250 but does not exceed 600, double—these minima rates."

I am, &c.

145, Bishopsgate-street Without. ROBT. FOWLER, M.D. Edin.

OVUM IN OVO.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In a recent number of your excellent Journal I observed that Dr. Robert Barnes had submitted to the Obstetrical Society of London an interesting specimen of an ovum in ovo. Your report states that "Dr. Barnes observed that there were two similar specimens in the Museum of the College of Surgeons." This fact sufficiently indicates the rarity of such an occurrence.

My object in addressing you is simply to state that a few years ago I met with an instance of ovum in ovo, in many respects identical to the one reported by Dr. Barnes This specimen is now in my possession, the particulars will be found in the *Medical Times and Gazette* of September 1, 1855.

I am, &c.
J. G. WILSON, M.D.,
Glasgow, May 5. Physician to the Glasgow Lying-in Hospital.

ARSENICAL PAPER-HANGINGS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—We frequently read of injury to those who live in rooms lined with paper coloured with arsenic, and I have seen two persons, when engaged in unpacking paper-hangings, afflicted with much soreness of the margins of the nostrils and the contiguous portion of the upper lip, which they said they always suffered from when employed for two or three days in the same way, and which they attributed to the green paper; but how are these arsenical papers coloured? and do they affect those who colour them?

May 5. I am, &c. J. D.

REMARKS ON A CASE OF GASTRO-INTESTINAL INFLAMMATION, ON WHICH AN INQUEST WAS HELD AT THE ROYAL BERKS HOSPITAL. BY EDWARD WELLS, M.D., F.R.C.P.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following case having been remarked on in an editorial article, inserted in the *Medical Times and Gazette* of April 26, headed "Case of Suspected Poisoning at Reading," I am induced to publish it more *in extenso*, because even if it be the fact that it is "an example of one of those obscure forms of inflammation of the alimentary mucous membrane, which have been of late years not infrequently observed in pregnant and suckling women," its peculiar symptoms and its well-marked morbid appearances will not be without interest to the Profession.

S. W., aged 25, married, was admitted into the Hospital, March 25.

Her symptoms previously to admission are fully and, no doubt, faithfully given by her mother at the inquest in her evidence. The following is a *verbatim* copy of her deposition:—

"The deceased, S. Y, was my daughter. About Christmas last I received a letter from her complaining how poorly she was. About a month afterwards she wrote again complaining and asking my advice. She told me in the letters she was in the family-way, and that perhaps it would not go on. I wrote to her suggesting her having Medical advice, and to keep herself quiet. I had two letters previous to March 1 (one on Tuesday and the other Thursday), saying how poorly she was, that her sister-in-law Mrs. Y. was with her, and that she had applied to a Doctor. I came to Reading on March 1, and found her very poorly indeed. I told her I would stop with her until her confinement, which she expected the latter end of May or the beginning of June. I got to Reading about six o'clock in the evening, and found her in labour, and the child was born about half-past ten at night. Mr. Moore was present. After her confinement she was left in bed, and during the night she took a little gruel, very little twice. This I was surprised at, as on a previous confinement she was very anxious to eat. The child was small, and lived about twenty-eight hours. She continued taking very little gruel, when on Wednesday she complained of a pain at her chest, and I then gave her part of a dessertspoonful of brandy in gruel. On Thursday she said that she could not take her tea. I made some arrowroot, but she took very little of it. On Friday she fancied a cup of good coffee, which I made, and she drank two cups, but

I believe nothing to eat. I could see she was getting worse, and on Sunday Mr. May came with Mr. Moore to see her. In the night of this day she took wine-and-water three times in small quantities. On Monday morning I made her a cup of arrowroot, which she took. After she had taken it she complained of pain at her chest, and said she thought she was dying, and she vomited some green phlegm. She frequently vomited, mostly green and sometimes yellow, as though mustard was mixed with it. After her confinement she spat a great deal. The spittle worked up in her mouth, and I was obliged frequently to wipe her mouth. The spittle was nasty brown phlegm, sometimes streaked with blood. During this week after Mr. May had seen her, she took wine-and-water and two ounces of arrowroot, which lasted her to the time of her coming into the Hospital, and seemed to do pretty well. She required a great deal of persuasion to get her to take this. The nourishment remained on her stomach, but the froth and spittle continued to work up. I found she got very weak, and I was obliged to get help when she wanted to move. Three times she was taken with a shaking, twice she shook so as to shake the bed under her; she was not cold. She often complained of pain at her heart, chest, and stomach; she complained of heat in her stomach, and that her throat appeared to be burnt. About the Wednesday after her confinement she first complained of heat and burning. I could see that she continued to get worse until her removal to the Hospital. My daughter was always of a weakly constitution. I always made the arrowroot and wine-and-water she took. At Christmas, when she complained by letter to me, she had hæmorrhage, and so she did a month afterwards. I never heard that she complained of sickness then. The phlegm and what she vomited had a very offensive smell, and so had her water. She had great difficulty in passing her water. She complained of singing in her ears, and of irritation over the bowels. The Saturday before her coming to the Hospital, her eyes were red, particularly her left. On the Sunday her face was very flushed, it was frequently so before this day. There were streaks of blood in her motions. During the time I was with her she was subject to sickness and phlegm. She had always been subject to a huskiness, and to bring off phlegm in the morning. When she was in the family-way with the second child (about three months) she was deranged. We watched her, but did not place her under control. She was not in that state at either of her confinements. I purchased the arrowroot myself, and kept it in my possession. She took beef-tea about twice."

On her admission into the Hospital, she was in a state of great prostration. Her face was flushed, and her eyes injected. Her tongue was red. She was almost insensible. The only words she uttered were a demand for drink. She was almost constantly sick, rejecting food and medicine. She had great irritation of the bowels. She continued to sink, and died March 27, forty-eight hours after admission.

An examination of the body was made March 29, forty-eight hours after death.

Post-mortem.—Upper part of œsophagus inflamed and injected. Stomach—patches of inflammation and injection. Duodenum much inflamed and injected. Jejunum much less so. Ilium highly inflamed in patches, and injected, its lower portion being the most so. A great deal of inflammation in the cæcum, and a large patch of it in the ascending colon. The remaining portion of the colon free from inflammation as low as the rectum, which was much inflamed and injected. The colour of these patches became much brighter on exposure to the air. The intestinal mucous membrane between the patches was natural. The uterus was healthy but congested, and containing dark fluid blood in its cavity. No trace of peritoneal inflammation, not even in the neighbourhood of the uterus. The uterine appendages healthy. The other viscera healthy, but congested. There was some inflammation of the endocardium.

Remarks.—The Symptoms.—I cannot imagine that any one will deny that the symptoms manifested by the deceased, and deposed to by her mother, resemble in many respects those which such an irritant as arsenic would produce,—the pain at the chest (epigastrium) after taking food; the depression, causing her to think she was dying; the frequent vomiting, green and yellow, as though mustard was mixed with it; the spittle, or nasty brown phlegm, sometimes streaked with blood, frequently requiring to be wiped from her mouth; the complaint of heat in her stomach, and that her throat appeared to be burnt; the difficulty in micturition; the irritation over her bowels; the streaks of blood in her motions; the eyes red, particularly one more than the other: such are the chief symptoms described by the mother, and they may be aptly compared with Professor Taylor's account of the usual symptoms caused by arsenical poison. (*Vide* "Taylor on Poisons," Ed. 1848, p. 314.)

Post-mortem Appearances.—I suppose it will be admitted that the post-mortem appearances, among which I would call special attention to the inflammation of the endocardium, might be caused by arsenical poisoning. The question will probably be, whether they might not be equally caused by natural disease.

Now, if they were the product of natural disease, they would either constitute the essence of that disease, or they would be a complication of some other disease. If they were the disease itself, we should have a case of gastro-enteritis, pure and simple, such as would delight the heart of Broussais himself; but at the present day such a complaint as gastro-enteritis appears to be ignored by our masters. Watson does not even mention it; Copland chiefly describes it as a complication; and, although forming a convenient diagnosis for a jury, probably it may be as conveniently dismissed on the present occasion.

But it may be said, the gastro-intestinal inflammation was a complication. If so, of what disease? Not of continued fever; for if so, we should find, instead of the uniform red surface displayed in the inflamed patches of the intestines of the deceased, a development of the mucous glands of the small intestines which, after a three weeks' illness and a fatal termination, would have run on into ulceration.

Was it a case of toxæmia, of blood poisoning originating in the uterus after parturition? But against this is the fact that the lochia were not offensive, that the uterus and its appendages were healthy, the former being merely congested, as were all the other viscera; that there was no inflammation of its peritoneal covering. In cases of this description it is certainly unusual for the virus to expend itself on the mucous membrane of the alimentary canal from the œsophagus to the rectum.

Was it "an example of one of those obscure forms of inflammation of the alimentary mucous membrane which have been of late years not infrequently observed in pregnant and suckling women?" Not having seen any account of these cases, and not being aware what morbid appearances have been observed after death, I am unable to answer this question.

But it will be said, no poison was found on chemical examination of the tissues after death, and "the duration of her illness, taken together with the absence of any appearance of ulceration or corrosion, completely disposes of the theory of irritant poisoning."

That no poison was found in the tissues after death is merely negative evidence. According to recent French chemists, arsenic administered repeatedly in small doses is eliminated after a few days; and, therefore, the length of her illness, if opposed on the one hand to the theory of poisoning, on the other hand would allow more time for the process of elimination. Suppose the last small dose to be given eight days before death, it is very possible no arsenic would be discoverable on chemical analysis.

But there was "an absence of any appearance of ulceration or corrosion." To this I reply, that our great English authority states that "the mucous membrane is rarely ulcerated" (*vide* "Taylor on Poisons," p. 326, Ed. 1848). Again, "Arsenic is an irritant poison; it does not possess any corrosive properties" (*vide* "Opus Citatum," p. 311). But, it is urged, "no suspicion attached to any of her attendants." I am very happy to have an opportunity of confirming this statement. I have been careful throughout in not casting a shadow of suspicion on any one. The inquiry never assumed a criminal charge; it was simply an inquiry into the cause of death. In giving certificates of the cause of death, we are not guided by character of the attendants, but by the nature of the disease. The disease, in this instance, I considered obscure; so did those who were concerned with me in the case. I still consider it obscure; so do those who are concerned with me in it. On that account I left it to the jury to declare of what disease the patient died. It was no longer my duty to give a certificate, and therefore I declined, when appealed to by the Coroner, to express my conviction that the deceased had died of natural causes. My position throughout was purely a defensive one,—that of not asserting a fact which appeared at all doubtful.

I have now ventured to give the case to the Medical public. Whether, with me, they consider the nature of it doubtful, or, with others, as "completely disposed of," it appears to offer many points of interest, both in a medico-legal as well as a nosological point of view.

I am, &c.

Edward Wells.

[In the remarks which have elicited the above letter from Dr. Wells, it will be noticed that we imputed no blame to that gentleman, nor to any one else, for having the case investigated. Such cases are certainly puzzling, and should not be allowed to pass without being most carefully examined. It will also be seen that our observations applied to a general theory of irritant poisoning—not to any particular agent. That ulceration has been seldom observed in cases of arsenical poisoning, is simply dependent upon the fact that ninety-nine cases out of a hundred in which the post-mortem appearances have been recorded, have been cases of acute poisoning—cases in which one dose has killed. The post-mortem appearances in chronic poisoning (in which arsenic has been given in divided doses over a considerable period) would, there is every reason to believe, include ulceration of some portion of the alimentary canal; at least, this would be present in instances in which vomiting and purging were marked and continuing symptoms. Experiments on the lower animals confirm us in this statement. It is in the highest degree improbable that a woman should be suffering from vomiting and purging from repeated doses of arsenic (for this is the only theory of poisoning that can be held in the case) without ulceration of the stomach or rectum. As we never mentioned arsenic in our article, our correspondent's strictures on the use of the word "corrosion" do not apply. That gastro-intestinal irritation and inflammation have been particularly rife of late years in the puerperal condition, is a fact which has been many times noticed both in this country and in America.]

COMMUNICATIONS have been received from :—

Mr. Arbuckle; Dr. Coghlan; Mr. Bassingham; Mr. Sillis; Dr. A. Paul; Mr. S. Gannon; Messrs. Savory and Co.; Mr. Masters; Mr. Wood; Messrs. S. Maw and Son; Mr. Weatherfield; Mr. Heather Bigg; Mr. Pratt; Mr. R. M. Nunn; Mr. Fitkin; Mr. Dyas; Mr. Samuel Powell; Mr. J. Faulkner; Mr. W. H. Bailey; Mr. Coxeter; Messrs. Whicker and Blaize; Mr. T. Hudson; Mr. F. H. Hallam; Mr. W. A. Tompson; Dr. J. Caplin; Messrs. Sparks and Son; Mr. Williams; Mr. S. Norman, jun.; Dr. Cappie; Mr. J. H Dalmeyre; Mr. C. Rogers; Mr. O'Connell; Mr. F. H. Wenham; Dr. W. Ogle; M.B.; Cantab; Dr. Ramsbotham; Dr. Duncan; Dr. Alfred W. Moore; Dr. Fowler; Dr. Aldridge; Dr. C. Kidd; Dr. Griffin; Mr. Doig; Dr. Hillier; Secretary of St. Mary's Hospital; Mr. Baines; A Grumbler; An Unpaid Critic; Mr. Englefield; A Marylebonian; Dr. Cottew; M. E. Pereau; Dr. W. D. Moore; J. D.; Dr. Whitehead; Dr. Meriarty; "Stet Nominis Umbra"; Dr. B. Hobson; Dr. Hugh Norris; Dr. J. G. Wilson; Mr. Hussey; Lemale and Co.; Dr. L. S. Beale; Mr. Wenham; and Mr. Maurice.

APPOINTMENTS FOR THE WEEK.

May 10. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

12. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

13. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Harley, "On Jaundice, its Pathology and Treatment." Mr. Brodhurst, "On Old Dislocations and on their Reduction."

14. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

North London Medical Society, 8 p.m. Meeting.

15. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

16. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

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CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH,

By THOMAS LAYCOCK, M.D., etc.
Professor of the Practice of Medicine and Clinical Medicine; and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

Lecture IX.—Diathetic Diagnosis of Gouty or Atheromatous Consumptions and Hæmoptysis.—*Bilious Phthisis—Alcohol as "Food and Physic"—Florid Phthisis—Plump or Phlegmatic Phthisis—Influence of Temperament—Course of Gouty Consumptions—Phthisical Hopefulness—Character of Tubercle—Retrograde Tubercle and Emphysema.* The Hæmorrhagic Diathesis and Hæmoptysis.—*The Diathetic Hæmorrhages of "Bleeders"—Case of Professor G. Wilson—Rheumatic Hæmorrhages—Clinical Forms of Hæmoptysis—Where the Blood comes from—Diagnostic Value of Epistaxis in Phthisical Habits—Pharyngeal Hæmoptysis—Influence of Heart's Action in Hæmoptysis—Rheumatic Hæmoptysis and Purpura—State of Blood-vessels—Influence of Nervous System—The Left Lung specially affected: and why?—Experimental Researches—Practical Conclusions—Diagnostic Value of Consumptive Wasting.*

Gentlemen,—Let us inquire in what diatheses prætubercular hæmoptysis occurs. Your attention has been repeatedly directed at the bedside to that form of consumption which occurs in certain persons of the neuro-vascular diathesis.(a) It was this kind with which John Hunter was threatened, and of which his elder brother died.(b) The two Hunters and their father had gout, and John had extensive atheroma of the coronary and cerebral arteries. This interchange of tuberculosis, lithiasis, and atheroma, is one of the most certain facts in practice, so that we may speak of a gouty or atheromatous consumption.(c) It is this in which its most exquisite form is ushered in by hæmoptysis; and I think there is little doubt that the state of the blood-vessels in this class of cases is only another form of manifestation of that diathetic tendency to vascular disease that, later in life, gives rise to atheroma. The connexion between tuberculosis and atheroma is not well understood generally, or appreciated practically, nor even that between atheroma and gouty diseases, for want of more careful and prolonged observation, and of a clear knowledge of the diseases included under the term "gouty." Hence the doctrine that gouty, atheromatous, and tubercular diseases run into each other, is a matter of surprise to many.

Bilious Gouty Phthisis.—The physiognomy in this group of consumption varies with the temperament and the kind of gouty or atheromatous diathesis. We can mark out, however, two typical forms, the one with the signs of the sanguine, and the other of the fibrous or bilious temperament. Now, just as the "bilious" type offers the worst cases of struma in children, so it supplies the worst kinds of gout and phthisis in the adult. Women of this constitution are sometimes attacked with gout, and it even comes on at an early age, that is, at or shortly after puberty,—in this respect resembling rheumatic fever; whereas in persons of the other type, women are less commonly the subjects, and it rarely attacks males before 30,—usually, indeed, between the ages of 40 and 50, or later. These olive-complexioned phthisical arthritics are predominantly of slender form, with small limbs and bones, and small but regular teeth, apt to be yellow. The complexion is also dingy rather than of a clear olive tint. They have feeble calorific powers, as shown by their habitually cold hands and feet, require good living, easily suffer from depressing agents and conditions, are apt to have diathetic forms of purpura or scorbutus in middle age, and, above all, are particularly liable to hæmoptysis and phthisis at or shortly after puberty, under conditions which favour defective nutrition or defective functional activity of the lungs. I know a family of this kind, numbering nine females and five males; two males and one female died young; five females died of consumption at or soon after puberty, and one of diathetic purpura at the age of 40; her daughter had gout at 17; one male died of phthisis at 40, ushered in by profuse hæmoptysis, and one died, cause unknown. The eldest son survives a martyr to gout, and the fifth daughter, aged about 60. Her dietetic habits illustrate the question lately mooted, whether alcohol be food or physic. She keeps herself well by *never drinking* water; only three or four glasses of wine, and two or three cups of tea daily. The father was very gouty and bilious. We have two or three examples of phthisis in persons of this temperament.

Physiognomy of the Florid or Neuro-vascular Phthisis.—Persons of the neuro-sanguine temperament being most numerous in this country, are much more commonly found to be the subjects of this atheromatous or gouty form of consumption, as they are more commonly of atheroma and gout. There are six phthisical patients in the wards of this temperament; five have had hæmoptysis, the sixth—the exception to this—has diabetes mellitus. Both a vascular and nervous element is noticeable in the most typical examples constituting the neuro-vascular diathesis, and these give the leading physiognomical characters of the class which have often been described; namely, slender limbs, long neck, transparent florid complexion, dilated pupils, and small expressive features. The accompanying vivacity of manner and clear rosy complexion lead to a delusive appearance of vigour, for upon inquiry it is found that these persons are easily wearied, and that their digestion is feeble, and other functions irregular. The hair is thin and apt to fall, and the teeth small and prone to caries in bad cases. This is most observable in the upper incisors, especially the lateral, which often begin to decay at puberty and usually at the sides. In this respect they differ from the teeth of the true scrofulous diathesis, which begin to decay from without. I am inclined to think the difference is due to special conditions of dental nutrition. In the vascular arthritic tuberculosis the caries is due to imperfect activity of the blood-vessels; in the scrofulous to imperfection in the enamel, and consequent exposure of the tooth to external irritants, of which the habitually acid saliva is the chief.

The Plump or Phlegmatic Phthisis.—There are, however, consumptive persons of the arthritic diathesis who do not offer these characteristics, or at least in a less degree. They have marks of more vigorous health; they are less nervous; the teeth are often regular and sound, and the body generally plump, and apparently well-nourished. This is especially seen in the female members of the family, who have plump arms, shoulders, and mammæ. The appearance is, however, delusive, for it is mainly due to a deposit of fat in the connective tissue, and this when in excess is a physiognomical mark of feeble nutrient powers in any diathesis or temperament. Girls of strumous families often become very plump in this way at or shortly after puberty, especially in the face and about the hips and mammæ. But the fat soon disappears when ill-health sets in; hence, in the same family you will not unfrequently see some phthisically thin, while others, although plump, are really as phthisically fat. This class of cases shows how closely the tendency to pulmonary tuberculosis is linked with other tendencies to degenerations in nutrition, and prove that the morbid change really depends upon general causes. Indeed, when we look practically at the various kinds of that general wasting from which consumption first derived its name, we cannot fail to observe that it often accompanies diseases of the nervous system exclusively, and other diseases of the lungs than the tubercular; as, for example, long-standing asthma, bronchorrhœa, and chronic bronchitis. (d) The complexion is usually florid in these plump cases, but it has a characteristically dappled or mottled appearance, which is due to the small white or whitish-yellow spaces (indicating fatty deposit) which appear between clusters of varicose blood-vessels. The teeth are dingy, and often decayed, the lips rough and cracked, and there are other signs of a scrofulous tendency. Such constitutions give origin to bad forms of consumption,

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(a) See Lectures III., IV., and VIII.

(b) Lecture II.

(c) Lecture VIII.

(d) This is the *phthisis pituitosa* of the earlier writers; a case was admitted into Ward XI. and diagnosed as such subsequently to the delivery of this Lecture; there were extreme wasting, very copious purulent sputa, and hectic,—the case being like tubercular phthisis, in short, in all particulars, except the physical signs. After death no tubercle was found, only intense bronchial congestion.

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and are, I believe, most commonly the result of a "cross" between a gouty and a scrofulous habit.

Lastly, persons of the neuro-sanguine temperament simply are apt to have pulmonary hæmorrhages and consecutive tuberculosis under circumstances specially influencing the lungs, without any family predisposition to it or to gout or atheroma. A few years ago, a young, strongly-built fisherman, from Wick, in Caithness; came into Ward I. with tuberculosis of the left lung following upon hæmoptysis. He was the last man to diagnose as diathetically predisposed, whether from a consideration of his employment, his personal appearance (which even then was that of robust health), or his family history, because neither his parents or any of his numerous brothers and sisters had ever had phthisis. But he had the typical characters of the neuro-sanguine temperament; had been lately married; shortly after marriage had an attack of measles, in which his "chest" was affected, and it was these especially exciting and predisposing causes of lung-degeneration which, acting upon him through his temperament, developed hæmoptysis and tuberculosis.

The *cause of phthisis* in this group differs according as one or other of the primary diathetic tendencies predominates. In one class there is an admixture of the scrofulous, in another of the rheumatic, and then scrofulosis and heart diseases modify the symptoms and progress; but the majority are young persons in whom the vascular and nervous elements predominate. In these there is a more inevitable tendency to hæmoptysis than in other forms, more erethism generally, more irritability of the nervous system, and more activity of the morbid processes. The tuberculosis is not commonly preceded by blood degenerations; intercurrent pleurisies and pneumonias with plastic exsudations are more the rule, and the whole course of the disease, as a consequence, more rapid and less under the control of remedies. The nervous symptoms are usually more striking. The patient is fastidious as to foods, especially the fatty, and cannot take cod-liver oil; often desponding and nervously sensitive to all kinds of impressions in the early stages, and apt to have head affections towards the close. The morbid hopefulness of phthisis, physiologically termed euphoria, is seen more particularly in this class of patients. I have often called attention to it at the bedside, and shown that it ushers in the last stage. It is really a disease of the nervous system of a low type, a sort of insanity, and is of the worst significance.

The *tubercle* is usually the grey or miliary, except when there is a decided strumous element, and acute tuberculosis (subacute tubercular pneumonia) is most common in this class, but always under conditions deeply involving the healthiness of both the blood and the nervous system. We had a striking example of this in the case of the old butler, James T., in Ward I., who had extensive atheroma of the aorta.

Retrograde Tubercle is observed more commonly in this form than in the scrofulous, because the degeneration is more circumscribed and more associated with plastic exsudation than with fatty degeneration, so that it is apt to undergo analogous transformations rather than softening, and to end in cornification or calcification. Hence the origin of the calcareous masses sometimes expectorated. This kind most frequently occurs in persons predisposed diathetically to heart diseases, and who have emphysema as a sequel to retrograde tubercle; but these diseases are not in the relation of cause and effect, being all due to a primary common cause, namely, defective innervation of the heart, blood-vessels, air-cells, and capillary bronchi. Asthma and chronic bronchitis are also sequelæ of retrograde tubercle from the same cause.

The Hæmorrhagic Diathesis and Hæmoptysis.—Hæmoptysis occurring about puberty is so important, so alarming, and so significant a symptom, that we cannot scrutinize the pathology of it too closely. Now, for the purposes of diathetic diagnosis we can classify the cases of phthisis in which it occurs, accordingly as it is *intercurrent*,—*i.e.*, one of the general group of symptoms of active tuberculosis,—or as it is *precurrent*, and manifested before there are any of either the general or local signs of phthisis, and even when the patient feels and appears to be in good health. But there is a class of cases in which hæmoptysis is *recurrent* from time to time throughout a long period of years without tuberculosis either preceding or following it. This is seen chiefly in persons of what may be termed the *hæmorrhagic diathesis*, and who, when they manifest the tendency to hæmorrhage in other ways, are termed "bleeders." Now, these "bleeders" are almost invariably of the neuro-arthritic or neuro-scrofulous diathesis; they are either fair or dark, but the worse cases in this country are dark. They are predisposed to scrofulous, rheumatic, and gouty diseases, but have also a remarkable tendency to bleed from the skin, nose, lungs, or other surfaces, and from slight wounds. This is not equally intense at all times, and even the hæmorrhages are apt to recur spontaneously with nervous, acute rheumatic, and congestive symptoms, so that peculiar affections of the capillaries, purpura, and sudden visceral congestions—as of the brain, liver, spleen, joints—are apt to occur. They are particularly liable to erethistic diseases of the nervous system. The late Professor George Wilson was an example of this diathesis of the dark complexioned type. He was endowed with almost feminine sensitiveness, although his intellectual powers were good; and he had a vascular system so nervously irritable that hæmoptysis constantly came on whenever he engaged too sedulously in mental labour. The wonder was that he lived so long, and did not die of phthisis at last. But the spleen, as well as the lungs, is apt to suffer diathetically, as in his case. For, having occasion to examine him, I found he had an enlargement of the spleen, and inferring from his diathesis that it must be of hæmorrhagic origin, I inquired if he had not had vomiting of blood. His reply was very characteristic; he had had an attack which his Medical friend had termed hæmoptysis, but which *he* thought was not pulmonary, and he had therefore got his epitaph ready, to wit:—

"Here lies George Wilson, o'ertaken with Nemesis.
He died—not of hæmoptysis,—but of hæmatemesis." (e)

The hæmorrhagic diathesis presents many of the peculiarities of the rheumatic or gouty, whether we regard the age, sex, hereditariness, tendency to articular affections, or the exciting causes of the periodic or paroxysmal bleedings. Thus the tendency to bleed is at the earlier ages; in the middle and decline of life it is replaced by gout, cardiac diseases, asthma, hæmorrhoids; and at or after puberty rheumatic affections of the joints are of common occurrence. It is very hereditary; in 452 recorded instances there are only nineteen in which no relative was similarly affected. In some families it can be traced back ninety years. The males are more affected than the females in the proportion of fourteen to one, but the females transmit the tendency, although unaffected. This is what happens in gout, and I think statistical researches will show it is the same with this kind of diathetic pulmonary hæmoptysis, for males are more subject than females to spitting of blood in all forms of phthisis, taken indiscriminately. The females are predisposed, however, to profuse menstruations, floodings, chlorosis, ecchymoses, and rheumatic diseases. Then, again, in these hæmoptysis is a diathetic hæmorrhage as to age, occurring most commonly, like epistaxis, at or shortly after puberty, and replaced by gout, atheroma, rheumatism, in middle or declining age.

Different kinds of Hæmoptysis.—We must discriminate clinically the different kinds of blood-spit, and the probable sources of the blood. Hæmoptysis is a term which implies not only that the blood is derived from the lungs, but that it is nearly free from extraneous matters. When in small quantities and commingled with bronchial mucus, as in hæmorrhagic bronchitis, or when present in the rust-coloured sputum of pneumonia, or streaking the spit of phthisis and cancer, or tinting the watery discharge of purpura hæmorrhagica, we call the symptom sanguineous expectoration rather than hæmoptysis. Again, bloody spit from the rupture of a thoracic aneurism into the air-passages, is not hæmoptysis, but hæmorrhage; nor is that which sometimes occurs in hysterical girls as a "vicarious" menstruation, but a diathetic hæmorrhage. We had a case of acute phthisis with splenic disease in which there was sanguineous expectoration; it was not, in truth, true phthisis, but a chronic pneumonia ending in scorbutic disorganisation of the lung and characteristic bleeding from the vessels. Then, again, we have several cardiac (mitral) cases of hæmoptysis without a trace of tuberculosis.

Where the Blood comes from in Hæmoptysis.—Now, seeing how influential morbid conditions of the heart are in predisposing to or exciting hæmoptysis, and seeing too how commonly cardiac diseases are diathetic in their origin, it becomes of importance to determine in what class of cases the hæmoptysis is primarily due to cardiac action, in what to vascular disease or defect, and in what to both. The question as to the source of the hæmorrhage, *i.e.*, whether from the bronchial mucous membrane or the air-cells, is here of some importance, and as to this there is much contrariety of opinion. In that kind of pulmonary hæmorrhage almost invariably associated with cardiac lesion, termed pulmonary apoplexy, it is believed by Dr. Watson to be always bronchial; and since the time of Bichat, the Parisian school has considered phthisical hæmoptysis to be always of bronchial origin. Dr. Walshe (with others) attributes it to molecular rupture of the capillary vessels of the parenchyma, except in those very rare cases in which a vessel of some size is perforated; and says he has never seen a case in which it was probable the bronchial mucous membrane was the seat of the hæmorrhage. I think the truth is in part, although not equally, on both sides. The *pathology and meaning of epistaxis* will help us to a conclusion, for it is a symptom of considerable significance, although generally overlooked in persons of phthisical habits. I have often noted it as being premonitory of future hæmoptysis, and often, too, observed it as coinciding with intercurrent attacks. We have questioned our phthisical patients as to the bleedings from the nose they have had, with these results: four of twenty-one cases have never had either epistaxis or hæmoptysis; three of these are strumous, and the fourth a miner with black spit; four have had both hæmoptysis and intercurrent epistaxis; three precurrent epistaxis, and then (in a few months after) precurrent hæmoptysis; three had precurrent epistaxis, but no hæmoptysis,—one of these, with a rheumatic history, aged 47, had three attacks, the blood flowing profusely,—and three had hæmoptysis but no epistaxis. In the remaining three cases the histories are defective; but it results that of eighteen cases of phthisis of all kinds, fourteen had either epistaxis (3), or hæmoptysis (3), or both (8). Epistaxis is usually thought of little consequence and of no diathetic or prognostic value; this, I am satisfied, is a practical mistake. In 227 cases of diathetic "bleeders" in which the source of the hæmorrhage was noted, it was nasal in nearly half, or 110; and in many it was found that epistaxis, hæmoptysis, hæmaturia, and hæmatemesis succeeded or alternated with each other, or were "metastatic." (f) And if practitioners were to watch their cases of epistaxis (chiefly pubescent lads) through subsequent years, they would find that repeated and profuse attacks about puberty in certain constitutions *do* indicate a tendency to hæmoptysis and tuberculosis subsequently. I say about puberty, because this is the age at which diathetic hæmoptysis most commonly occurs in phthisical subjects; you hardly ever see it in children. The bleeding is, as to fact, both equally diathetic; but as epistaxis is rarely associated with, or even followed by, any grave symptoms, its meaning is not observed. Now, if you look at the nasal mucous membrane in these cases of precurrent epistaxis, you will often find it red and swollen; such also is its appearance in cases of incipient phthisis. Epistaxis and hæmoptysis, when diathetic, are, in short, in much the same relation to each other as catarrh and bronchitis; the one ushers in the other.

(e) This incident is referred to in Professor G. Wilson's Memoirs by his Sister.

Pharyngeal Hæmoptysis.—The blood does not, however, in all these cases come either from the lungs or nose, but from the pharynx. This I have repeatedly ascertained to be the case in young persons diathetically predisposed to hæmoptysis and phthisis. They do not cough up, but hawk up or exscreate the blood; and, in particular, I think it is in such examples that the blood flows out of the mouth during sleep, and stains the pillow. These patients have hardly any pulmonary symptoms, but the pharynx is seen to be relaxed and veined over with small dilated vessels, and sometimes marked with blood. This kind of hæmorrhage, like epistaxis, will precede tuberculosis several years.

Well, then, what is the *relation of cardiac disease to epistaxis and hæmoptysis?* Is it that of cause and effect, or are they coincident morbid states? I think neither exclusively. The heart is only a portion, although an important portion, of the entire vascular system; consequently, what predisposes to diseases of the heart will predispose to diseases of the blood-vessels. This is true practically in multitudes of cases; so that, while we admit, as we undoubtedly must, that the interruption of the circulation through the cardiac cavities and large vessels by valvular narrowings or insufficiency is a cause of hæmoptysis, we must also admit that the same diathetic conditions which predispose the patient to this class of diseases will also influence the nutrition and contractility of his blood-vessels. And if perchance those of the lungs are predisposed to suffer from special causes, then there will be hæmoptysis. But it must be remembered that these structural diseases of the heart only excite hæmoptysis because they excite congestion of the lungs, as is seen in cases of mitral constriction, and that this may equally follow upon functional disturbance of the rhythm of the ventricles. It is enough for this end if the impulsive force of the two ventricles be unequal, or, in other words, if the left ventricle do not deliver the blood as freely as the right. Now, changes in the *innervation* of the ventricular muscles, or in the muscles of the valves, may suffice to disturb the harmony of function between the two hearts, and may therefore be sufficient to induce hæmoptysis when the bronchial capillaries are ready to yield to the pressure; and I think this is what takes place in many precurrent cases of hæmoptysis. Further, in a certain class of cases the local and general symptoms and the history serve to indicate that it is a species of rheumatic attack in which the innervation of the heart is involved, instead of the joints. There is no exsudation it is true, nor inflammation properly so-called. Only disturbed cardiac action, rapid pulse, thoracic pains, and hæmoptysis *sui generis.* Now, this kind of capillary rheumatism occurs in the diathetic "bleeder" when the hæmorrhages take place; it is also met with in a certain class of cases of acute purpura hæmorrhagica with articular complications, which I have long classed amongst rheumatic diseases, and which I incline to think is partly due to a rheumatic affection of the trabeculæ of the spleen—a tissue diathetically the same as the cardiac. And I am satisfied that I have seen several cases of precurrent hæmoptysis which may be classed with these—the morbid diathetic state being limited to the blood-vessels of the heart and lungs. The treatment in such cases is wholly diathetic—by nitrate of potash, digitalis, or aconite, and when there is much erethism, by acetate of lead and opium. I need hardly say that gallic acid, tannin, turpentine, and the entire empirical class of astringents are wholly unsuited to such cases. Nor is there any reason to think that in these there is necessarily tubercular deposit, no more than there is in the nasal or pharyngeal mucous membrane in cases of constitutional epistaxis; there may or not be; often there is, but the absolute significancy is as to the morbid condition of the vascular system and its influence on the nutrition of the lung-tissues. Hence it is that there is a class of cases in which the hæmoptysis recurs from time to time rather as a rheumatic than a tubercular affection, and as such may have, in fact, a life-long duration if care be taken that the causes of tuberculosis be obviated. And in such there is no more reason to conclude there is rupture of a blood-vessel or blood-vessels than in cases of rheumatic purpura hæmorrhagica, or of diathetic hæmorrhage in the so-called bleeders. In these cases bleeding vessels have been carefully looked for, and could never be found. Upon the whole, I think it must be concluded that in precurrent hæmoptysis the blood has the same tissue-source as in precurrent epistaxis, and is, therefore, from the bronchial mucous membrane. Whether, in all cases of mitral constriction, or when pulmonary apoplexy occurs in cases of pneumonia or otherwise in middle age, it is from the same tissue is doubtful; it may be in some, but I think it is in the majority from the vessels of the parenchyma. At all events, it is clinically a wholly different kind of hæmoptysis.

Influence of the Nervous System on Hæmorrhagic Phthisis.—In all these cases of diathetic pulmonary hæmorrhage, whether precurrent or intercurrent, the mechanical theory of congestion is insufficient to explain all the phenomena; for, granting that the one is due to exsudation of blood from the capillaries, and the other to hæmorrhage from a perforated vessel (as it undoubtedly sometimes is), there are a much larger number of cases of congestion of the lungs in which you have no kind of hæmorrhage whatever, while it only occurs occasionally in the individual affected.

It may be alleged that the pulmonary congestion which accompanies pulmonary tubercle is of a special character, and this is why hæmoptysis and tuberculosis of the lungs coincide. There are, doubtless, good reasons for this opinion; first, in the fact that they do so very frequently coincide, and, secondly, in the histological anatomy of tubercle; for it has been abundantly shown that there is extensive fatty degeneration or atheroma of the smaller vessels, and even of the aorta in phthisis. But then there are cases which cannot be brought under either of these generalisations. There is, for example, the case of H., in Ward XI., who has had epistaxis and spitting of blood for several years past, and who has diathetic degeneration of the vascular system, as indicated by aneurisms of the aorta and innominate artery. She has also albuminuria, yet the signs of phthisis in her, if any there be, are most obscure. We had a case two or three years ago of a man who had cardiac murmurs, rheumatic symptoms, the signs of pneumonia or pulmonary condensation, and hæmoptysis for several weeks, yet after death, a few weeks subsequently, no tubercle and no valvular disease were found. Again, both lungs are not equally affected; you will often find the physical signs of the first stage of phthisis chiefly, if not exclusively, in the left subclavicular region, when precurrent hæmoptysis occurs in persons of a gouty or rheumatic habit, with hereditary tendency to heart-diseases. I have surmised that the reason of this preference of the left lung, whether in inflammatory or tubercular cases (for the same is seen in rheumatic pneumonia and pleurisy), may be found in the anatomical relations of the left pulmonary veins. They enter the auricle lying so very closely together, that pressure upon one could hardly be made without involving the others. Now, such pressure would have the effect upon that lung which mitral constriction or insufficiency has upon both lungs. There are various modes in which such pressure might be made; one of the most obvious is enlargement of the bronchial glands. But this explanation would necessarily imply that *all* tubercular and congestive affections must be manifested chiefly, or in the first instance, in the left lung, which is by no means the case; on the contrary, a pleurisy of the right lung is far more likely to be tubercular than one of the left. Besides, in the diathetic forms of hæmoptysis another cause may be traced, viz., the influence of the nervous system: changes in this are the exciting causes of the whole group of "hysterical" hæmorrhages; nay, a sudden emotion (as fear or terror) may be followed by purpura hæmorrhagica in a few hours; and mental labour or anxiety will not only affect the heart's action, but the lung capillaries, and bring on hæmoptysis. Hence we must attribute the preferential affection of the left lung and the heart to a defect in the innervation of their nutrient and motor nerves. Now, as these are derived from the pneumogastric, we must found our pathology of these forms of phthisis, in so far as they are thus distinguished from other forms, upon the anatomy and physiology of the minor sympathetic, as the older anatomists most expressively designated this great system of nerves. I have already pointed out to you what influence is exercised by the nerve-centres on the development of phthisis, as revealed by clinical observation, and this is but a part of the same general doctrine; but we want to know why, in these nervous erethistic forms of phthisis there is a special tendency to hæmoptysis and all the other group of diathetic changes. Experimental researches have abundantly proved the influence of morbid states of the vagus on the lungs. Professor C. Bernard saw pulmonary apoplexy follow in a dog after division of the nerve in the neck, and Schiff even succeeded in developing both hepatisation and tubercles in a rabbit. Further, pathological researches have not only shown that the ganglion of the vagus and the medulla oblongata are affected concurrently with pulmonary lesions of various kinds, but that the action of these centres is a crossed action. (g) Hence we may infer that the morbid action may *begin* in the heart and left lung, and these when diseased involve the right lung by crossed centripetal action on the corresponding portion of the nerve-centre, just as often a diseased eye finally involves the healthy one, according to the law I have explained elsewhere (h).

(f) Hoffmann long ago remarked that persons with frequent and profuse epistaxis when young had a peculiar constitution, like that observed in these "bleeders," as they are termed. He observes, "Observamus porro, omnes ferè eos, quibus sanguis copiosius et frequentius in primis annis per nares erumpit, naturâ valdé imbecilles, animo quoque sensibiliores, variisque morborum afflictionibus, spasmis et doloribus per omnem ferè ætatem subjectos esse; rarius etiam vitam diu protrahere; quippe *in juventute in phthisin* inclinent, in consistente ætate in malum flatulento-spasmodicum sive hypochondriacum facile incident, atque ætate provectiori ad *dolores nephriticos* et *podagricos* multum proclives sunt."

As an example of the same kind of action of the nervous system, I might mention the close relation between diabetes mellitus, and tuberculosis, on the one hand, and injuries of the respiratory or pneumo-gastric nerve-centres on the other; and I think I may venture to observe that if the connexion of these nerve centres with certain forms of phthisis has not been demonstrated by anatomical research, it is because they are rarely, if ever, examined after death from phthisis. I need hardly say how great a defect this is in the pathological anatomy of the disease.

We can, however, conclude from all these facts that in precurrent hæmoptysis of a certain kind there is centric defect in the innervation of the blood-vessels, which is diathetic as to its predisposing influences in regard to both the vascular and nervous systems. This is specially excited into activity at puberty, when both the brain and lungs are experiencing increased nutrient and functional activity and development. As to the brain, it shows itself chiefly by epistaxis; as to the lungs, by hæmoptysis. What change is induced in the blood-vessels is not so clear; but it requires the concurrence of a morbid innervation; it gradually diminishes in intensity of hæmorrhagic effect as age advances; and it may be readily developed into activity by causes which depress the powers of the nervous system and the functional and nutrient activity of the body. This nutrient activity is less influenced in the direction of tubercular as well as hæmorrhagic degeneration as age advances, but atheromatous or calcific degeneration of the blood-vessels—that kind more peculiar to advancing years takes their place,—and hence it is that in this kind of constitution hæmoptysis and tuberculosis at puberty are replaced by arterial degenerations in the heart and brain in middle life, as in the case of John Hunter.

As you have been already informed at the bedside as to the various modes of treating phthisis which naturally result from this method of a diathetic diagnosis of the tissue changes, I need not dwell on them; there is a caution, however, as to the use of cod-liver oil which I would now mention, and that is, while it is not only an object of disgust, for the most part, with the erethistic class of phthisical patients, there is a grave doubt whether it may not be injurious by increasing the tendency to atheroma. Death from hæmoptysis is very rare in phthisis, occurring in not more than one per cent.; now, the only accidents of this kind which I have witnessed were in consumptive patients of the atheromatous diathesis who had taken cod-oil largely.

The physiognomical value of the *general wasting*, from which consumption gets its name, differs in the same way as hæmoptysis, namely, as it is precurrent or intercurrent and for the same reasons. You will have patients with no other phthisical symptom than this; it is, therefore, more than doubtful whether the wasting is due to the local lesion wholly, or in the first instance. We must generalise beyond these limited and somewhat mechanical doctrines into the wider field of the law of nutrition of tissues in general, if we would have better views of the pathology and treatment of consumptive diseases. There are other physiognomical signs, as pallor, œdema, and local sweats, which I will examine at an early opportunity.

(g) See Professor Sch. Van der Kolk's valuable notes to Dr. Moore's translation of his "Case of Atrophy of the Left Hemisphere of the Brain," p. 170. (Selected monographs of the Sydenham Society.)

(h) "Mind and Brain," Vol. II., p. 405, "Crossed Line of Morbid Nutrition."

THE ACADEMY DISCUSSION ON HOSPITAL HYGIENE.—This discussion, long as it has lasted, will, in all probability, be vigorously resumed some time hence; for the Minister of State has requested that learned body to furnish him with a *résumé* of the discussion, and a report on the conclusions it has arrived at. To prepare this last, the Academy has appointed a Committee, consisting of MM. Gosselin, Larrey, Malgaigne, Rénault, and Tardieu. Doubtless, when their report is brought up it will be warmly discussed prior to adoption.

THE PAMARD AFFAIR.—We have more than once alluded to this singular occurrence, in which a Dr. Pamard, Deputy to the Chambers for Avignon, has been accused of appropriating a membership of the Academy of Medicine which was really conferred on his father, at whose death he seems to have taken it as son and heir. The *Indépendance Belge* first set on foot the report of the transaction, and this was copied into various French newspapers, the proprietors of which were duly prosecuted and punished. We find any further remarks of our own must be very guarded lest we bring ourselves within the terrors of the French law, for it seems now that the *Independance Belge* itself has been cited to appear before the French tribunals, and that there are French lawyers who think that it may be forced to do so! A *casus belli* at the very least may arise. All this time the Academy is silent, not being able, owing to the disgraceful laxity with which its records have been kept, to state who really was elected, father or son!

ORIGINAL COMMUNICATIONS.

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ON ARTERIAL MURMURS IN INCIPIENT PHTHISIS.

By W. S. KIRKES, M.D.
Assistant-Physician to, and Lecturer on Medicine at, St. Bartholomew's Hospital.

In the first of a series of Clinical Essays lately published, (a) Dr. B. W. Richardson alludes to a former paper of mine on the subject of "Subclavian Murmur." This paper was read before a private Society for the Study of Chest Diseases, in April, 1858. Its publication was delayed in order to afford time for further observations, so that a more complete account of the subject might be given. Other occupations, however, having interfered with this intention, and Dr. Richardson's investigations having so successfully supplied much that was wanted in the clinical history of this peculiar physical sign, I am induced now simply to print the paper exactly as it was originally read, making only one additional remark; namely, that repeated subsequent observations have convinced me more and more of the value of this sign in many doubtful cases of incipient tubercular disease of the lungs.

The fact that a murmur, or *bruit*, coincident with the heart's systole, but independent of any cardiac disease, may, in many cases of incipient phthisis, be heard in one or other subclavian region, has long been known. Dr. Ogier Ward, I believe, was the first publicly to direct attention to this fact; at least, I have not met with any earlier allusion to it than that in a paper communicated by Dr. Ward to the *Medical Gazette* about twenty years ago. Therein he speaks of "a peculiar murmur heard in certain parts of the chest of persons presenting symptoms of phthisis," and he says "it occurs in such parts of the chest as percussion or auscultation would indicate as the seat of crude tubercles." Dr. Latham, however, was probably then, if not long before, familiar with the murmur in question, for in his Clinical Lectures on Diseases of the Heart, delivered many years ago at St. Bartholomew's Hospital, he speaks very strongly about it, though at the same time it must be observed that his remarks only apply to a murmur heard in the situation of the pulmonary artery, and not high up in the subclavian region. He says, "Fancy a line drawn from the left side of the sternum along the upper edge of the second costal cartilage, and continued an inch along the second rib; and another line drawn from the sternum along the lower edge of the third costal cartilage, and continued an inch along the third rib. Between these two lines a space is included, in the whole or in part of which a murmur is often audible coincident with the systole of the heart, when no such murmur can be perceived either in the præcordial region, or in the course of the aorta, or in the carotids, or in any part of the arterial system, but here, and here only. It is a gentle bellows-murmur, quite obvious to the ear, and unmistakeable in its character. Of such a murmur, often audible in this situation exclusively, I am certain as a matter of fact, and certain, too, of its very remarkable accompaniments. I have witnessed it in those who were undeniably consumptive, or in those who were too justly suspected of being so. I cannot say in what proportion of the phthisical it occurs; but I am continually meeting with it."(b) It is clear, then, that Dr. Latham was quite familiar with these arterial murmurs, and that he attached some value to them as a diagnostic sign of phthisis. Since this account was published, however, very little has been written on the subject, casual allusion to it in various works on diseases of the chest being nearly all I have met with. I think, however, that the subject deserves further examination, especially since the murmur in question is frequently attendant upon incipient phthisis, and also since there is often so much obscurity in the other physical signs of early tubercular deposit in the lungs — a little feebleness or coarseness of the vesicular murmur, slightly prolonged expiration, and a somewhat diminished resonance on percussion being nearly the only manifestations of incipient phthisis; and even these are often of very doubtful nature, and rarely exist in a marked degree until a considerable amount of deposit has taken place. Any additional physical sign, therefore, by which the diagnosis of incipient phthisis may be facilitated cannot fail to be of value, especially if it be one easy of detection, such as a well-marked arterial *bruit*.

It may be as well to mention some of the more striking peculiarities by which the murmur in question is distinguished from most other forms of murmur; several of these peculiarities are noted in the extract just given from Dr. Latham's work. Other additional points I have noticed myself.

1. First, it may be repeated that the murmur is independent of a murmur in the region of the heart; this is an important point, for if a cardiac murmur existed, its transmission might, of course, be supposed to explain the one heard in the subclavian region; but again and again I have found the heart's sounds quite healthy when the subclavian murmur was well marked. The conclusion arrived at, therefore, must be that the murmur has its origin at or about the part where it is heard, and not in the heart.

2. Next, as to the situation of the murmur. Dr. Latham speaks of it only as occurring in the neighbourhood of the main trunk of the pulmonary artery, and therefore limited to the left side of the chest, and to that part of the left side where the pulmonary artery is situated, namely, the junction of the second and third costal cartilages and their intervening space to the sternum. But according to my own observation, it occurs, even more commonly, much higher than this situation, close under the clavicle, especially towards the humeral end of the bone; and, moreover, it occurs nearly, if not quite as frequently, on the right as on the left side of the chest; in fact, it occurs on that side and in that situation where we often have reason to suspect the existence of tubercular deposit.

3. Then there are certain peculiarities in the murmur itself. Its intensity varies greatly, ranging from the faintest whispering bellows-murmur to a loud harsh roaring sound. On one occasion, a man with symptoms of phthisis presented such a loud and rasping murmur in one of the subclavian regions that I suspected he had an aneurism there; but on examining him again, a few days afterwards, the murmur had almost completely disappeared; and subsequent observation of the case proved that it was simply one of the class we are considering. This variableness in intensity of the murmur, even in the same patient, is another striking peculiarity which it often presents. Even while listening, a murmur which was harsh at first will often gradually become fainter, and may even completely disappear for a while. So fugacious indeed is the murmur sometimes, that I have frequently known it disappear and reappear several times while a patient has been under examination. It may often be noticed, too, that the murmur is much influenced by the respiratory movements; its intensity being often greatest at the end of full inspiration, or just at the turn when expiration begins. Sometimes, indeed, the murmur is heard only at that time, disappearing completely during expiration, and only occurring again at the end of the next full inspiration. Its intensity is influenced, too, as is that of most other systolic murmurs, by the degree of vigour with which the heart is acting; being loudest when the heart is contracting vigorously, as when a patient first enters the room, or is somewhat excited, and becoming fainter as the temporary excitement subsides.

Such are some of the chief peculiarities of the murmur. Then comes the question, "To what cause is the murmur due?" This is the most important part of the inquiry: and I confess there is much difficulty about it; but the following remarks may probably help towards a satisfactory solution of the difficulty:—

1. Is the murmur simply anæmic? *i.e.*, brought about by an impoverished state of the blood, and a corresponding weak state of the vessels. I do not think it is; for if it were so it would most probably be heard at the base of the heart, and along the aorta, and in most of the main branches of the thoracic aorta; but, as observed, the subclavian murmur is usually independent of any cardiac or other murmur, and, moreover, it is commonly heard in one subclavian region and not in the other, a fact quite inconsistent with the supposition of an anæmic origin. Again, if it was purely anæmic it ought to be heard in all cases of anæmia; and it ought not to occur in cases which are not anæmic; but neither of these results is found to happen; for it is rare to meet with the murmur in anæmic cases independent of tubercular deposit, while it is frequently heard in suspected phthisical patients before any marked signs of anæmia are developed. Again, too, if it were anæmic it ought to be constant, or nearly so, like other arterial anæmic murmurs, whereas it is, as I have said, often

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(a) "Asclepiad," Vol. I. Churchill. 1862.

(b) "Clinical Lectures on Diseases of the Heart," Vol. I. p. 66.

most fugacious—fading, disappearing, and reappearing again and again even during the same examination.

2. This variableness in its intensity, and even in its existence, naturally suggests that the murmur is due to some cause which is not always in operation, but only exercises a temporary influence. Now, nothing is so likely to be of this nature as pressure; for we can readily understand that with the continual changes taking place in the respiratory and circulatory movements within the chest, arterial and other canals, with their contents, will be continually exposed to varying degrees of pressure. Some examination of this as the probable cause of the murmur is necessary.

It is, perhaps, scarcely requisite to call to mind that simple pressure on a given part of an artery is sufficient to cause a murmur, by accelerating the current at the part compressed, and thus increasing the force with which the particles of blood come into collision with those in the succeeding wide part of the canal. Dr. Latham pointed out this fact very clearly, showing that in children with yielding thoracic parietes it is easy to produce a murmur in the pulmonary artery by exercising a little extra pressure with the stethoscope at or about the second left intercostal space near the sternum; and Dr. Jenner has since confirmed this observation by several additional examples. It being well-determined, then, that artificial pressure on an artery, by narrowing its calibre at a given part, may give rise to a murmur, we can readily understand that a like result—namely, an arterial murmur—may ensue when a large arterial trunk is compressed by any solid material such as cancerous or tubercular matter deposited in parts contiguous to it. In order to the production of such a murmur, it is not perhaps enough that the parts surrounding the artery, say the tissue of the lung, should be simply consolidated, but probably they must be so affected as actually to press upon and narrow the artery at some point; as, for example, when a deposit ensues in such a situation as to project above the general level, and this in the immediate proximity of an arterial trunk.

That arterial murmurs in different parts of the thorax may thus be the result of pressure exercised by a tubercular lung, is demonstrated by an example mentioned in Dr. Hope's great work "On Diseases of the Heart." "I had a patient," Dr. Hope says, "in the St. Marylebone Infirmary, in whom I, as well as the Apothecary, Mr. Hutchinson, noticed a distinct murmur along the ascending aorta on some occasions, and not the slightest in others. I was much perplexed, and could not make up my mind as to the existence of valvular or aortic disease. The patient died of phthisis; and on post-mortem examination it was found that the anterior edge of the left lung, completely indurated by tubercular deposition, pressed so exactly on the ascending aorta as actually to have taken its mould, though without adhering. It was now recollected that the murmur had always been heard when she lay on her back or inclined to the right side, but not when inclined to the left; hence we ascribed it to pressure of the lung on the aorta when the position of the body caused it to gravitate towards the right side." (Third edition, p. 391.) There can be little doubt that Dr. Hope's interpretation was correct; and it clearly suggests to us that tubercular and such-like deposits in other parts may, when in close proximity to a larger artery, compress it and so give rise to a murmur.

I incline, then, to believe that in the majority of cases in which this subclavian murmur occurs in incipient phthisis, it is due to unwonted pressure exerted on some large arterial trunk, diminishing its calibre at the compressed part. The cause of pressure is, no doubt, the tubercular matter deposited in the pulmonary tissue. But then the inquiry occurs, What artery is compressed? This, no doubt, will vary according to the seat of the tubercular deposit. If it occurs below the apex of the lung or near the situation of the pulmonary artery, this vessel may be the one compressed and the one which gives rise to the murmur, as so often noticed by Dr. Latham. The same artery, too, may be compressed and probably generate a murmur in cases where neighbouring bronchial glands are enlarged and filled with tubercular matter. But when the deposit occurs, as it usually does, in or closely adjacent to the very apex of the lung, the arterial trunk most likely to be compressed is the subclavian. This artery lies upon, and actually indents the apex of the lung for a distance of an inch and a-half or two inches on the left side, rather less on the right. Now, when the apex of the lung is consolidated by tubercular deposit, we can readily understand that it will tend to exercise a greater degree of pressure on the subjacent artery than would healthy vesicular structure, and would therefore be likely to diminish the calibre of the vessel at that part, and thus give origin to a murmur. This supposition is strongly confirmed by the fact that the murmur is usually loudest at the end of full inspiration; for it is intelligible that when the vesicular structure of the neighbouring portion of lung is fully distended with air, the consolidated portion will exercise a greater amount of pressure on the adjacent parts than when the vesicular structure is comparatively empty. The subclavian artery then, I would suggest, is probably the usual source of the murmur so frequently heard when there is reason to suspect tubercular deposit in or about the apex of the lung; and when heard it may generally be held to indicate that the tubercular deposit is exercising pressure on the vessel. But although the subclavian artery is probably the most common seat of the murmur, yet the aorta, the innominate, and the carotids are all in immediate proximity to the portions of lung most usually the seat of tubercular deposit, and may therefore be compressed by it, and give rise to a murmur. There is, of course, another view which may be taken as to the cause of the murmur; viz., that it may be the result not of pressure on a main artery, but simply of impediment to the transit of blood through the consolidated pulmonary tissue, whereby the pulmonary artery and its main branches become obstructed. But I cannot clearly understand in what way such impediment can give rise to a murmur presenting the characters already mentioned, and I am therefore inclined to ascribe very little influence to this condition.

With regard to the diagnostic value of the murmur, I may add that although its existence may be regarded as a strong additional sign of tubercular deposit, yet its absence must by no means be held as negativing the existence of such disease, for it is quite intelligible that even a considerable amount of deposit may exist without being so situated as to exercise sufficient pressure on any large artery to produce a murmur. Then, again, I would repeat that, so far as I have been able to determine, the murmur is an attendant on the *earliest* stage of phthisis, that namely of tubercular deposition; and on this fact its chief diagnostic value depends, for in the stage of softening the physical signs of the disease are too obvious to need any additional confirmation. The presence of the murmur in the earliest stage, and its absence in the stage of softening, are quite intelligible on the view that pressure by a consolidated lung is the cause of the sound, for it is in the first stage *especially* that this condition is likely to exist, the lung in the later stages being more or less softened, broken down, and hollowed into vomicæ. Moreover, in the later stages the total amount of blood is diminished from deficient nutrition, and the muscular power of the heart is also lessened, so that the blood is propelled with less force.

There is just one other point which I may mention; care should be taken when listening towards the humeral end of the clavicle not to press too hard on the subclavian artery in its course outside the chest, for in some cases I believe I have by such pressure induced a murmur which did not previously exist; and this is a caution which should be especially observed in thin and anæmic subjects.

Lower Seymour-street.

REPORT ON THE ACCIDENT AND DECEASE

OF THE LATE

J. O. McWILLIAM, M.D., C.B., F.R.S., Etc.

By WILLIAM COOKE, M.D.

On Monday, April 28, after a day of fatigue in his professional duties and social and benevolent engagements, Dr. McWilliam returned home, not quite well, at half-past eleven o'clock. He took, as usual on coming home at night, his glass of spring-water, and remained in the drawing-room reading until about half-past twelve. Mrs. McWilliam had gone up-stairs to prepare for bed, and he was heard to go down and into a back yard. It appeared that he had gone down without a light, and on his purposed return he, in the darkness, missed his way, and fell headlong down the kitchen stairs.

The fall was heard, and immediately drew about him Mrs. McWilliam and the family. Within a few minutes, my son (Dr. W. Marten Cooke) and I, in obedience to an urgent summons, were at hand. We found him placed in a chair, bleeding from the head, and greatly stunned. There was a wound in the scalp, at the upper part of the hind head, about an inch long, from which blood continued to flow. Around the wound, and extending to behind the right ear, there was considerable swelling from extravasated blood. We could not detect any fracture. His nose was also severely bruised.

After the needed attention to the head, which he was unable to comprehend, he walked up stairs, though with difficulty, between my son and myself, and was placed in bed. He was not sufficiently conscious to give any account of the accident.

The next day he was drowsy, and reluctant to be spoken to, or to take the nourishment and medicine prescribed. We learnt, however, that whenever unwell he was remarkably backward to complain, and unwilling that his indisposition should be noticed.

On Wednesday, at my request, the kind and efficient assistance of Mr. Luke, of the London Hospital, was obtained, and the united opinion was, that the effects of the injury were gradually subsiding. Reason appeared to be progressively returning. He knew Mr. Luke, and mentioned the Hospital he was connected with. The pulse was seldom much above eighty, and was soft. The pupils were undilated and were sensible to light, and as well as recognising the persons about, he answered questions relating to his feelings correctly, but could not connect the words of a longer sentence.

Up to Saturday all went on hopefully, with occasional changes. The wound of the scalp had nearly healed. The swelling of the nose had subsided, but the eyes were deeply blackened.

Repeatedly in the course of the day I visited the Doctor, and when meeting Mr. Luke at four o'clock on this day (Saturday), Dr. Babington and Mr. Humphreys joined us in consultation.

Our patient had become a little more oppressed, and had been frequently seized with paroxysms of convulsion. The attacks chiefly affected the arms and hands, and slightly the face, not lasting for more than half a minute to a minute. He knew Dr. Babington, and called him by name, adding an epithet of admiration. The state was considered, of course, more unpromising, although hope was not abandoned that the effusion which it was considered had taken place might yet be absorbed under the continued use of the means suggested.

In the evening he became much excited. He talked incoherently, and wanted to get out of bed. The convulsive attacks were frequent, but on the addition of a quarter of a grain of morphia to his other medicines he became more calm, and the convulsions during the night were less frequent. At twelve on Sunday morning we met in consultation. He was not considered materially worse, except that the pulse was more frequent and rather more feeble. It was agreed to meet at four on the following day.

During the day the unconsciousness increased, and the power of the circulation and of swallowing gradually failed. At times in the day the breathing was stertorous, and towards evening it was evident the end was approaching. He had no convulsions, and did not exhibit any sign of pain. It was my mournful pleasure to sit by his side and minister to his last requirements. At eight o'clock life ceased.

Post-mortem Examination.—Assisted by Mr. Humphreys, and in presence of Dr. Babington, (Mr. Luke being unable to attend,) I examined the head at four o'clock next day. The room, before the windows were opened, was filled with a very offensive odour, owing to a large exudation of serum, tinged with blood, from the nose and mouth—the result of rapid decomposition. The wound on the scalp had nearly healed. The scalp, generally, was unusually tense, so that, after division, it was difficult to reflect the two portions. There were remains of blood around the wound, and extending behind the right ear, but not in any considerable quantity. The cranium was thick, and the dura mater adhered so closely that it was necessary to cut through it before the calvarium could be raised.

Beneath the dura mater, and on the anterior lobes of the cerebrum, there was a pretty large coagulum,—in quantity, perhaps, an ounce and a-half. There was no great congestion of the vessels of the pia mater, but in three or four spots there was a small circumscribed adhesion between the pia mater and brain, as if, in the violent concussion, lesion had taken place. At each of these points there was slight extravasation. In the substance of the brain there were no bloody points indicative of congestion. In each lateral ventricle there was about two drachms of serous fluid, but no inflammation or congestion of the lining membrane. Beneath the cerebellum there was a coagulum the size of a Spanish nut.

It is unnecessary to give a detailed account of the treatment. We had learnt that he was not quite in good health previously, and that he had thought himself, for a long time, the subject of diabetes. By examination we found that he did pass sugar in small quantity. From the first the treatment was of a mildly sustaining nature. The bowels were kept open; calomel, to promote absorption; cold applications to the head (always very refreshing to him); once leeching to the temples, and blister to the nucha, when the pressure became more severe; the general principle having been to sustain without stimulation, and to promote absorption. The other means will readily be imagined.

And thus passed away the man whose conduct had been highly honourable to the Medical Profession, and to social and scientific life generally; who had secured the esteem of all who knew him; who had a benevolent heart, and a hand more liberal, perhaps, than his means justified. Few knew his latter years better than myself; and by me he will always be most affectionately remembered.

39, Trinity-square, E.C.

PUERPERAL EPILEPTIC CONVULSIONS.

By WILLIAM GAYTON, M.R.C.S.E.

L. C., aged 19, a delicate-looking, single woman, residing in this neighbourhood, was delivered of a full-grown male child on October 24, 1861, at about 3 a.m., after a comparatively easy labour. At 8 a.m. I was requested to see her, fits having occurred about two hours after the birth of the child, and increased both in frequency and severity.

I found her quite insensible; pupils were fixed and dilated, eyeballs prominent, countenance turgid (except in the intervals, when it was particularly pale), pulse small and weak, breathing irregular and laboured, teeth clenched, and saliva mixed with blood was escaping from the mouth; the urine was found to be highly albuminous.

The midwife denied any fits having occurred during the labour, but said she had struggled very violently, so much so at one time as to require two or three assistants to restrain her. For some months past she had complained of intense pain in the head.

It was recommended that the head should be closely shaven, but the friends objecting to this, the hair was cut short, and cold assiduously used; a blister was applied to the nape of the neck, gr.x. of calomel was placed on the tongue, and a tablespoonful of a mixture composed of infusion of senna and sulphate of magnesia given every two hours until a copious evacuation was obtained.

12 p.m.—Has had three more fits; no action on the bowels, tongue much lacerated, last fit quickly brought to a termination by pouring cold water from a height upon the scalp.

4 p.m.—Repeat calomel, a fit has recurred regularly every hour; is very restless, and tries to remove the blister, which is beginning to take effect.

9 p.m.—Bowels relieved once; motions very dark-coloured and offensive; fits more frequent and powerful; has had no sleep all day; entire absence of lochia and milk; to take gr. ij. of powdered opium and gr. viij. of calomel directly.

October 25, 9 a.m.—Went to sleep about two hours after taking the powder, and continued to do so the whole night; has had no fit since.

11 p.m.—Bowels relieved twice during the night; pulse 120; to be kept very cool and quiet; have the room darkened, and take gr. v. calomel every six hours, and a saline draught every four hours.

9 p.m.—No return of the fits; is conscious and answers rationally when spoken to; takes no notice of her child; to continue as before.

October 26.—Tongue brown and dry; skin hot; pulse 125; no secretion of milk; lochia presents but scanty; gums not affected by the calomel; she complains of severe pain in the bowels, but it is not augmented by pressure.

From this time she began steadily to improve, and after the lapse of about three weeks was able to employ herself in some light domestic work; there was, however, for some time an indescribable wildness in her appearance.

Brick-lane.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

J. HUGHLINGS JACKSON, M.D.
Physician to the Metropolitan Free Hospital.

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TABULAR STATEMENT OF TWENTY-FIVE CASES OF SYPHILITIC CHOROIDITIS, RETINITIS, ETC.

(Continued from p. 433, vol. ii., 1861.)

No.	Name, Date of Admission, Occupation, State of Health.	Age	History of the Primary Disease, and of its Treatment.	Interval between Primary Disease and the Affection of the Eyes.	Other Symptoms present at the Time of Admission.	History of the Ophthalmitis.	State of the Eyes at the Date of Admission.	Treatment, Progress, and Results.	Remarks.
1	George F.; Mar. 31, 1859 Page 71	20	Had had a chancre, rash, and sore throat	"A few months"	Ulcers in the tonsils	The left eye had been failing in sight for a week or two	Left retina congested and hazy. Vision much obscured	A mild, mercurial course was persevered in, with some intermissions for five months. He recovered almost perfect sight	The disease affected but one eye
2	Mrs. P.; Feb. 1860; married Page 73	24	Sores followed by rash	8 months right eye, 11 months left eye	None. Pregnant	Her right eye had suffered three months before, and had quite recovered. The left was attacked three weeks before admission	Left choroid patched over with lymph, and the vitreous containing films. Impaired vision and much tensive pain	The right eye had perfectly recovered under mercurial treatment. No note as to the left	
3	Mr. M.; July, 1859; married Page 86	36	Primary sores followed by rash. No note as to treatment.	4 months	A copper-tinted rash on the shoulders; debilitated by nursing	The left was first affected, and soon afterwards the right. The loss of sight rapidly increased	White films floating in all parts of both vitreous humours. Vision very much impaired. Muscæ	No note as to the results of treatment	The turbidity of the vitreous prevented satisfactory examination of the retina and choroid
4	Mrs. B.; May, 1861; married Page 49	27	Married seven years ago, and had sores, followed by rash, six months afterwards. Was salivated	3 years	Not known. She appeared in fair health when admitted	The right was just affected and progressed slowly. The left did not begin to suffer till a year later	Extensive effusions of lymph into both choroids, followed by absorption and atrophy. Changes most advanced in the right eye	No specific treatment appeared to have been adopted for the eyes. The disease was of three years' standing when I saw her	The disease appeared to have been insidious and gradual, but I doubt much whether the interval (Col. 4) had been as long as she stated
5	Mrs. B.; August, 1860; married Page 31	66	Primary sores, followed by rash and sore throat. She had been treated by mercury	4 months	Syphilitic psoriasis and double iritis	It commenced in both simultaneously, and progressed almost *pari passu*	Double iritis with much intolerance. Ophthalmoscope not used until some weeks later	Mercurials and iodides were freely used. The iritis passed off, but both lenses became partially opaque, and there were extensive changes in the vitreous in both eyes	When last seen the woman was almost blind from the turbid state of the vitreous in both eyes
6	Frances S.; Oct. 8, 1860; a feeble cachectic woman	53	She denied having had any primary disease. Married twenty-eight years; one living child, aged 18. Subject for four months past to syphilitic psoriasis palmaris, and sores on tongue	Doubtful	Psoriasis palmaris and syphilitic patches on the tongue, both of them most characteristic	Her sight had been failing for a year. She was admitted with iritis of the right eye	Both irides steel grey; right pupil irregular. Staphyloma posticum, atrophy of choroid, and film in the vitreous of the left eye	She was greatly benefited by a course of iodide of potassium	Extensive staphyloma posticum in connexion with syphilitic changes is decidedly rare
7	Henry B.; Nov. 1860	28	Primary sores and open bubo three years before. Treated by mercury	2 years	Cachexia. Ulcerations in the tonsils, and at the corners of the mouth	His sight had been failing for eleven months, with but little circum-orbital pain. No iritis	Both optic discs ill-defined and congested. Both retinæ hazy and congested. Films in the right vitreous	He was treated by mercury and iodides, and derived some benefit, but subsequently relapses occurred	In this case the disease had come on late, and had been long neglected
8	S. D.; a farmer's daughter; healthy-looking	25	No primary disease acknowledged	..	No other symptoms at the time of admission	Three years ago the left eye inflamed, and a year later the right, and at the same time the left for a second time. Several attacks since. Has been several times profusely salivated	Both pupils extensively adherent, and dilate very irregularly by atropine. Films across the pupil; the fundus seen with difficulty. Numerous white patches in the choroid; some abruptly circumscribed, others with ill-defined borders. Can see to read ordinary print, but very slowly, and with much difficulty	She was treated with iodides and mildly with mercurials, and with considerable benefit	Although no history could be obtained in this case of the primary disease, yet the condition of the choroids, and the coincidence of iritis, left no doubt on my mind

9	Mary J.; April 9, 1861; married	22	She had primary disease four months ago	2 months	Condylomatous patches on the dorsum of the tongue, lower lip, and pharynx; leucorrhœa	Dimness and mist before the eye (the right). Pain in the forehead, and pain like "needles" in the eyes	There was no iritis and no intolerance of light. One pupil was more dilated than the other; it dilated fully by atropine, and without showing any adhesions. The retina was congested and deficient in transparency, looking as if seen through a gauze. In the vitreous was a single large floating body, which in some positions looked black and opaque; in others, filmy and whitish. No diffused turbidity in the vitreous. She could not count fingers with the affected eye	No specific treatment for the eye was adopted until April 23; then calomel and opium were given three times a-day, and iodide of potassium. She improved, the other symptoms disappeared, and on May 28 she could read ordinary type	
10	Mrs. V.; August 6, 1861	23	She had had syphilitic rash six months before her admission, but did not know whether she had had sores or not	Doubtful	Well characterised syphilitic rash on the arms, trunk, and face, for six months	The right eye. She said that about five months ago the right eye began to be dim, as if "looking through dirty water." The dimness increased, and ten days ago she rather suddenly lost all sight in it, and then had severe pain in the globe. The other eye was a little affected, *e g.*, she could not see with it to thread her needle	The whole right vitreous was opaque and of foggy white grey appearance. Not the slightest glimpse of the optic disc nor retinal vessels could be obtained. Quite blind with this eye. In the left eye there was found a large, abruptly-circumscribed patch of effused lymph between the retina and choroid, very near the yellow spot; but as stated, she averred that her sight with this eye was good for ordinary purposes	Calomel was freely given, but there was great difficulty in producing any effect on the disease or the usual constitutional influence of mercury	She had subsequently an attack of iritis in the right eye. There is little hope of any improvement of vision in this eye
11	Mrs. W.; March 28, 1861; pale and out of health	34	She had had what she called "pruritus" three months ago, followed by copper-coloured rash Her Surgeon considered it venereal. She had not been salivated. Her husband denied having had any syphilitic affection	3 mths. (?)	Copper-coloured blotches on the skin, and evidence of recent ulceration in the tonsils	She had had a "fog" before the eye, and had severe circum-orbital pain for a fortnight. (In the right eye was an old corneal opacity, which had prevented useful vision for years.)	The pupil dilated widely, but with a single tag of adhesion at its lower part. The vitreous was hazy, and it was with some difficulty that the fundus could be distinctly seen. The margins of the optic nerves were ill-defined, owing to the effusion of a thin deposit of lymph. The trunks of the vessels were here and there concealed by minute dots of lymph. The area of inflamed retina extended widely, but irregularly round the optic disc. She could not read No. 16	Local bleeding, calomel, and opium, and the iodide of potassium. On April 11 she could read No. 1 (brilliant). On May 16 she could see almost as well as ever. The margins of the optic nerve were now clearly defined, and the retina had to a great extent recovered its transparency	
12	A. J. R.; Oct. 18, 1860; pale and delicate	21	A year ago he had a "running," but no mercurial treatment was thought necessary by his Surgeon. He had no secondary symptoms, except the iritis, etc.	1 year *i.e.*, 1 year before the iritis	None	He attended for subacute iritis in the left eye. He had had iritis in the right a month before	On October 18 there were adhesions in both pupils, but on the 22nd none were seen except by the ophthalmoscope, and these as pigment patches on the lens. The right vitreous was dim, and full of opaque moving films. In the left the vitreous was muddy, and some very fine films seen. The left retina hazy; the right not to be seen	For the first few days he took calomel and opium, but on October 22, ten grains of the iodide of potassium were given three times a-day instead. This he took, improving much in health and strength, to January 3, when five grains of the iodide with tincture of iodine were given. This he took to April 1, and then ceased to attend. He had not recovered any useful vision in the right eye	He again attended October 14 1861. The right eye was still pretty much in the same state; in the left, both the retina and the vitreous had wholly recovered
13	Thomas R.; a sailor; April, 1861	36	About nine months ago he had chancre, followed by rash on the legs, thighs, and scrotum. He was salivated	3 months	None	Six or seven months ago his sight began to fail in the right eye, and soon afterwards in the left also	By aid of the ophthalmoscope, the reflex was found to be of a dull reddish-brown. There was a diffusedly opaque condition of the vitreous in both eyes. He was examined by several observers, and none could see the optic disc in either eye	Specifics were ordered, but unfortunately there is no further note of progress	It will be remarked that he had been salivated for the original disease
14	Mrs. L.; married; fair health; May 27, 1861	23	She was confined three months ago of a child which, the Doctor told her, had been dead ten days. Although she was not aware of it, there is clear evidence that she had primary syphilis five months ago.	Nearly 3 months	Extensive white margined superficial ulcers on the tonsils and velum palati. Scars of deep ulcer in the tonsils	The right eye: the sight had been failing about two months and a fortnight. It began by a sort of "fluff" before the eyes, which she tried to remove	The sight was not much impaired. The pupil dilated well by atropine, and nothing except a little haziness of the vitreous humour was observed. She had no pain	Under the use of the iodide of potassium in ten grain doses, the sight improved; so that on June 10 (a fortnight after admission) she could read No. 1 type. On July 17, mist. ferri. co. was substituted. She again relapsed, and on August 12, she could not read No. 20 when the board was held above her, but could still read No. 1 when it was held above her. By specifics she again rapidly improved	

No.	Name, Date of Admission, Occupation, State of Health.	Age	History of the Primary Disease, and of its Treatment.	Interval between Primary Disease and the Affection of the Eyes.	Other Symptoms present at the Time of Admission.	History of the Ophthalmitis.	State of the Eyes at the Date of Admission.	Treatment, Progress, and Results.	Remarks.
15	L. H.; widow(?); tailoress; healthy	34	Eleven years ago she had sores, followed by rash, all over the body, and was salivated. (See col. 6.)	During treatment for the primary symptoms	She was well aware that the loss of the right eye was due to "the disease," and told me so spontaneously, but except acne of the face of rather suspicious tint, she looked healthy	During the treatment for the primary disease eleven years ago, her eyes began to suffer, but in a little time the inflammation "settled in the right," and the left quite recovered. In about a year the right eye was reduced to about the state it now is	The right pupil dilated freely with atropine without showing any adhesions. The fundus of the eye was cloudy, the media being perfectly clear. The vessels entering at the optic disc were extremely minute — almost thread-like—and the margin of the optic disc was merged in the surrounding fundus. Optic disc very pale. Many pigment patches at the yellow spot	No note of treatment	She said that for ten years the sight has been about the same, and by the left eye she has been able to earn her living as a tailoress. She had recently been anxious about the latter, but I could not make out any evidence of failure. She could read easily. The optic disc was rather indistinctly margined
16	Mrs. H.	35	She had primary syphilis during her pregnancy with a child now six months old, and suffering from congenital syphilis. No note as to the treatment of the primary disease	Less than 9 months	Stains of a rash which she had after the primary syphilis. Her infant had cellular nodes, etc.	One week after the birth of the child (six months ago), she had iritis, for which she was treated by mercurials, iodides, etc.	Vitreous and choroids very hazy; margin of optic entrance indistinct, and the vessels small. Dr. Bader, from the ophthalmoscopic appearances only, diagnosed syphilis	Iodide of potassium and mercurials (Plummer's pill) were given, and a little improvement followed, but she only attended twice	
17	Hy. W.; April 19, 1860	25	Gonorrhœa and a chancre a year ago. He took pills until his mouth was slightly sore. He had then also an enlarged gland in the groin. No secondary symptoms except the disease of the eye	11 months	None	Left eye only. Six weeks before, he saw a halo round a lamp in the street. Ten days ago he had severe pain in the head, and the eye became congested	Pupil dilated well without adhesions. "Retina clouded, as if seen through a medium, but perfectly transparent. No evidence of patching, nor any evidence of floating bodies in the vitreous." He had much pain shooting into the eye from the occipital regions of the head. There is, unfortunately, no exact note as to sight, but there was no useful vision	He took iodides and mercurials, but the pain, although often better for a time, was often severe. He did not improve materially	
18	Mrs. P.; married; cachectic B. page 36	31	Had syphilis eleven years ago, and had since borne seven syphilitic children	..	Nodes and extreme cachexia.	She had been quite blind of the right eye for many years	The vitreous body of the right eye was so opaque, that I could not illuminate the fundus. In the left eye the media were perfectly clear, and the structures of the fundus normal	Specific treatment was adopted for the other symptoms, but as regards the eye, no hope of benefit could be entertained	
19	Mrs. J.; married; good health; B. page 37	25	Had primary syphilis five years ago, which was followed by rash and double iritis. Treated by mercury, and recovered perfectly	5 years	None	She had retained excellent sight until a fortnight before admission, when without any pain she began to see dimly. The attack commenced rather suddenly	On the use of atropine fine tags of adhesions were discovered in both pupils. The media were perfectly clear, but the retina in each was slightly hazy, that of the right being especially so	Iodide of potassium in four grain doses three times a day was continued for four months, and with steady improvement. She regained almost perfect sight, but the right was still not quite so strong as the other. When examined by the ophthalmoscope in April, the retina of the right, near the optic disc, was still slightly hazy	
20	Mary A. W.; married; dark complexioned; pale; no family; March 24, 1862; B. page 34	29	She had syphilis from her husband three years ago, and had rash afterwards	Interval probably 2 years	None. (Three years had elapsed since the primary disease.)	Her eyes have been fail- for a year, but more for the last five months	Pupils of normal size, and firmly mobile, the right perhaps a little sluggish. Large patches of exposed sclerotic in both, bordered by pigment. In the left, one of the patches was close to the optic disc. Disorganisation of the choroid was extensive, the patches being large and very definite. She cannot now see the largest letter on the boards; can with the right spell out capital letters	Mercurials and iodides. Under treatment the sight improved a great deal	From the state of the eyes, I suspected that the diseased processes must have commenced at an earlier period than the patient assigned
21	Jesse W.; a bargeman from Shropshire; healthy; Mar. 17, 1862 B. page 32	33	Had a "dry sore" four years ago, which was followed by a rash. He believed that he had not taken mercury. After the rash disappeared, he remained wholly without symptoms, with the exception of the eyes	18 months	None. (Four years had elapsed since the primary disease.)	He first noticed two years and a half ago a dimness, and was afterwards troubled with photopsia. These symptoms steadily and slowly progressed until in the course of two years he became almost blind. Probably no specific treatment	Pupils of normal size, fairly active; no adhesions. In both eyes the media clear, but the choroids extensively atrophied and thin. In both were numerous patches, in which the sclerotic was seen through; some of them abruptly defined, others not so. The optic disc not easily distinguishable from the surrounding choroid. Numerous pigment spots in various parts	The iodide of potassium in full doses was prescribed together with the bichloride of mercury. The disease was, however, in too advanced a stage to permit of much hope of benefit	In this case the true nature of the disease had never been suspected. The man appeared in good health, and had had no syphilitic symptoms since the rash disappeared. He was reduced to a state of almost entire blindness, which will probably be permanent

22	Mrs. B.; in excellent health; B. page 30	30	She had had sores followed by rash two years ago, and was freely treated both by mercury and iodides	Nearly 2 years	None. (Nearly two years had elapsed.)	A little pricking, shooting pain in the globe for a few weeks before admission, accompanied with dimness of sight, which had varied much at different times	Pupils dilate well. No adhesions in either eye. The media were clear, but the retina, especially near to the optic disc, was confused and hazy. The margins of the optic discs were indistinct. She could read No. 8, but only with difficulty	Iodide of potassium and mercurials. Two months later she could see to read No. 4 (minion) at ordinary distances, and had been wholly free from pain in the globes since treatment was commenced	In this case the patient was slightly hypermetropic, and the subjective symptoms of which she complained might easily have been attributed to that condition had she not volunteered a statement as to her syphilitic history, which lead to an examination by the ophthalmoscope
23	Elizabeth C.; a cook; Nov. 1861; B. page 21	30	She denied all history of primary disease, but there were at the time a few suspicious-looking blotches on the arms	Doubtful	A few suspicious looking blotches on the arms.	Eleven months ago a "mist came over the right eye." There was a good deal of circum-orbital aching, but no acute pain	Both globes congested and irritable. Iritic adhesions in both, and chronic iritis still present. The pupils dilated irregularly under atropine. In the left there was too much opacity of the vitreous body to permit of the fundus being seen. In the right the retina was hazy. She still retained sufficient sight for her ordinary occupation	The bichloride of mercury with the iodide of potassium was prescribed, and atropine used locally. She remained under treatment for several months, but the benefit obtained was not very marked	This case somewhat resembles Case 9, in the entire absence of history. The disease in the eye was, however, symmetrical, and, as it was complicated by iritis in both, I could feel no doubt as to the diagnosis
24	Ellen G.; a dressmaker; stout and florid; B. page 15	22	Had had a bubo, followed by a rash two years ago	20 months	None. (Two years had elapsed.)	For three or four months she had noticed that her right pupil was larger than the other. Her sight had failed in both, but especially in the left. During the last fortnight she had been unable to follow her occupation, but previously she could see to thread a needle	Right pupil widely dilated and quite motionless; no synechia in the right, but several in the left. The retinæ in both eyes were hazy; in the left very much so. She could see fairly with the right eye, but not sufficiently to read small print	Specific treatment was adopted, but I have no note as to the subsequent progress	The mydriasis was an interesting symptom in this case; it occurred in the eye in which the retina was less involved than in the other
25	Elizabeth S.; in service; good; B. page 36	22	She had primary syphilis in January of this year, and was salivated. No secondary symptoms except the disease of eyes	..	None	She complained of gradual failure of sight during the last two months. There was no congestion of the globes, nor had there been any pain whatever	No synechia were visible until the pupils had been dilated by atropine, when several came into view. In both eyes the media were transparent with the exception of several floating films in the right vitreous. In both choroids were numerous patches of greyish-white lymph. She could not read large capital letters	Calomel in half-grain doses twice a day, and iodide of potassium was ordered. Under this treatment the eyes improved very much	In this case there was nothing in the patient's appearance to suggest a diagnosis of syphilis, and it was only on examination of the eyes that the suspicion arose. On being questioned, the patient at once confessed that she had had the primary disease

Dr. J. Rich Farre.—We regret to have to announce the death of this justly-esteemed Physician. A biographical sketch of Dr. Farre will appear in our next Number.

On Monday last, a deputation from the Medical Officers of Health of the Metropolis, headed by Mr. Edwin Chadwick, waited on Lord Palmerston, to represent the evils arising from the present bad sanitary condition of schools, from the undue amount of sedentary constraint, and from defective physical training. Dr. Dundas Thomson, F.R.S., represented that many schools were overcrowded. Dr. Druitt spoke of the long hours and hard tasks of the pupil-teachers, and their neglect of health and exercise; the long hours of the children, and the imperfect control exercised over the children with regard to cleanliness of person and dress. No task could be conceived more nauseous than that of examining infants to see if their vaccinations had been properly performed. Under a clean pinafore the clothing of the infants was often a disgusting mass of old filthy rags. In examining children at St. Mark's School, North Audley-street, he had noticed two particularly filthy children, whose skins and clothes bore marks of gross neglect; the mistress said those clothes could never have been removed night or day for weeks; these children came from a family in which two children died of scarlet fever in the winter. Cases of skin disease, sometimes infectious, were also noticed. Considering how closely they were packed in the galleries of infant schools, such disorders had every opportunity of spreading. He was convinced that shorter hours of study, close examination of the children's persons and clothes, and rules which shall require the teachers of schools aided by public money to send back children who were not clean, are essential for the welfare of schools. Systematic physical training, including drill, was equally so. Mr. Chadwick said that in orphan schools where the death-rate has been twelve in a thousand, the introduction of good ventilation has been attended with a reduction of one-third of the death-rate. When complete ablution of the person daily, and the practice of swimming and of bodily exercise, including the drill, was added to ventilation, there followed a reduction of another third. The reduction of the present excessively long hours of sedentary constraint was of course itself a reduction of the evil effects of overcrowding, and the other bad sanitary conditions of schools. Engineers and extensive employers established the fact that four drilled boys or four drilled men were in efficiency of labour worth at least five who were undrilled. The expense of teaching the rudimentary drill by a drill serjeant was about one penny per head per week, and that the rudiments were taught in about three months. A capitation grant of about 2s. 6d. per head might in the town districts serve for the extensive introduction of the element of physical training sought in the common schools. Formerly, and now in many of the small union schools, only one-third of the orphan and destitute children were found to obtain respectable and self-supporting positions in life. Now, in consequence very much of the aptitudes to industrial service imparted by the drill, the failures amounting to a disqualification for respectable service had in that same class of orphans been reduced to within two per cent. Lord Palmerston said that the deputation were addressing one who was, in respect to the necessity of clean and pure air, as well as clean and pure water and good exercise, a converted man. He was, however, most sorry to hear the account given of the lamentable condition of the young population of the country in respect to those essentials, whilst he was glad to hear of the efficiency already attained in sanitary measures for prevention. These facts, as to sanitary progress, were certainly very gratifying. He, however, requested the deputation to wait upon Lord Granville, in whose department the matter chiefly was.

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Medical Times and Gazette.

SATURDAY, MAY 17.

THE SCIENCE OF LANGUAGE.

The practical study of languages is a very different thing from the scientific study of language. The former, which is mere Philology, or the study of grammar, has been recognised for ages as an indispensable part of a liberal education. It teaches living languages as an introduction to the society and literature of living nations; it teaches dead languages as a key to unlock the stores of human thought accumulated in bygone ages. In either case it is concerned with language merely as means to an end. Hence it has to do almost solely with the so-called cultivated languages possessing a written literature; the languages, that is to say, of poets, orators, and philosophers. With vulgar dialects and the jargon of savages it is unconcerned. It ignores the one as barely worthy of the name of language; it eschews the other as corruptions and vulgarisms of the more pure and refined idioms to which they are akin.

The scientific study of language, on the other hand, has a far wider sphere and very different end. Known under the name of *Comparative* Philology, it has sprung into existence, strange to say, only within the last fifty years. In England, Professor Max Müller, of Oxford, was the first to draw general attention to its importance, and clearly to define its aim, limits, and method. (a) Unlike mere philology, it is concerned with language not as means to an end, but as itself an object of scientific inquiry. It takes no account of the force, beauty, or classical pretensions of a language, nor the width of area over which it may be spoken. It treats not of particular classes of language, but of language in general, *i.e.*, the whole realm of human speech from the birth of our species down to the present time. So that to the comparative philologist, languages however "rude," and dialects however "corrupt," possess as much interest as the most polished idioms of civilised nations. *He* is concerned solely with the *facts* of language; and by collecting, arranging, and classifying these facts, he seeks to learn what language really is; its origin; the changes it has passed through; the forms it has assumed.

No one can read the literature of different periods of his own or other countries without noticing the change language is constantly undergoing. Compare the English of Chaucer or of the Bible with the English of the present day. Compare the Homeric with the later Attic Greek, the early with later Latin. What numbers of new words, in course of time, creep into a language! What numbers of old ones either die out, or become so altered as to be scarcely recognisable as the same! Now, this change or growth in language is one of the great problems which the science of language has been able to solve. It seems to depend upon the operation of two distinct though generally simultaneous processes, which Professor Müller calls "Phonetic Decay and Dialectical Regeneration."

1. Phonetic Decay is the mutilation which words suffer in the wear and tear of speech. It is this principle, and no other, which explains the so-called grammatical terminations or inflections of language. One of the first truths taught us by the comparative study of languages is, that these terminations are not unmeaning syllables. They are not natural excrescences from words, nor yet mere conventional additions to them. Originally they were separate words with separate meanings; but they gradually so coalesced with the roots whose meaning they modified, and became so ground down by the attrition of speech, as to lose their independence both of form and of signification. From being terminal words they became mere terminal syllables, or letters. Hence it is that the Latin phases *bonâ mente, forti mente*, and the like, reappear in French as *bonnement*, *fortement*, etc. The French futural termination *ai* is in reality the verb *avoir*. *Je dirai* is *j'ai à dire*, I have to say = I will say. In Provençal, a sister language to French, this same *ai* is not joined on to the verb at all, but is used independently; thus, *je vous dirai* in Provinçal is *dir vos ai*. Take again the forms, Thou love-st, He love-s or love-th. Here we have instances of terminations so coalesced with the body of a word, and so clipped by the wear and tear of speech, that, taken by themselves, they are absolutely without meaning. But by tracing them up to their more primitive forms in the earlier cognate languages, one finds that they are really the tattered remains of pronouns. They point to a distant period when the pronoun was an affix to the verb, not a prefix, as it now is. Again, phonetic corruption may affect the whole of a word, root as well as termination; and these two may become so tightly welded together that it is very hard to detect the seam where they join. Take, for instance, the French word *vingt*, meaning "twenty." Simple as it looks, it is really a compound word. It exists in Latin in a less mutilated form,—viz., *viginti*, which is made up of *vi* or *dvi*, "two," and *ginti*, a corrupt form of a Sanskrit word meaning "ten." The Chinese and its cognate dialects have guarded against this phonetic decay altogether. Hence, they have no such things as terminations or inflections, and consequently no grammar, in the usual sense of the word. They are monosyllabic languages, every word being a root with its own special meaning.

In English our nouns and verbs are very sparingly inflected. We cannot decline them without the aid of auxiliary prefixes. Hence English is not infrequently called an uninflected language. But the truth is, it is a language in which phonetic decay has done such havoc, that the original inflexions have been well nigh all worn away. If we trace English upwards through its several stages, Anglo-Saxon, Low German, and Gothic, to about the fourth century after Christ, we find its verbs (scholars assure us) so richly inflected as to be hardly recognisable by the student of modern English.

2. Dialectical Regeneration.—One of the most interesting points made out by Professor Müller is the real nature and significance of dialects, or, as we are apt to consider them, the vulgar idioms of a language. He shows that, whatever the origin of language, its first tendency must have been towards unbounded variety. Before a country could have acquired anything like a fixed literary language, hundreds of dialects must have existed in its districts, towns, villages, clans, and families, just as is the case now among the numerous tribes of Central Asia, Africa, America, and Polynesia. It is a mere chance, he observes (such as religious or political organisation), that one dialect acquires a supremacy over the rest by being chosen as the dominant or literary language. So that dialects are not necessarily corrup-

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(a) Lectures on the Science of Language, delivered at the Royal Institution of Great Britain in April, May, and June, 1861. By Max Müller, M.A., Fellow of All Souls College, Oxford, etc. London: 1861.

tions of a national language. Often they are just as primitive, just as pure, and even surpass it in richness of expression. Dorset dialect, for instance, has been shown to be not a corruption of our written English, but "a separate offspring from the Anglo-Saxon tongue, purer and, in some cases, richer than the dialect which is chosen as the national speech." The first sources of any national language Müller shows must have been the popular dialects of the country. "The sources of Italian are not to be found in the classical literature of ancient Rome, but in the popular dialects of Italy. English did not spring from the Anglo-Saxon of Wessex only, but from the dialects spoken in every part of Great Britain, distinguished by local peculiarities, and modified at different times by the influence of Latin, Danish, Norman, French, and other foreign elements."

With this view of the nature of dialects, it is easy to see the part they play in the growth of a language. They are its very life, its never failing feeders and regenerators. As new combinations of thought are evolved in the progress of society, dialects readily supply the required names from their so-called store of superfluous words. Hence, when a language becomes so purely classical, so fastidiously refined, as not to condescend to avail itself of dialectic aid, its growth is arrested; it cannot keep pace with human thought; and sooner or later (generally in times of great political commotion) it ceases to be spoken, and is superseded by those popular dialects which it had disdained to recognise. Such was the fate of classical Latin, which was superseded by what we now call the Romance languages. Such was the fate of other literary languages of antiquity. We see, therefore, that dialects, so far from being mere corruptions of a national language, are the very sources in which that language originates; they sustain it while it lives; they supersede it when it dies or ceases to be spoken. So much for the growth of language and the laws which govern it; "laws which were not made by man, but which man has always obeyed without knowing of their existence."

To return to the science of language, its end and method. Its end, as we said before, is to ascertain the origin and real nature of language; its method is rigidly that of induction from facts. The facts of language are its grammatical forms. The study of these, however, is purely empirical; it teaches us nothing of the nature of language itself. Grammar teaches mere rules—such as that *rex* means one king, *reges* several kings; that *I love* is present, *I loved* is past. But why a mere change of termination should make such a change in the meaning of a word, grammar does not tell. This is a question which the science of language alone can answer. Now, if, says Müller, we ask how the addition of a final *d* could express the momentous transition from being in love to being indifferent, the first thing we have to do, before attempting any explanation, would be to establish the earliest and most original form of *I loved*. By looking what was the form of the preterite in our earlier cognate languages (Continental Saxon, Low German and Gothic), we find that the final *d* is really the remains of the auxiliary verb *did*. *I loved* was originally *I love-did*, or *I did love*. And so with other grammatical terminations; by tracing them up to their more primitive forms, so large a proportion have already been made to reveal their history, that it is almost certain the remainder will one day be made to do the same.

But it is obviously impossible to analyse the terminations of a language without first ascertaining what are the several languages, past and present, to which it is akin. In other words, we need a genealogical classification of languages. Such a classification must be founded, not on verbal similarity, but on similarity of grammatical characteristics. These alone determine the true affinities of languages, for all evidence goes to prove that, however much languages may change their vocabulary, they never change their grammar. The most superficial student of English can see that its grammar is just the same now as it was five hundred years ago, while its vocabulary has strangely altered.

On the evidence of comparative grammar alone, Müller establishes two great families of speech, the Aryan and Semitic. The Aryan or Indo-Germanic family, as it is often called, is divided into two great branches, a northern and southern. The northern is subdivided into (1) the Teutonic, comprising English, Anglo-Saxon, Low and High German, Scandinavian, and Gothic; (2) the Italic, comprising the ancient languages of Italy and their modern derivatives, the Romance languages, *i.e.*, French, Spanish, Italian, Portuguese, Provençal, and Wallachian; (3) the Hellenic, from the time of Homer to the present day; (4) the Celtic; (5) the Sclavonic, comprising Russian, Polish, Bulgarian, Illyrian, and others. The southern branch comprises the ancient literary languages of India and Persia (Sanskrit and Zend), together with the various modern dialects both of these and of certain other adjacent countries. To this branch also belongs the language of the gipsies, the Indian origin of which has been clearly traced. The second great family of speech is the *Semitic*, comprising Aramaic, Hebrew, and Arabic, with their everal dialects.

The Aryan and Semitic are the only two *families* of speech, properly so-called. There is yet a large group of languages, showing marked features of common descent, but too unlike in their grammatical systems to admit of genealogical classification. This group is the *Turanian*, comprising all those languages spoken in Asia and Europe not included in the Aryan or Semitic families, with the exception of Chinese and its cognate dialects. If, therefore, we wish a system of classification absolutely exhaustive of all the varieties of human speech, we must found it on a basis more comprehensive than that of grammatical structure. Such a system is the morphological, of Professor Müller. This is based not on the grammatical form of words, but on their radical composition, *i.e.*, the modes in which their roots or component elements are put together. As there are only three possible ways in which roots may be combined, there are only three possible forms or stages of language, and under one or other of these forms any language, that is now or ever has been spoken, admits of being classified. 1. Roots may be used as words, each root preserving its full independence, and phonetic corruption being altogether excluded. This is called the Radical form or stage of language, and is represented by Chinese and its cognate dialects. 2. Two or more roots may coalesce to form a word, the principal root alone maintaining its independent existence, the others sinking down to mere terminations. This is called the Terminational form or stage, and is represented by the Turanian (a) group of languages. In these, however much terminations may undergo phonetic corruption, they are still felt to be modificatory syllables, and distinct from the roots to which they are appended. 3. Two or more roots may coalesce to form a word, and *both* so suffer from phonetic corruption as *both* to lose their independent existence. This is called the Inflectional form or stage, and is represented by the Aryan and Semitic families. We say form *or stage*, for Müller shows that every inflectional language must have been once terminational, and that every terminational language must have been once radical, like the Chinese. Consequently the classification just given does but strengthen the conclusion, which all his researches tend to establish, viz., the possibility of a common origin of language.

There are other deeply interesting questions, besides the origin of language, which Comparative Philology has to answer. For instance, if languages were derived from a number of primary radicals, what was the real significance of such radicals? Did they embody individual conception or abstract ideas? Were they the voluntary or instinctive utterances of the first human beings? Such of our readers as may be interested in these and the other great problems of language, will find them profoundly discussed and, we think, satisfactorily solved in Professor Müller's Lectures.

(a) The terms Aryan, Semitic, and Turanian need explanation. Aryan is derived from the Sanskrit *arya*, "a tiller of soil," Turanian from *tura*, "the swiftness of the horseman." Their etymology is suggestive of the peculiarities of the nations respectively so called; the habits of the one being agricultural, of the other nomadic. The Semitic family is so termed because its different branches are the reputed descendants of Shem.

THE INTERNATIONAL EXHIBITION OF 1862.

Now that all the cases are completed, and their contents exposed to view, the visitor to the Northern Gallery will be able almost at a glance to examine and appreciate the different instruments and apparatus which have been devised for the relief and treatment of disease. He will discover that hardly any morbid condition capable of mechanical treatment has escaped the consideration of the Surgeon or the practical attention of the Instrument maker; and the professional man will, we think, have full reason to consider the advance which this Exhibition displays, in Class 17, when compared to its wonderful predecessor of 1851, as a great proof of the progress made in Surgical science since that time. And while he will, without doubt, feel a national pride when he glances at the objects exhibited by British manufacturers, he will, on the other hand, be inclined to pay full tribute to the skill and ingenuity evinced by those of some foreign countries, many of whom maintain their general and well-earned reputation.

Of late years, much has been done to simplify and render more practically useful many valuable inventions of an earlier period, and we cannot help thinking that almost as much good has been done in this direction as in the construction of entirely new instruments; for while many of the latter are, and will be of much practical importance, yet some are still either too complicated, or else fall short of that state of perfection which is necessary to render them permanent portions of the Surgeon's armamentarium.

For the present we can only remark generally on those portions of the Exhibition which illustrate Surgery and its collateral sciences; we shall soon be furnished with illustrations of such novelties as are valuable, and shall then be enabled to describe them minutely and critically.

It is at once clear, however, that great improvements and additions have been made to those appliances used in Orthopædic Surgery; indeed, it is probable that more progress has been effected of late years in this branch of the subject than in any other: an examination of the contents of the cases of some of the British exhibitors is extremely interesting to the Surgeon, both with regard to the ingenuity of the means employed, and the lightness and general skill with which they are constructed. The instruments which have been devised with a view to counteract the effect of paralysis of certain sets of muscles are particularly ingenious, especially those adapted to the forearm and hand; we are pleased also to notice the great improvement which has taken place of late years in the construction of artificial limbs.

The elucidation which recent study has thrown on the diseases of the female genital organs has also produced a great number of valuable surgical appliances:—Hysterotomes, uterine sounds and gouges, instruments for the application of ligature and other treatment of polypus uteri, the various devices for the cure of vaginal fistula and for diminishing the dangers consequent on the removal of the diseased ovary, the numerous pessaries and specula, will all be brought at once under the eye of the Surgeon; and, lastly, the powerful écraseur, with its numerous modifications; although this irresistible piece of mechanism is not so much a novelty as most professional men think it to be. We believe that the first instrument of this kind was constructed by the justly-renowned Savigny, and is now more than eighty years old.

The diseases of the urinary organs in the male have had a full (perhaps a too full) share of invention brought to bear on their treatment. There is hardly a Surgeon who has devoted his attention to the urethra who has not devised a catheter, or a sound, or a dilator, or a scarifier, or some other instrument which bears his name; and that beautifully ingenious instrument, the lithotrite, has recently undergone such modifications as render it even more useful and successful than it was before. There is, perhaps, hardly a more remarkable example of the possibility of combining great strength with lightness, and of simplifying mechanism while adding to the capabilities of the instrument, than is shown by the recently constructed lithotrites. Urethrotomes there are too in profusion, painfully suggestive of unmanageable strictures and urinary extravasation; and dilators which seem to be highly successful, at least in this country, although some of them, now well-known here in connexion with English names, are but resuscitations of instruments invented a moderately long time ago by foreign Surgeons. Invention has even gone so far as to produce a somewhat complicated urethroscope, by means of which it is declared that the operator can not only see the interior of the bladder, but also convey caustics and cutting instruments to any part of the urethra, and *watch their application*. This seems to be rather imaginary, but it would not be fair to criticise the instrument without having had an opportunity of testing its practical value; and at present we confess to have only seen its exterior and a drawing of its section; however, there seems to be no absolute reason why we should not be able to see the interior of our patient's bladder, *as well* as the bifurcation of his trachea.

Instruments used on the osseous system have undergone much improvement during the last few years; the old saw is extinct, and has given place to a successor of lighter construction, possessing nearly twice as many teeth, and capable of much more rapid and perfect performances. The bone-forceps also of the present day is a much better instrument than that introduced by Liston; it leaves a uniformly clear surface, and from the different curves imparted to its cutting edges is capable of very extended application. Instruments have been recently invented for the separation and transfer of the periosteum; but we shall probably soon hear and know more of this apparently valuable addition to modern Surgery. A new trephine has been constructed, to which we shall again refer, that seems a highly ingenious and useful improvement on that ordinarily in use; by it the circular action of the sawing edge is rendered continuous in one direction, and the necessity for the elevator is in many cases done away with. The larynx is an organ to which much attention has recently been given. Since the late Mr. Avery invented his laryngoscope, various similar instruments have been devised, and the labours of Czermak, Turck, and others, will probably add to the list of diseases capable of positive diagnosis, and we may hope, of successful treatment.

Dental instruments, likewise, have received many additions; indeed, the appliances intended for remedying such imperfections of the hard and soft palate as result from either congenital deformity or subsequent disease and operation, are extremely ingenious, and in many cases, entirely successful in alleviating the unpleasant symptoms consequent on the conditions referred to. Those who practise this branch of Surgery have found vulcanite to be a substance of great value; but slightly destructible, and capable of being easily manipulated, it is well suited for retention in the mouth. Apparatus for its manufacture are shown in the Exhibition, as well as a great variety of instruments for all the operations that are practised on the teeth.

Beds of different kinds, baths, stretchers, water and air-cushions, electrical and acoustic instruments, chloroform inhalers, apparatus for the pulverisation of liquids, and many other inventions of more or less interest to the Medical man, exist in the present Exhibition; and we hope, in the forthcoming series of notices, to place our readers in full possession of a complete and critical description of everything it contains which is at all likely to be useful to them in the practice of their Profession.

In conclusion, we would remind exhibitors that we shall be glad to receive wood-blocks illustrative of the articles they have laid before the public, and also such descriptions of them as they may be pleased to send us.

THE WEEK.

PROFESSOR OWEN'S LECTURES.

On Wednesday last, Professor Owen commenced, at the Government School of Mines, Jermyn-street, a course of Lectures "On the Characters, Organisation, Geographical Distribution, and Geological Relations of Birds." Professor Owen, in his introductory remarks, contrasted the subjects of the present with those of preceding courses of Lectures which had been delivered by him at the Museum of Practical Geology. The class of fishes, cold and mute, little varied in shape, as little diversified in habits, confined to the element of water, impelled by hunger to pursuit, retreating through fear, manifest scarcely other psychical emotions; the spawn is left to chance hatching, and the young grow up without the care or attention of the parent. The reptiles, also *Hæmatocryan* or cold-blooded, crawl procumbent upon the dry land, or divide their life between land and water. Though much more diversified than fishes in form, they are, for the most part, of shapes abhorrent to man, such as those of the serpent, or the toad, or the ghastly crocodile with gaping deadly-accoutred jaws. With reptiles also, to slay and to escape slaughter occupy the waking hours; though breathing air, they are usually mute, or are restricted to utter the hiss, the harsh bellow or the hoarse croak. Birds, on the contrary, can rise from the surface of the sea or the dry land to soar aloft in the pure regions of ether; their power of locomotion has excited admiration in all ages. Birds are warm-blooded, clothed with the most exquisite and beautiful of tegumentary textures. Their affections and passions are various, and not always selfish; they excite our sympathy by the strength and constancy of their mated love, and by their devotion to their offspring, admirable alike for the patient endurance of monotonous confinement during the period of incubation, and for the restless industry with which the food is catered for the callow brood. Birds are susceptible of domestication and tuition, and manifest affection for the individual who cherishes or feeds them. The form of the bird is graceful and elegant; its colours, always pleasing, often gay, sometimes of surpassing brilliancy. Nature has given besides to many of this attractive class special ornaments to enhance their captivating exterior. Far from being mute, birds fill the air and enliven creation with their varied notes and cries, their voice rising in the higher organised forms into melodious trill and warble. Of all the lower creation, it is with members of the class Birds alone that man can hold converse and meet with a response in sounds closely imitating his own speech. Birds, being organised for the most vigorous kind of locomotion, possess the most perfect and extensive respiration. Not only is the venous blood subject to the influence of the air, but, by the extension of air cells to all parts of the body, the capillaries of the general circulation are brought under the same arterialising influence. The heart has four distinct cavities; and those portions which in mammalia are membranous, are in the bird muscular, with a view to a more practical and vigorous mechanical diffusion of the blood to the extreme parts of the body. This most active circulation is associated with a high animal temperature ranging from 103° to 107° Fahr. The warmth is maintained by a covering of non-conducting down and imbricated feathers, and is essential to the act of incubation. All birds are oviparous; it is a rare exception to find the eggs hatched by extraneous heat. Birds present a constancy in their mode of generation and in their tegumentary covering not found in other vertebrate classes; nor do they ever depart from the tetrapodous type. But the anterior pairs of limbs, special homologues of the pectoral fins in the apodous eel, the flippers of the whale, the scooped paddles of the mole, or the arm of man, are in birds organised for flight, and retain that structure when, as in the penguin or the apteryx, they are too small to exercise the function. Birds are therefore biped, and the prehension of food, the preening of the plumage, and all other operations which seem to necessitate the endowment of a hand, are performed by the mouth, the head and mandibles being supported on a long and flexile neck, serving the purpose of the arm. The firm and powerful femur is inserted into the trunk, as near as possible to the centre of gravity, and beneath the sacral vertebræ, which in birds are exactly the reverse of the cervicals, not being, like the flexible neck-vertebræ, composed of a series of separate joints each articulated by two cups and balls, but anchylosed into a firm mass, the better to transfer the motive power to the hinder limbs, or pelvic appendages, when used as means of bipedal support. The various actions and concomitant modifications of the legs and feet, are diverse in the various orders of birds. Those which employ the feet for ascent or prehension amongst trees have two toes directed forwards, and two backwards; these are the *Scansores*. The swift has the four toes all directed forward; but all other birds have three toes directed forward, and the fourth, the homologue of the great toe in man, directed backwards. The constancy of the number of phalanges in birds—in the first toe two phalanges; in the next, three; in the third, four; and in the fourth, five—was remarked. The homologue of the little finger in man is suppressed in birds. Bird's bones, the whitest and the most compact, are nevertheless the lightest in absolute weight, mass for mass, as compared with those of mammals or reptiles. To attain greater lightness, each bone is pierced with a pneumatic foramen through which air is admitted from the lungs into the centre of its medullary cavity. The cranium of birds offers most remarkable modifications, as, *e.g.*, the manner in which the upper mandible and pterygoid are articulated with the forehead, so loosely as to permit a certain range of upward and downward motion of the upper jaw. In birds the mechanism of respiration is peculiar; the lungs being firmly impacted in the visceral cavity, and connected with the sternum, not free as in mammalia. The sternum has its descending process or hæmal spine sharp and acute in birds of flight, but round or flattened in the terrestrial or apteral birds. The adaptation of the wings (considered as modified appendages of the occipital segment) for flight, and of the legs for bipedal support or progression, were briefly referred to at the conclusion of the Lecture.

WHO PAYS?

Extra work tells on heart and lungs, on muscle and nerve-fibre, more surely than upon dead material. No one will be surprised to learn that hurried labour and exposure to weather have been fruitful causes of disease amongst the operatives employed at the International Exhibition. Were the registers of the Medical charities at the West-end of the town examined, they would, we may readily believe, give abundant evidence of the fact. But, apart from this, it is generally known that a large number of accidents have occurred amongst the workmen. Dr. Aldis, one of the Medical Officers of Health for St. George's, Hanover-square, in a letter published in the *Morning Post* of May 9, draws attention to the numerous cases of injury sustained at the Exhibition which have been taken to St. George's Hospital. From March 9, 1861, to May 7, 1862, sixty-seven cases of accident were admitted into the house; nine of the patients were brought in dead, and five died in the wards. Large numbers—as many as ten in the day—have also been treated in the out-patient department. If this Hospital is to be taken as an example, a very heavy tax must have been imposed upon the resources of the West-end Medical charities, which tax will, of course, have to be borne by their committees and subscribers. We learn that St. George's Hospital has received a donation of a hundred guineas from the Exhibition contractors; but we believe that this sum will cover but a small part of the cost of relief given. The expense of one case of accident, at present in the Hospital, which was admitted in August last, would alone be a considerable deduction. It is a matter of general experience that public works lay heavy burthens on Hospitals and Dispensaries—burthens which should in all fairness be sustained by those who are deriving direct pecuniary benefit from the works, and not, as is usually the case, by the supporters of the neighbouring charities. We know of an instance in which a labourer was injured by an explosion which occurred during the construction of a railway within London. The man was taken to the nearest Hospital, where he remained about a twelvemonth. The expense was estimated at not less than £60, for the patient took large quantities of wine and brandy. The contractor in whose service the man was working, generously presented the Hospital with ten guineas!

MEDICAL REVIEWING.

The late application for criminal information against the *Lancet* on the part of Dr. Hastings, suggests a word or two on the subject of Medical reviewing. The professional man who reviews a Medical book is not in the position of an ordinary critic. Besides the common duties and responsibilities of criticism he has two obligations which are binding on him,—the one is to protect the public from quackery and charlatanism, the other to direct and guide, as far as his talents and acquirements permit, the Profession to whom the law entrusts life and health. It would be in the highest degree criminal were he to show fear or favour. The author who sends a book to a Medical journal for review voluntarily submits it to the ordeal. If it contain anything contrary to common sense or to scientific teaching, he must be content to bear the brunt to which he has of his own accord exposed himself. In our judgment, also, the Medical reviewer has a perfect right to give currency to any opinion he may have honestly formed as to the author's previous scientific attainments and standing, if by so doing he enable the reader to form a more just estimate of the value of observations or theories advanced. We are glad to see the firm stand made by the judges on the occasion of Dr. Hastings' application. It is evident they estimated the reptilian therapeutics at what they are worth. By their decision they have at once vindicated the general freedom of the press and the especial prerogatives of legitimate Medical criticism.

THE POOR-LAW MEDICAL RELIEF SCHEMES.

One interest and a common wrong generally bind men—few though they be—so closely together, that they show that union is strength. But the Poor-law Medical Officers, having no chance of success except in harmonious action, have found it impossible to escape collision and rupture, when working for their individual and common benefit. They have been long striving to obtain at the hands of Parliament a more complete recognition of their services than they have ever succeeded in eliciting from the guardians and directors of the poor. But they have, unfortunately, a serious source of weakness in the dissension within their own camp. The plan of the indomitable Mr. Griffin appears to have been disapproved by certain of his London brethren, who have put forward Dr. Robert Fowler as their representative. If the London Medical Officers find that their interests are not met by Mr. Griffin's scheme, it is scarcely to be expected that they will adopt it; while, on the other hand, it is not reasonable for them to ask for unqualified concession from their provincial brethren, whose interests have an equal right to be considered; and, least of all, is there any probability of success from the long, zealous, and laborious crusade which the Poor-law Officers have been carrying on, if the common interests are represented by conflicting bands. The hostile feeling lurking beneath the not very amiable letters which the two representatives are hurling at each other, would destroy any cause quite as righteous, and twice as strong, as that for which they are contending. Mr. Griffin says Dr. Fowler's plan will not suit him; Dr. Fowler repudiates Mr. Griffin's scheme: then why not meet in suitable numbers and influence in common council, and arrange one plan which shall meet both interests? Or if this should be impracticable, arrange two schemes, one for town, the other for country, to which both classes might agree? Dr. Fowler has published a scheme, which he gives on his own responsibility; but it appears to us that Dr. Fowler as a representative man loses his right as a private individual, and, therefore, should issue no scheme but such as is stamped with the approval of his party. His plan may or may not be a good one; but no suggestion which does not emanate from a council of the two sides will command public confidence; and without such united effort, all hope of making an impression on Parliament must fail.

DEFEAT OF MR. HUBBARD'S MOTION ON THE INCOME TAX.

In the House of Commons on Tuesday evening, Mr. Hubbard moved the following resolution:—

> "That the incidence of an Income Tax should not fall upon capital or property, and that when applied to the annual products of invested property, it should fall only upon the net income arising therefrom; and that the net profits, gains, or salaries of persons or partnerships (not being public companies) engaged in any trade, farm, manufacture, profession, or salaried employment, should be subject, previous to assessment, to such an abatement as may equitably adjust the burden thrown upon intelligence and skill as compared with property."

There were 62 for, and 99 against this motion. Professional men must petition, and make their weight felt by their Parliamentary representatives.

LONDON MUNICIPAL ELECTIONS.

During the present month the London parishes and districts hold the annual elections of Vestrymen. Some fastidious persons sneer at Vestries; they revile them as sets of low, jobbing, ignorant tradespeople. Yet it must be remembered that some of the most vital functions of a civilised community are committed to their keeping; such as the relief of the poor, the management of workhouses, the education of pauper children, the administration of sanitary measures, and a good deal of social and political influence besides. We need scarcely allude to the degree in which the dignity of the Medical Profession is compromised by transactions with officials of low and sordid ideas. But if respectable persons will not come forward, and either themselves undertake the office of Vestrymen, or take care to select and vote for persons who are fit for it, they have little ground of complaint against the ignorance and jobbery of vestries.

THE JAPANESE PHYSICIANS.

The Medical officers, Drs. Mitukury and Matski-ko-an, who form part of the suite of the Japanese Ambassadors, have, during the past and present weeks, visited St. Mary's and King's College Hospitals. On Saturday last, at King's College, they were present in the operating theatre, and looked on very gravely and observantly whilst patient after patient was submitted to the skill of Messrs. Fergusson and Bowman. In the Museum of St. Mary's they recognised some of the Materia Medica specimens as forming part of the remedial agents used in their own country. It is said also that they showed a considerable acquaintance with anatomy, by pointing out the origin of the nerves of the senses on a brain which was being dissected at the time of their visit. Be this as it may, all who have had an opportunity of meeting them describe them as well-bred, observant, and intelligent. They speak some English, and are said to acquire the language with rapidity.

LORD DERBY ON NOXIOUS VAPOURS.

In the House of Lords, on Friday evening, the Earl of Derby moved for the appointment of a Committee to inquire into the injurious effects of the noxious vapours given off during certain manufacturing processes. He observed that the growth of population and extension of manufactures were attended with evils which deserved the most serious attention of the Legislature. Amongst these were the disposal of various effete and refuse substances, which, unless converted to some beneficial use, became the most dangerous of nuisances. For example, Dr. Lyon Playfair had been called upon to examine professionally the water served out in a certain manufacturing town in the North, and found (a material increase in the amount of arsenic and preparations of lead having taken place in certain processes of calico-printing in the town) that while in the water itself there was no appreciable quantity of arsenic, yet that one pound of the mud at the bottom of the river which supplied the drinking water for the population of the place, contained no less than from ten to thirteen grains of arsenic. His immediate subject, however, was noxious vapours, of which there were three classes:—Some simply offensive without being greatly detrimental to animal and vegetable life; some arising especially from the decomposition of organic substances which were extremely injurious to animal life; and a third kind, absolutely destructive to vegetables, yet not primarily or palpably injurious to animals, unless in great excess. Under this last head, he referred more particularly to the vapours of hydrochloric acid from alkali works:—

> "The export of soda amounted in 1840 to 75,704 cwt., or to the value of £44,575, while in the year 1860, the quantity exported was 2,049,582 cwt., the value nearly reaching a million sterling. The enumeration related simply to soda and pearlashes exported, and left out of account the important classes of soaps and bleached goods, into which they entered largely, as well as the amount manufactured for home consumption. When their Lordships bore in mind those facts, as well as the circumstance that the articles in question entered into the manufacture of paper, glass, and a hundred other substances, also the fact that one manufactory, and that by no means on the largest scale, turned out in the present year very nearly 100 tons of soda per week, they would have some idea of the extent of the process to which he was adverting. In the town of Newcastle-on-Tyne, one of these great manufactures employed 1000 persons, and covered, under one roof, sixteen acres of land."

The manufacture of soda was effected by decomposing common salt by sulphuric acid; the muriatic acid which was evolved was treated as a waste product, and allowed to escape into the air, and was most destructive to vegetation. Raising the chimneys had but the effect of protecting the immediate neighbours, and allowing the vapour to travel greater distances. Where manufactures abounded, as at St. Helen's, near Newton,—

> "There was hardly a tree standing at this moment; and if one was to be seen as a person travelled by the railway, it was standing leafless and branchless, giving to the whole country an air of desolation and destitution. There had been a deterioration in the value of the landed property to the extent of £200,000 within the last few years. It was rather curious that the effect on growing crops was not so great as on timber and hedges, and he could only account for this fact by supposing that it arose from the timber and hedges being exposed continuously and year after year to the action of these noxious vapours, while the crops were only exposed to them for three or four months, and perhaps in some degree also escaped injury in consequence of the direction of the wind. It appeared, however, that in one instance the crop had been destroyed in one night to the extent of a third, and it was stated that these vapours caused cows to slip their calves, and that sheep would not thrive on grass subject to the constant action of the vapours. Where there was a considerable number of orchards, the poor tenantry and cottagers suffered great injury from the loss of the fruit. Wealthy persons, who could have recourse to litigation, had some species of protection; but these poor persons had not. With regard to most of these manufactures, and especially with regard to alkali, there was a most perfect and complete remedy. Water would absorb 480 times the amount of muriatic acid gas, and consequently as the gas passed from the furnace into the chimney, the simplest and most effective of all remedies was to meet it with a constant supply of water, and thus absorb it. The most approved method was that suggested nearly twenty years ago by Herschel, viz., to pack the chimneys with coke made very small, through which the vapour ascended, and down which the water fell, absorbing the vapour and completely condensing it. Unfortunately, in avoiding Scylla, some had fallen into Charybdis, because, instead of turning the water which came down the chimneys to some useful purpose, it was allowed to make its way to some neighbouring brook, which it as effectually poisoned as the gas poisoned the air. But he had no doubt that this water might be, and indeed had been, by very simple chemical means converted into a source of absolute profit."

Neither the Public Health Act, nor the Nuisances Removal Act, gave an adequate remedy; and as for an appeal to law, it was impossible to the poor, and almost ruinous to the rich. It is to be hoped that the Committee which Lord Derby has caused to be appointed, will go thoroughly into the matter, and produce some practical results. The main principle we would insist on is this,—that just as we have tardily discovered that the water we drink must not be polluted with the residual matters of animal life and human industry, so it must be with the air we breathe. In all populous places, coal-smoke is almost as fit an object for legislation as sewage. It is stated, for example, that 1,577,574 tons of coal have been brought to London during the first four months of 1862, and that this is less by 218,925 tons than the quantity brought during the similar period of 1861. But the quantity of sulphur in the coal used in Manchester varies from 5 to 6 per cent. Let us suppose the quantity to be 1 per cent., and that one-half of this is sent into the atmosphere by our chimneys, then 7888 tons of sulphur have been volatilised in London during the four months. Dr. Angus Smith estimates that 1 per cent. of coal is carried up in the form of carbon and tarry matter; the ammonia cannot be less; hence about 15,000 tons of each of these substances has been sent to pollute the London air during this year. How injurious these substances are to life,—how they destroy vegetables, darken the air, act as the greatest obstacles to ventilation, cause wear and tear of linen and all washable articles, and impair the beauty of all objects whatever, and the durability of all buildings,—is notorious. Is there a remedy? There must be. Dr. Angus Smith has shown that lime added to coal fixes much of the sulphur, and so decreases the quantity of that element. But this is not enough; we contend that in populous places smoke ought not to enter the air at all, but to be absorbed by and added to the water of the sewers, and sent to fertilise the earth. The day will come when polluted air will be scouted in the same way as we now denounce the pollution of earth, air, and water by sewage.

University College.—Dr. Walshe has resigned the Professorship of the Principles and Practice of Medicine, and the office of Physician to the Hospital. Dr. Jenner has accepted the chair of Medicine. The Professorship of Clinical Medicine, to which is attached a Physicianship to the Hospital, is consequently vacant.

FOREIGN CORRESPONDENCE.

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FRANCE.

Paris, May 10.

THE LATE M. BRETONNEAU.

On Wednesday last, the funeral took place of the late M. Bretonneau, of Tours, whose name is so intimately connected with the early history of diphtheria. The body was deposited in a monument in the Cemetery of Saint-Cyr, close to a garden which had belonged to M. Bretonneau, and several orations were delivered over the grave, amongst which those by his two most eminent pupils, Messrs. Velpeau and Trousseau, were chiefly interesting. M. Velpeau said that the high position which the illustrious deceased had held in France was not due to accident, fortune, or the favour of the great; but that he achieved his reputation, as it were, unconsciously, and by the mere force of genius. From 1816 to 1819, severe epidemics of typhoid fever raged in the Touraine, when M. Bretonneau, by diligent clinical observations and careful autopsies, refuted the theories which had up to that time been current regarding the pathology of fever, and showed that the seat of the disease was in the follicles of the mucous membrane of the intestinal canal. At the same time an epidemic of croup broke out, which he studied with the same ardour and described in his celebrated "Treatise on Diphtheria," which is justly considered the standard work on the subject.

The individuality of M. Bretonneau was exceedingly original, and his every-day life in no way resembled that of others. He waked and slept at all hours, was indifferent to heat or cold, and his regimen was altogether irregular. He ate and drank when he liked, at night as well as in the daytime, and quite regardless of domestic arrangements. Sometimes he would without losing his balance fall asleep while riding on horseback, and in the midst of conversation; or he would drop off while sitting at the bedside of a patient, and when in the middle of a sentence. As soon as he was awake, he resumed the thread of conversation, and his companions were sometimes not even aware that he had thus been absent. Everything he did was spontaneous, and he never troubled himself or others about the future. He lived without plan or fixed pursuit; but when struck by an idea, he took it up, and nothing could afterwards draw him away from it. At the time he studied fever and diphtheria he would hear of nothing else. If called to a patient he would tell his servant to ask whether it was a case of sore-throat or fever; and if it was neither, to say that his master was not at home. Again, when returning from his Hospital he went into his garden, immediately forgot all about his patients and thought of nothing but legumes, scions, grafts, saps, and stocks. On once operating for cataract, he found that the stem of the needle, commonly employed for this operation, was inconvenient, and he immediately imagined another, which is that used now-a-days. Being afraid that the instrument maker would not comprehend his idea, he set about making it himself, and for three days he could not be prevailed upon to leave his improvised forge. Another time he thought of a new tube for preserving vaccine lymph, and was busy with an enameller's lamp and glass until he had succeeded in making such as were for a long time preferred to any others. He saw, nevertheless, many patients. All the best families in the neighbourhood were anxious to secure his Medical assistance. On many occasions he was even called to Paris; and no provincial Physician has ever been in such extensive practice before or after him. He looked upon every patient as a problem which it was his duty to elucidate; and he came to see his patients at all hours, without being called, and at long or short intervals, according as he found it necessary. He sometimes remained for an hour at the bedside of a single patient, while to others he scarcely gave a minute. Being very absolute in his opinions and disliking useless discussions, he submitted with great reluctance to the conventional claims of large consultations. Moreover, he often missed the hour of such meetings. On one occasion he kept three Physicians waiting for him at the house of a patient for three quarters of an hour; as, however, he did not arrive they all went away. Meanwhile M. Bretonneau had been exceedingly busy in the kitchen, discussing with the cook the composition of a particular dish! A friend of his once wrote to him, asking him to exert his personal influence in an affair of great moment to him. M. Bretonneau immediately set off for Paris. On arriving at the station he met some colleagues; they entered into conversation, scientific questions were raised, a visit to the Museum, the Jardin des Plantes, and the College de France, became necessary. M. Bretonneau thus entirely forgot the object of his journey, and returned to Tours without having seen the friend in whose interest he had come up. If bent upon elucidating a certain subject, no obstacles could deter him. During the epidemics of diphtheria and typhoid fever, the town Practitioners of Tours objected to his novel doctrines, and asserted that things took a widely different course in Hospital and in private practice. How could he show them that they were mistaken? It was evident that only post-mortem examinations could carry conviction to their minds. But the relatives of the deceased objected to, and the Practitioners did not insist upon, autopsies being made. M. Bretonneau, however, believed them to be indispensable, and therefore became a "resurrection-man." He resolved to enter the cemeteries, and to disinter the dead bodies for the purpose of dissecting them. This was, of course, impracticable in the course of the day; and he therefore went accompanied by a few of his pupils, amongst whom was M. Velpeau, in the dead of night, and by means of ladders climbed over the walls of the enclosure. Thirty-six autopsies were thus surreptitiously made within a few months. Several times these eager pathologists were suspected by the people, and even fired upon. M. Velpeau has at the present time a grain of lead in one of his thighs which he received on the occasion of one of those nocturnal expeditions. The scientific question, however, was settled; for it was found that the structural changes in the organs of those who had died in the Hospital, as well as of those who died at their homes, were quite identical.

After M. Bretonneau had arrived at certain general results, it was expected that he would write papers in the periodicals, send Mémoires to the Academy, and thus establish his reputation in the Medical world; but he did nothing of the kind. On the contrary, he communicated his discoveries to every one whom he chanced to meet, so that he might have been easily robbed of the fruits of his laborious investigations. It was only by the urgent representations on the part of MM. Velpeau and Trousseau, that he could be prevailed upon to put his pen to paper. This was not false modesty nor silly pride, but the natural indifference he always showed for the ostensible distinctions of social life. He was elected member of the Academy and of the Institute of France, without having taken any trouble to acquire these honours so eagerly sought by others. He never thought of these learned bodies when he came to Paris, and has hardly once attended their meetings. The Ministry made him the most splendid offers in order to induce him to occupy the first chair of Clinical Medicine at the Medical School of Tours; but he did not like lecturing, and exiled himself to his delightful garden at Palluan, in order to escape the importunities of too numerous patients.

Bretonneau was of an inquiring and liberal mind, and a scrupulous, attentive, sagacious, and suggestive observer. He investigated everything he once took up, in thorough earnest, and nothing came out of his hands without having been either modified, improved, or completed by them. Great problems of general philosophy and abstract questions were not to his taste. A quiet thinker, he excelled in the study of positive facts, and being slightly sarcastical, his conversation was always piquant and instructive. Bretonneau might have accumulated an immense fortune; but he cared for money just as little as for reputation. It did not matter to him whether his patients paid him fees or not; and he could never be prevailed upon to name a certain sum as suitable reward for his Medical services. Sometimes, however (said M. Velpeau rather ironically), very large fees were given him —for not all patients are ungrateful. But he gave money away to every one who asked him for it, and lived carelessly on from day to day. His devotion to those dear to him was boundless; and being of a generous and tender disposition, he felt happy or unhappy to excess, according as those to whom he bore affection were glad or grieved. He once fainted away when a friend of his was operated upon for empyema by M. Goyrand; and the same thing occurred to him at the mere sight of M. Roux's knife, when about to operate upon one of his relations. At the same time, he practised the nicest operations upon strangers without hesitation, and with the firmness and skill of an accomplished Surgeon.

M. Trousseau's oration, which followed that of M. Velpeau, touched more upon the position M. Bretonneau occupied in Medical science; and of this I shall give you a short account next week.

GENERAL CORRESPONDENCE.

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PUERPERAL CONVULSIONS.

Letter from Dr. David Mark Williams.

[To the Editor of the Medical Times and Gazette.]

Sir,—At half-past twelve noon, January 15, 1862, I was sent for, in great haste, to see Mrs. H., whom I found recovering from a severe fit.

History.—She was 25 years of age, nine months married, and seven months pregnant. Before marriage was often troubled with headache, and since pregnancy occurred with a great deal of sickness; still she was stout and well-nourished, and as the friends expressed it, a fine, healthy young woman. Two months before, she had what was supposed to be a cold; a Medical man saw her and made light of it, yet she was a fortnight in bed, and ever since had frequent headaches with giddiness, having become almost insensible twice. Her bowels were obstinately costive, and she neglected them sadly. She had been vomiting on this morning, when she exclaimed that she could not see, and instantly had a fit. She was breathing heavily (not stertorously), face slightly congested, teeth clenched, pupils regular, pulse 96, soft; bowels not opened for at least two days. In a few minutes she had another fit of an epileptic character. A turpentine enema was administered, and an attempt was made to give a dose of jalap and senna, but she resisted so obstinately that it was all lost; and as another shared the same fate, I ordered her to have another turpentine enema in two hours, the head to be kept cool, and the body warm.

4 p.m.—The fits have recurred every twenty minutes; face more congested; is less conscious; pulse 110; bowels not opened; no appearance of labour. Took a pint of blood from her arm in a full stream, gave a third enema, and attempted to give a dose of calomel gr. x. in syrup, the greater part was lost. To continue cold to the head and warmth to the body.

6 p.m.—The fits continue; bowels not moved; face less congested since venesection; drew off about ℥ij. of highly-albuminous urine, which became nearly solid when tested. To have the following enema immediately: Assafœtida ʒij., terebinth ℥i., sapo mol. ℥ss., aq. ad. Oj. misce. Chloroform to be administered.

While the injection was being prepared, Mr. Batty met me in consultation, and agreed to continue the treatment.

In a few minutes after this last injection the bowels acted, and a quantity of dark-coloured liquid fæces came away. Another fit occurred at a quarter to eight; and as the fits appeared to come on now every hour, I put her under the influence of chloroform at half-past eight, and kept her sleeping until nine, when I omitted it.

Being obliged to leave her a short time, I returned to find her recovering from another fit. Eleven and twelve o'clock were passed over by means of the chloroform, but at half-past twelve she passed quite suddenly from a quiet slumber into a violent fit, the chloroform having been omitted for about twenty minutes. As the bowels had not been opened since the injection, I gave another dose of calomel, and kept her under chloroform until 5 a.m. on January 16, during which time she was purged three times. At half-past five, she had another slight fit, so slight that I thought it advisable to omit the chloroform and see how often the fits were likely to come on, and I did not require to use it afterwards. 10 a.m.—Met Mr. Batty again, who examined per vaginam; not the least appearance of labour; has not had a fit since half-past five. Skin hot; pulse 92; is very restless, but not conscious; continues to take a little beef-tea and occasionally milk. Soon after 1 p.m. the attendants, noticing that she grasped them curiously at intervals, began to suspect that labour had commenced. In about an hour I was sent for; not being in, Mr. Batty kindly attended for me, who found the head in the vulva, and delivered; a dead female child was born, and the placenta removed, when I arrived a little before three o'clock. She still, however, remained unconscious, and at half-past 5 p.m. (twelve hours from last attack) she had another heavy fit. I drew off ℥vj. of urine, which was not so albuminous, and gave another dose of calomel. 10 p.m.—She has not had a fit since; purged twice; the last distinctly bilious; pulse 76; breathing calmly; more conscious; skin warm; continues taking the beef-tea and milk. I called upon Mr. Batty, who advised ℈j. doses of sodæ. carb. (which were given every two hours during the night), and a mustard-plaster to nape of neck and calves of legs.

17th.—Has had a good night; slept frequently; has noticed her husband and sister; pulse 88; drew off a pint of urine, but very slightly albuminous. From this time she steadily improved, and was quite well in ten days.

I am, &c.

Liverpool. D. M. Williams, L.K. and Q.C.P.I.

EFFICACY OF THE PURTON SPA WATER IN HEPATIC COLIC.

Letter from Mr. W. Boxall.

[To the Editor of the Medical Times and Gazette.]

Sir,—Some twelve months ago I perused a copy of Mr. Sadler's pamphlet on the properties and analysis of the "Purton Sulphated and Bromo-sodated Saline Water," and I resolved to employ it on the first occasion. It appeared to me, by the analysis of Dr. Voelcker, that the "Purton Mineral Spring" presented a most valuable addition to our Materia Medica, and one which would, at no very distant period, hold a distinguished and deserving position in the catalogue of therapeutics. A trial-case was soon found; and to test the efficacious properties of the "Purton Mineral Water," I gave special instructions that no other medicine, under any circumstances, should be had recourse to, and which, I believe, were faithfully carried out. The case, according to my diagnosis, which was supported by a Medical friend of great experience, was a long-standing chronic disease of the liver, attended at times with violent spasmodic pain in the epigastric region during the supposed passing of biliary concretions—severe vomiting of yellow-greenish bile-coloured looking matter,—which after each attack rendered the patient most prostrate and debilitated. About the middle of January, last year, I was called in to attend a married lady, 46 years of age, having a family, residing at New Swindon, who had been supposed to be perfectly incurable, and to be suffering from cancer of the stomach. I found her in a state of collapse, and almost pulseless; incessant vomiting for many days had been, and was going on; a violent lancinating pain at the pit of the stomach had been, and was still complained of; countenance sallow, somewhat dusky, exceedingly sharp and anxious; pulse feeble and fluctuating; head very light at times. These alarming and dangerous symptoms soon yielded to my Medical treatment, and the patient, in the course of a fortnight, became free from pain, etc. About three weeks after I had been first called, the old symptoms again set in, which were overcome by active depletory treatment and suitable diet. Having an opinion that biliary concretions had produced the symptoms, and that the liver, which had been affected for some ten months past, was the seat of the disease, I prescribed the use of the "Purton mineral water," which was persisted in for a long time, and with very good results, inasmuch as the patient has not had, up to the present time (February), any return of the pain, vomiting, etc.; and she believes, and states, that her apparent recovery is mainly, if not altogether, attributable to the use of the "spring." The *modus operandi* of this mineral water in the case above narrated, I conjecture to have been that the diseased liver was stimulated by the peculiar cholagogue properties of the "water" to put on a more healthy action—that the bile thus became less inspissated and irritating,—the spasmodic affection of the biliary ducts was not any more produced by the obstruction which had been caused by concretions. It is highly interesting and satisfactory to know that during the many months this "water" was being drank by the patient, an aperient had neither been required nor taken, but that a daily and comfortable action of the bowels was the concomitant.

Whilst writing this report, I am informed by the lady that her bilious ailments now no longer continue to distress her, but that she is again able to discharge the duties of her household with comparative ease. I am, &c.

Swindon. W. Boxall.

REPORTS OF SOCIETIES.

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OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, May 7.

DR. TYLER SMITH, President, in the Chair.

THE titles were read of upwards of 200 works on Obstretric Medicine, presented to the Society by Sir Charles Locock, Bart., M.D., etc., the Honorary President.

A paper, by Dr. J. MATTHEWS DUNCAN, was read on

THE INTERNAL SURFACE OF THE UTERUS AFTER DELIVERY.

In this paper it was proposed to show that as the modern ascertainment of the true condition of the decidua or mucous membrane of the uterus in early pregnancy was a great acquisition for physiological science and for practical medicine, the completion of our knowledge of the condition of the same part in the end of pregnancy and after delivery would be equally if not more valuable. Our understanding it thoroughly would contribute greatly to our comprehension of various post-partum diseases, and especially of the heterogeneous aggregation included under the name of puerperal fever. In regard to both of these subjects, the writings of William Hunter had been grossly misinterpreted. Errors which his brother John had introduced had been attributed to him, while a careful scrutiny of his writings showed that he held and taught, though in an imperfect manner, the modern and undoubtedly correct views regarding the decidua of early pregnancy, and the state of the mucous membrane after delivery. Cruveilhier was the anatomist on whose authority most modern authors rested, asserting that after delivery the whole internal surface of the body of the uterus was left, like an amputation-stump, a bare muscular surface, and that healing was effected after a process of suppuration and granulation. This theory was quite inconsistent with physiological and pathological laws, and with the known facts regarding the uterus and the lochia. Heschl accepted the statement of Cruveilhier regarding the denudation of the muscular fibres of the uterus, and only suggested a new theory explanatory of the mode of healing of the surface. Dr. Matthews Duncan maintained that at no time was the muscular tissue laid bare; that a layer of mucous tissue was left everywhere covering the proper muscular structure; that, as the uterus diminished in size, this mucous tissue increased in thickness; and that healing took place by a process analogous to that followed by the skin or any mucous membrane denuded of its superficial portions. He had particularly to point out that this was true of the placental site, in which the persistently open uterine sinuses, after a rich mucous membrane was evident, showed that no new membrane was formed over the old placental surface, as Cruveilhier and Heschl imagined, but that the remains of the decidua serotina reconstructed a new mucous membrane. The Author alluded to the valuable contributions to our knowledge of this subject from Priestley and Robin, and commented on the ignorance or neglect by the latter of all but French observations on this subject. He did not agree with the opinion of Robin, adopted by Priestley: that the old uterine mucous membrane is detached about the middle of pregnancy, and a new one then begins to be formed. This notion was quite inapplicable to the placental site; it was quite in opposition to the fact that at no time was the internal surface of the uterus found denuded of mucous structures; and no sufficient observations were adduced on which it could be founded. The new views regarding the internal surface of the uterus after delivery were in accordance with all the other known facts on this subject, especially the absence of inflammation and the nature of the discharges after healthy delivery.

Dr. PRIESTLEY said that he would not long occupy the time of the Society, but as Dr. Matthews Duncan had made frequent reference to his published observations, he craved permission to say a few words. The chief questions at issue were, 1st, What is the condition of the interior of the uterus after delivery? and 2nd, By what process does the interior of the uterus regain the condition of the unimpregnated organ? In reference to the first point, Dr. Priestley had no hesitation in expressing his conviction that the sagacious opinion of William Hunter, so ably discussed and confirmed by the researches of Dr. Duncan, was the correct one. The plane of muscular fibres lying next the cavity of the uterus was not denuded in the way described by M. Cruveilhier; and the interior of the uterus was only so far analogous to a stump after amputation, that large divided vessels were found open at the placental spot. In reference to the second point, he differed from Dr. Duncan so far that he believed the chief portion of the laminæ lying next the uterine cavity after delivery not to be composed of regularly formed epithelial particles, such as form mucous membranes generally, but to consist of irregular cells, fibro-cellular structures, and fat-granules, identical with those found in the decidua in the latter periods of pregnancy. Shreds of these laminæ floated out when the preparation was placed in water, and they were gradually shed off as lochia during the patient's convalescence. Beneath these, however, the microscopic observer found small and regular epithelial particles, not mature at the time of delivery, but embryonic in character, and probably the progeny of the original mucous membrane. The epithelial cells forming the mucous membrane of the uterus at the time of conception were no doubt transformed into the fibro-cellular structures of the decidua, and hence the reproduction from the basement membrane, during the latter half of pregnancy, of those cell particles, which were intended to replace the original mucous membrane.

Dr. H. TANNER related a

CASE OF UNSUSPECTED PREGNANCY AND LABOUR.

Dr. Tanner was sent for on Thursday morning, the 17th ult., at nine o'clock, to see Mrs. J., 42 years of age, who had been suffering great pain in the abdomen since eleven o'clock on the preceding night. The patient stated that she had been married rather more than three years, and that she had never been pregnant. The catamenia were last on some time in June, 1861, but as they had been very scanty for five or six months before, their cessation was attributed to the "change of life." The abdominal pain came on in paroxysms; it had been unrelieved by medicine and a mustard poultice; and the assistant of a Surgeon in the neighbourhood had pronounced the suffering to be due to flatulence and inflammation. This opinion coincided with that entertained by the patient, as well as with the views of the husband, mother-in-law, and a married sister, who had been sitting up with her. On examination it was found that the lady was in labour, the membranes being ruptured, the os uteri dilated to the size of a crown-piece, and the head of the fœtus entering the brim of the pelvis, with the vertex presenting. In a few hours Dr. Tanner effected delivery with the forceps, the child (a female, arrived at maturity) being born with animation suspended; it was, however, restored by the persevering use of artificial respiration, to the gratification of the astonished parents. This case serves to establish as a fact—that a woman may conceive, may go to the full term of gestation, and may be in labour for ten hours, without having any suspicion that she is pregnant.

Dr. SKINNER made some brief remaks on

ANÆSTHESIA IN MIDWIFERY.

The object of the author was to show the safety with which chloroform could be employed to relieve the pains of parturition, and to exhibit a simple apparatus by which anæsthetic agents might be economically administered.

Dr. PRIESTLEY considered Dr. Skinner's apparatus ingenious; and as it allowed air to pass freely through its texture, it was not open to the same objections as a mask or other instrument. It seemed to him somewhat fragile, and might be easily broken when clutched by partially insensible patients. The bottle arrangement he believed would prove useful, and might effect an important economy in chloroform.

Dr. DRUITT said that it was satisfactory to find another able and intelligent observer bearing testimony to the value of chloroform in relieving the pains of childbirth,—one of the greatest boons which modern science had given to humanity. He thought that, in addition to the other arguments for the legitimate use of chloroform, it might be shown that it supersedes the use of opium, which is often given in immense doses by Practitioners who object to chloroform, and the tolerance of which is also increased greatly during parturition. He disbelieved the assertion that chloroform conduced to hæmorrhage; it was a point very difficult to prove, but he knew patients who had flooded without chloroform and had not flooded with it.

Dr. GRAILY HEWITT thought it important that the duration of the labour in cases where chloroform was given should be stated. He had found that chloroform sometimes exercised a most decided effect in putting a stop to the progress of labour, and that in cases where anæsthesia was for other reasons most indicated.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, APRIL 7.

DR. BABINGTON, President, in the Chair.

AFTER the usual official business of the meeting, the Annual Report of the Council of the Society was read by the late Dr. McWilliam, the Secretary, and adopted.

A Paper, by Dr. GREENHOW, was read on the

HISTORY OF AN OUTBREAK OF FEVER AT OVER DARWEN IN THE AUTUMN OF 1861.

Dr. Greenhow commenced by observing that, although the etiology of continued fever has engaged the attention of so many able inquirers of late years, it must still be regarded as unsettled, seeing that such various views are entertained on the subject by observers of equal ability and honesty of purpose. The time had not yet arrived to dogmatise on this question; but it appeared that there was not infrequently an intimate relation between certain forms of continued fever and local organic impurity. What the precise nature of this relation was, science had as yet failed to disclose. For the solution of this important problem, facts rather than opinions were wanted—facts carefully observed and faithfully and accurately recorded, to the entire exclusion of favour for any particular doctrine. Dr. Greenhow had endeavoured never to lose sight of this principle while conducting the investigation of the outbreak at Over Darwen (made by order of the Lords of Her Majesty's Privy Council), and in drawing up the results of that inquiry, which he had the honour of submitting to the Society. He had collected, partly from personal observation and inquiry, partly from the oral testimony of the local Medical practitioners, all the trustworthy facts possible relative to a very severe epidemic of fever; and, although no certain conclusions as to the cause of the outbreak could be inferred from the evidence adduced in the paper, he still trusted that his communication would serve as a contribution towards that carefully accumulated mass of facts from which the true nature of fever may one day be deduced. Dr. Greenhow, after giving a topographical description of Over Darwen, and an account of the numbers, employment, and social relations of its population, proceeded to state its sanitary condition. This was far from being favourable. Near to the town were several large pools, or, as they are locally called, "lodges," constructed for the purpose of storing water for the use of factories. These collectively expose a considerable surface of water, and sometimes of mud, to the action of the atmosphere. The town was at the time of the outbreak, and had long been, in a very filthy condition. Nuisances very dangerous to health had been allowed to accumulate almost beyond precedent. There was no perfect system of drainage for the removal of the liquid refuse of the population; and, indeed, very few of the privies had even the semblance of being drained. This state of things had existed in almost all parts of the town certainly during many months; in some instances, it was even alleged, for several years previous to the outbreak of the recent epidemic. The outbreak of the epidemic at Over Darwen took place on the last days of August; and it spread with such rapidity, that Mr. Wraith, one of the Union Surgeons for the district, had a hundred cases under his care within a few days, and at least three hundred within the first three weeks; and the other Medical men of the town together must have had an even larger number. The main force of the epidemic (which was typhoid fever) was expended before the middle of November; but sixteen deaths were recorded between the middle of that month and the end of the year, and four more occurred in January of the present year. Altogether, there were about one thousand five hundred cases, of which sixty-nine were fatal, in a population a little over seven thousand. But, although the main force of the epidemic fell upon Over Darwen, there were other places in the neighbourhood which were invaded by the disease before it reached this town. At a farm called "Cloyse's Farm," there were cases so early as January 1861; and dropping cases at long intervals occurred until July. At a small hamlet called Deal Fold, the disease appeared in April. In a row of cottages at Ryal, whose sanitary condition seemed in many respects unexceptionable, nineteen out of twenty of these dwellings were invaded, the first having taken place in May. Buryfold, Lower Sunnyhurst, and Sunnyhurst Wood, other small hamlets in the vicinity, were also included in the visitation. The condition and situation of dwellings in which the disease existed, and the stations of the persons attacked, were very various. The earlier cases occurred at elevated situations; which were, however, all more or less damp, and surrounded either by moor, or undrained, half-cultivated land. In Over Darwen the epidemic prevailed indiscriminately in houses situated near the river and in the more elevated parts of the town. The greater number of sufferers from the disease were young, few persons beyond the age of thirty-five or forty having been attacked. Dr. Greenhow next proceeded to inquire—1. Whether the disease had in this epidemic commenced spontaneously, or had been imported. 2. To what extent the disease was associated with such local collections of organic refuse as could taint the air with the products of decomposition. 3. Whether the disease was connected with the ingestion of water impregnated with sewage, or other organic impurity. And 4. Whether the disease was propagated by contagion; and, if so, in what manner. Dr. Greenhow discussed these questions *seriatim*, and with great care. He refrained, however, from coming to any positive conclusion, leaving it to others to draw such inferences as seemed the most legitimate from the facts he had submitted to them. With regard to the most important part of the inquiry—whether the disease, in its origin or progress, had manifested contagious properties — Dr. Greenhow said that a careful consideration of all the circumstances which he could authenticate led him to the conclusion that, although some of the facts related were in favour of the contagiousness of the Over Darwen epidemy, they were capable of explanation in a different way; and that the evidence, therefore, fell short of actual demonstration.

DR. MILROY observed that Dr. Greenhow's investigation of the epidemy at Over Darwen did not commence until the fever had been prevailing there and in the neighbourhood some months, and he therefore had not an opportunity of arriving at the first cases. The disease, before its outburst in Over Darwen, had shown itself in isolated small hamlets in the neighbourhood. Like phenomena were sometimes observed in meteorology; there were the spurts of wind, that often announce the approach of a storm. He thought that much was due to the overcrowding in some of the houses; and then there was, in all probability, a tainted condition of the atmosphere generally in the district.

DR. MCWILLIAM could not agree with Dr. Milroy in considering that there had been a general vitiation of the atmosphere around Over Darwen and its neighbourhood at the period in question; for, had the fever been due to such a cause, it surely ought, according to those who adopt such views as to the causation of disease, to have attacked Over Darwen when the sanitary defects and overcrowding were greatest first, instead of the last of all the localities invaded. The "localising influence" theory of the late Dr. Southwood Smith, and the pythogenic theory of Dr. Murchison, appeared to Dr. McWilliam, with all respect to such distinguished authorities, untenable, upon the ground that there is nothing like a uniformity of result from the same conditions or, as they are considered, causes. If we are to recognise the results of decomposition as the cause of typhoid fever, we should expect, as a general rule, to find the occasional if not the common prevalence of fever in those localities where putrescence was abundant. But was this so? Towns and villages where pythogenic influences constantly exist in an eminent degree escape for years from fever. Now ague (a non-contagious disease) is so constant a result of certain well known conditions of soil, and of temperature, that the cause and effect relation of those conditions and the disease is nowhere denied. But in the production of typhoid fever (generally, if not universally, admitted to be contagious) there is no such constancy or certainty, by the presence of the alleged pythogenic cause. Never, as has been well observed by Dr. Budd, of Clifton, was the pythogenic theory tested on so gigantic a scale as in the hot summers of 1858 and 1859, when the Thames for some months presented an area of many miles extent in a state of seething putrescence. The dreaded forebodings as to the result of this state of pollution, happily, were not realised. The health of the metropolis continued remarkably good; and those exposed in the greatest degree to the influence of the river exhalations, according to the observations of Dr. Letheby, of the Medical officers of the *Dreadnought*, of Dr. Guy(at Millbank Prison), and of himself, among 1300 Customs officers, suffered less than usual from those disorders which such miasms are supposed to originate. An atmosphere impregnated with the products of decomposition might, in his opinion, be one of the factors in causing fever, but in a degree supplementary only to the main factor —the specific germ or essential cause of the disease. The epidemy of Over Darwen and its neighbourhood showed that the disease invaded all kinds of localities, without respect to sanitary condition.

Dr. **Babington** mentioned a case favourable to the view that typhoid may be generated in the soil, and to its contagious character. This form of fever broke out in a school at Hammersmith some years ago, apparently in consequence of the opening of a drain. Among those attacked were two daughters of a gentleman at Walton. He had his daughters removed to Walton; they there infected a nurse, there being at the time no other cases in that town.

Mr. **Radcliffe** asked Dr. Greenhow whether or not alvine flux had prevailed in Over Darwen, and in the vicinity, prior to, or contemporaneously with, the outbreak of typhoid fever. The relation of alvine flux to the prevalence of typhoid fever seemed to Mr. Radcliffe a fact worth noticing when seeking to trace the origin of an epidemic of the latter disease. He considered we were in want of histories of outbreaks of typhoid under those conditions in which its supposed fostering or exciting causes are observed in their simplest form. Mr. Radcliffe suggested that increased attention should be directed to the outbreak of febrile complaints in isolated farm-houses and hamlets, where all the evils of cesspools and defective drainage were found in their worst aspects. In illustration of the probable importance of studies of this class, he referred to the sanitary state of the hamlets and isolated houses surrounding Sinope, in Asia Minor, as well as to the sanitary state of that town itself. As a rule, every Turkish house has a vast, imperfectly covered cesspool, either within it or closely adjoining it. Slops and filth are cast on the ground outside the dwelling, and the drainage is on the surface. As a consequence, the inhabitants live in a cesspool and sewage atmosphere of the rankest description. Typhoid fever, so far as he could ascertain, was at least very rare in Sinope and its vicinity. In fact, he could not ascertain that fever with diarrhœa was a disease at all familiarly known in that town or the hamlets in its vicinity. The problem of the genesis of this disease seemed to be here presented in its simplest form. What were the differential elements which led to the rarity, if not absence, of the disease? Would it not be well, added Mr. Radcliffe, to suggest to the Medical men attached to missions in the East the importance of a study of typhoid fever under the favourable circumstances open to them for determining the influence of decomposing feculent and other matters in its genesis?

Dr. **Camps** related a case somewhat similar to that of Dr. Babington. While investigating an outbreak of fever at Sible Hedingham, in Essex, he found that there were more fatal cases in the houses near the churchyard than in other parts of the town. He considered that Dr. Greenhow had stated the case too broadly when he said we had no reason to attach value to what had not been proved. Was it not the case that great discoveries had been arrived at by the promulgation of hypotheses? He thought that, in etiological investigations, it was wrong to suppress speculative views.

Dr. **Greenhow** said that his paper was intended as a contribution to facts, and not to theories. The Over Darwen investigation was conducted under rather unfavourable circumstances for tracing the first cases, inasmuch as he did not commence it until October, when the epidemy was subsiding. He understood, however, that as a general rule the mortality of fever in Over Darwen was above the average. He did not think that crowding or defective ventilation had anything to do in causing the outbreak; and that the visitation of the disease in districts of the town, which presented all kinds of sanitary conditions, and other facts in the history of the epidemic, might be made to suit almost any theory as to its production. No diarrhœa had prevailed in Over Darwen or its neighbourhood previously to the outbreak of the recent epidemic.

OBITUARY.

DR. J. O. McWILLIAM, C.B., F.R.S. and F.R.C.P.

It was with sincere regret that we had to notice, in our last Number, the premature death of Dr. James Ormiston McWilliam, C.B., F.R S. and F.R.C.P. This distinguished member of our Profession, brought up in the town of Dalkeith, in Scotland, was a Licentiate of the College of Surgeons, and a Graduate of the University of Edinburgh. He entered the Royal Navy in 1829, and, after serving abroad for seven years in the capacity of Assistant-Surgeon, he was promoted to the rank of Surgeon, and appointed to H.M.S. *Scout*, on the West Coast of Africa. In this vessel he gained the esteem of all on board, by his devotion to the interests of the sick, and, greatly to his credit,—for he was still a young Surgeon,—his "Journal of Practice," containing an appendix on the health of the ship's company, gained for him the Blane Gold Medal. The *Scout's* period of service having expired, she returned to England and was paid off.

Relieved from the cramping influences inseparable from service in a ship of war, Dr. McWilliam eagerly seized the opportunity of improving his professional knowledge by attending the Metropolitan Schools and Hospitals, while he followed up the collateral sciences with all the ardour peculiar to a young and vigorous intellect. At this time he was a constant attendant on Dr. Reid in the cold, damp cellars, of the new Houses of Parliament, and took a deep interest in the various plans suggested for improving their ventilation. Employment more germane to his disposition, however, offered itself in the proposed expedition for exploring the Niger; he lost no time in offering his services, which were accepted, and soon afterwards he was gratified by receiving an appointment as Surgeon to the *Albert*, and chief Medical officer of the expedition.

While the vessels remained in England, he carefully watched their progress, in order that they should be properly ventilated, and furnished with everything requisite for the preservation of health in a climate so destructive of European life as that of Africa, and it may be safely averred that no vessels ever left this country better prepared to encounter any emergency. Had the prophylactic influence of quinine been then as well understood as it is now, the result might have been far less disastrous.

On August 13, the three vessels, *Albert*, *Wilberforce*, and *Soudan*, crossed the bar and entered one of the many mouths of the Niger, with their crews in perfect health; but hardly had they passed the dreaded swamps which form the delta, when fever made its appearance in a most malignant form, and the slow tolling of the funeral bell too plainly told that death was busy at work amongst them. The sick increased so rapidly that it became necessary to remove all the worst cases into the *Soudan*, and to send her down the river, and a few days afterwards she was followed by the *Wilberforce*, freighted with a similar load of misery. Still, nothing daunted, the few remaining officers and men continued to push rapidly up the river, in the hope of reaching some more healthy region. But first one sickened and then another, until the only persons free from fever were Dr. McWilliam, Dr. Stanger, and one seaman. The vessel was then put about, when the latter also fell ill, leaving the safety of the crew in the hands of the former. Dr. McWilliam then undertook to steer the vessel, while Dr. Stanger kept the engines in motion. Both providentially escaped the fever, and though they occasionally ran aground, they succeeded in reaching the open sea in safety.

After a severe attack of fever, Dr. McWilliam returned to England in 1842; and we regret to state, that although his services were placed before the Admiralty by Captain Trotter, the Commander of the expedition, the Board coldly declined to acknowledge his claims for any mark of distinction or reward, though every other surviving officer received at least one step of promotion. During the few succeeding months he employed himself in bringing out his "Medical History of the Niger Expedition," which was well received by the Profession. After again serving two years afloat, he was sent on a special mission to the Cape de Verde Islands, to inquire into the origin of the yellow fever, which attacked the inhabitants of Boa Vista soon after the arrival of the *Eclair*. After a most laborious investigation, and the examination of an immense number of witnesses, he returned to this country and gave in his Report, which was presented to Parliament, and printed in the form of a Blue Book. In this Report, drawn up with great judgment, he clearly established the communicability of the disease, and that unquestionably it had been imported into Boa Vista by the *Eclair*.

Again he preferred his claims for promotion; but his only reward was a frigid letter of thanks from the Naval authorities at Whitehall. Fortunately, however, his services had not escaped the notice of other departments of the Government, and in 1846 he was offered the appointment of Medical Officer to the Custom-house, which he gladly accepted. In this appointment he continued until his useful career was suddenly terminated by his accidentally falling backwards down a steep flight of steps in his own house.

In private life, Dr. McWilliam was kind and courteous; hospitable and charitable to an extent far beyond his means. He has left a widow and a large family to mourn over his untimely end. On Saturday last his remains were quietly interred in the Cemetery at Woking. The funeral was intended to be strictly private; but a considerable number of the officers of the Customs found their way down to Woking to pay a last tribute of respect to one they esteemed so highly when living.

In 1848 Dr. McWilliam was elected a F.R.S.; in 1858 he was appointed a Companion of the Civil Order of the Bath, in recognition of his services to his country; and in 1861 he was elected a F.R.C.P. of London. He was a most active member of the Epidemiological Society, to which he acted as Secretary, and to which he contributed many valuable papers. He was highly esteemed by his brother officers in the Navy, not only for his professional attainments, but for his unceasing efforts to secure for them a position in the Naval service more in accordance with their true status in civilised society. The junior officers, in particular, have every reason to regard him as their deliverer from a state of degradation which had become so intolerable that no young Surgeon would enter the service unless his prospects were otherwise utterly hopeless.

MEDICAL NEWS.

UNIVERSITY OF ST. ANDREW'S.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred on May 10, 1862:—

Messrs. John Ash, M.R.C.S., Wandsworth-common, London; James Bennett, M.R.C.S., Liverpool; Frederick W. Booth, M.R.C.S. and L.A.C., Rochdale; Rowland M. Bowstead, M.R.C.S. and L.A.C., Caistor, Lincolnshire; Joseph O. Brookhouse, M.R.C.S. and L.A.C., Nottingham; Joseph C. Brumwell, M.R.C.S. and L.A.C., Burnley, Lancashire; William Campbell, F.R. and L.R.C.S. Edin., Ilkeston, Derbyshire; Daniel Carter, M.R.C.S. and L.A.C., R.N., London; Cambridge C. Cocks, M.R.C.S. and L.A.C., Ross, Herefordshire; Joseph James Constable, L.R.C.S.I., Dublin; Alexander G. Davey, M.R.C.S. and L.A.C., L.R.C.P., London; Richard S. Davey, M.R.C.S. and L.A.C., Walmer, Kent; Joseph B. Davis, M.R.C.S. and L.A.C., Shelton, Staffordshire; William H. P. Davis, M.R.C.S. and L.A.C., London; Thomas Dean, M.R.C.S. and L.A.C., Huddersfield, Yorkshire; Abraham W. Dias-Bandarnayke, L.A.C., Colombo, Ceylon; Henry Jones Domville, M.R.C.S., Royal Navy; Henry B. Dow, M.R.C.S. and L.A.C., Bayswater, London; Samuel S. Dyer, L.R.C.P. Lond., and M.R.C.S., Ringwood, Hants; John R. Ede, F.R.C.S. and L.A.C., Barnsbury, London; James Finegan, M.R.C.S. and L.A.C., Liverpool; Charles R. Goodman, M.R.C.S. and L.A.C., Southport, Lancashire; James Greenwood, M.R.C.S. and L.A.C., Islington, London; Edmund Gwynn, M.R.C.S. and L.A.C., London Hospital; Charles Harris, M.R.C.S. and L.A.C., Northiam, Sussex; Thomas A. Hill, L.R.C.S. Edin., St. Andrew's; George Hills, F.R.C.S. and L.A.C., Keighley, Yorkshire; Wharton P. Hood, M.R.C.S. and L.A.C., London; Robert Jennings, L.A.C., London; Richard Jones, M.R.C.S. and L.A.C., Newtown, Montgomeryshire; Robert Jones, Llanrwst, N. Wales; Henry Stone Lambert, M.R.C.S. and L.A.C., B.A., Amoy, China; Charles Lovegrove, M.R.C.S. and L.A.C., Sevenoaks, Kent; Chaworth E. Lyster, L.R.C.S.I. and L.A.C., Liverpool; Alexander E. Marsden, M.R.C.S., London; Henry Arthur Martin, M.R.C.S. and L.A.C., St. Austel, Cornwall; Thomas Martin, L.A.C., Little Hilton, Lancashire; William J. Menzies, L.R.C.S. Edin., Edinburgh; Pembroke Robert J. B. Minns, M.R.C.S., Guy's Hospital; Daniel Moore, M.R.C.S. and L.A.C., Hastings; Wm. Murphy, M.R.C.S. and L.A.C., Guy's Hospital; Owen Owen, M.R.C.S. and L.M., Guy's Hospital; Alexander H. Page, L.R.C.P.I. and M.R.C.S., Devonport, Devonshire; Henry James Paine, M.R.C.S. and L.A.C., Cardiff; George C. Phipps, L.R.C.P. and L.R.C.S. Edin., County Cork; Matthew J. Robson, M.R.C.S., North Shields; Thomas A. Roe, M.R.C.S., Royal Navy; Edward T. Ryan, M.R.C.S. and L.R.C.P., R.N., London; Frank Schofield, M.R.C.S. and L.A.C., Saddleworth, near Manchester; William Smith, M.R.C.S. and L.A.C., Preston; James F. Stamper, M.R.C.S. and L.A.C., Guy's Hospital; John A. Stewart, L.R.C.P. Edin., Malta; Isaac H. Swain, M.R.C.S., London; James D. Swallow, M.R.C.S. and L.A.C., Reading, Berkshire; John Tatham, M.R.C.P. Lond., London; James Titley, L.R.C.S. Edin., Louth, Lincolnshire; James Y. Totherick, L.R.C.P. and S. Edin., Berwick-on-Tweed; Henry E. Trewhella, M.R.C.S., Guy's Hospital; Richard P. Tyley, M.R.C.S. and L.A.C., London; George John Vine, F.R.C.S. and L.A.C., London; Robert Walker, M.R.C.S., L.A.C., Kendal, Westmoreland; Michael Walling, M.R.C.S. and L.A.C., Royal Navy; William J. Williams, M.R.C.S. and L.A.C., London; and William S. Wyman, M.R.C.S. and L.A.C., St. Thomas's Hospital.

We may remind our readers that there are only two more occasions, viz., in September and December, on which candidates can present themselves for the Degree of M.D. at the University of St. Andrew's under the present liberal regulations. After January 1, 1863, every candidate will be required to have spent two of his four Winter Sessions at a University, or at one of the Queen's Colleges in Ireland.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 8th inst., viz.:—

Messrs. Thomas Henry Huxley, F.R.S., Museum of Practical Geology, Jermyn-street; Edward Hibberd, Tunbridge Wells; Charles Noyce Kernot, West Cowes, Isle of Wight; Francis William Warrington, L.S.A., Congleton, Cheshire; William James Le Tall, Sheffield; Hugh McLean, Jamaica; Richard Bangay, Corbridge, near Newcastle; Charles Maslin Deane, Batley, near Leeds; Lyttleton Frederick Osbaldeston, Hatfield, Herts; John Holt, Bolton, Lancashire; Edward Jackson, Chorley, Lancashire; Edward Calthorp, Deeping St. Nicholas, Lincolnshire; Charles Dunbar Shepherd, L.S.A., Northallerton, Yorkshire; Wilmot Horton Trevor Power, B.A. Lond., Ceylon; John Baptiste Potter, Craven-hill, Bayswater; William John Page, Dublin; George Haycock, Kingsland-road; Thomas Thorman, Connaught-terrace; John Harman, Canterbury; Francis Sparrow Risk, Plymouth; Thomas Jones, Ruthin, Denbighshire; Philip Arthur Cornish, Madbury, Devon; and William Dunderdale, L.S.A., Poutton-le-Fylde, Lancashire.

Admitted Members on the 9th inst.:—

Messrs. Edmund Henry Pettifer, L.S.A., De Beauvoir Town; James Russell Jeaffreson, Leamington, Warwickshire; John James, Cardigan; Samuel Nelson, Acomb, near York; Henry Waghorn, Soho-square; and Frederick Waghorn, Soho-square, students of St. Bartholomew's Hospital. Samuel Babut Rix, L.R.C.P. Lond., Tunbridge Wells; James Edward Bennett, Plymouth; and Richard Purnell, Wells, Somerset, of the Middlesex Hospital. John William Teale, B.A. Oxon, Leeds; Martin Gay Black Oxley, Southport; and William Johnson Smith, Wisbeach, Cambridgeshire, of King's College. Baynes Reed, Canada West, and John Deans, Melbourne, Derbyshire, of St. Mary's Hospital. George Richards Cooke, Charlwood-street, Pimlico, and George Cotes Delamotte, Swanage, Dorset, of the Charing-cross Hospital. Henry Gordon Shea, L.S.A., Blackfriars-road, of St. Thomas's Hospital. Samuel Cookson, L.S.A., Stowmarket, Suffolk, of Guy's Hospital. John Castaneda, Albany-street, Regent's-park, of the University College. Joseph Rhodes Ellis, Misfield, Yorkshire; John Phelan Forrest, Mitchelstown, County Cork; and William Henry Cooper, New Zealand.

The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 12th inst., and when eligible will be admitted to the Pass Examination:—

Messrs. Mordey Douglas, Henry Edward Armstrong, John Hedley, George Septimus Thompson, Joseph Foster Armstrong, and Charles Carr, of Newcastle School. John Henry Simpson, David Hughes, Walter Henry Cope, and Thomas Carter Wigg, of Charing-cross Hospital. George Edward Walker, David Thomas Williams, and Alfred Wiltshire, of University College. Alfred Olivant Francis, Thomas Kelly, and George Elkington, of Birmingham. William Bailey, John Morton, George Frederick Sankey, of St. Thomas's Hospital. Connell Whipple, and George Hunt Orton, of St. Bartholomew's Hospital. Charles Franklin and Chauncy Puzey, of Guy's Hospital. Gwynne Henry Harris, of King's College. Oliver Dillon Thomas, of Middlesex Hospital. Richard Webster, of Leeds. John Holden, of Manchester.

The following passed the above Examination on the 13th inst.:—

Messrs. Francis Young, John Trible, Herbert Everitt, Joseph Needham, Scrope Shrapnell, and William Spooner, of University College. Charles Spurway, Charles Frederick Burnard, and John Cock, of St. Bartholomew's Hospital. Robert Elphinstone and Francis Henry Wood, of Guy's Hospital. Walter Theyre Smith and Arthur John Graham Cross, of King's College. Nathaniel Heckford and Robert Vaux Zinzan, of London Hospital. Timothy Tudge and Frederick John Tucker, of Middlesex Hospital. John Crampion Rosselloty and John Rigg, of Liverpool. Henry Cornelius Libbey and George Brigg Peirson, of Leeds. William Vacy Lyle, of St. Mary's Hospital. Frederick Page Atkinson, of St. Thomas's Hospital. James Lawton Andrew, of Manchester. Valisius Skipton Gouldsburg, of Galway. Joseph Birt, of Birmingham.

The following passed the above Examination on the 14th inst:—

Messrs. Thomas Wilson Corbin, Edmund Vallance, and Walter Simpson, of St. Bartholomew's Hospital. Frederick Charles Mudd, George Frederick Walford Meadows, and Thomas Holyoake, of Guy's Hospital. William Smith, John Burdett Wilby, and Edwin Griffith, of Birmingham. James Hudson Taylor and Alfred John Cockerton, of London Hospital. James Forman Milner and William Wightman Cooper, of Hull. William Henry Hosking, of the Charing-cross Hospital.

The following were admitted Licentiates in Midwifery on the 14th inst:—

Messrs. William Charles Worley, Hoxton, diploma of membership dated April 20, 1860; Thomas Henry Morton, London. July 30, 1861; William Talbot Clindening, Adelaide, South Australia, May 6, 1862; Edward Morgan, Aberystwyth, S. Wales, April 22, 1862; John Robert Elliott, St. Saviour's, Jersey, April 25, 1862; Edward Howard Moore, Cambridge-heath, Hackney, May 7, 1862; Charles Edward Addison, Doncaster, May 7, 1862; Charles Taylor, Shrubland-grove, Dalston, May 6, 1862; John James, Cardigan, May 9, 1862; and George Robinson, Bedford, January 31, 1861.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 8, 1862:—

Albert James Southey, Hampstead; Erancis F. C. Nesbitt Nassau, West Indies; Hubert Walter Lilly, Folkestone; James Anderson, Liverpool; William Henry Sheppee, Bedford; John Lawrence Newton, Durham: Henry Sutcliffe, Halifax; Thomas Henry Rowe, 60, King-street, Regent-street.

The following gentlemen also on the same day passed their First Examination:—

Edward Dawson, Manchester; Douglas William Eshelby, Congleton; George B. Peirson, Leeds; Richard P. Lisle, Cardiff.

APPOINTMENTS.

Cooper.—George Cooper, F.R.C.S. Eng., L.S.A. Lond., has been elected Representative of the Society of Apothecaries in the General Council of Medical Education and Registration, *vice* Mr. John Nussey, L.S.A. Lond., deceased.

Delany.—Dr. Michael Delany has been elected Medical Officer for the Kilmeaden Dispensary District, in the Waterford Union.

Donkin.—Arthur Scott Donkin, M.D. Univ. Edin., L.R.C.S. Edin., has been appointed one of the Examiners in the Faculty of Medicine, at the University of Durham.

Embleton.—Dennis Embleton, M.D. Univ. Durh., M.D. Pisa, F.R.C.P. Lond., F.R.C.S. Eng. (Hon.), L.S.A. Lond, has been appointed Reader in Medicine at the University of Durham.

Gibb.—Charles John Gibb, M.D. Univ. Durh., M.R.C.S. Eng., L.S.A. Lond., has been appointed one of the Examiners in the Faculty of Medicine at the University of Durham.

Jenner.—William Jenner, M.D. Univ. Lond., F.R.C.P. Lond., has been appointed Professor of the Principles and Practice of Medicine, and Clinical Medicine, at University College.

Kay.—John William Kay, M.R.C S. Eng., L.S.A. Lond., has been appointed Medical Officer to the Western District of the St. George-in-the-East Union, *vice* Alfred Richardson, M.D. King's Coll. Aberd., L.R.C.S. Edin., L.S.A. Lond., deceased.

Lancaster.—Joseph Lancaster, M.R.C.P. Lond., F.R.C.S. Eng., L.S.A. Lond., has been appointed Physician to the Clifton Dispensary, *vice* John Beddoe, M.D. Univ. Edin., B.A. Lond., M.R.C.P. Lond., resigned.

Marshall.—John Marshall, Esq., F.R.S., has been elected Fullerian Professor of Physiology at the Royal Institution of Great Britain.

Richardson.—Thomas Richardson, M.A., has been appointed Reader in Chemistry at the University of Durham.

Ryley.—Dr. Ryley has been appointed Medical Officer to the Second District of the Chippenham Union, Wilts.

Stawman.—William Stawman, M.R.C S. Eng., L.S.A. Lond., has been appointed Medical Officer for the East District of the Barnsley Union, Yorkshire, *vice* Thomas Ayre, M.R.C.S. Eng., L.S.A. Lond., deceased.

Thomas.—Mr. Abraham Thomas, L.S.A. Lond., has been appointed Medical Officer for the Great Horton District of the Bradford Union, Yorkshire.

Wright.—Alfred Wright, M.R.C.S. Eng, L.S.A. Lond., has been promoted from Assistant-House Surgeon to House-Surgeon of the Infirmary and Dispensary, Bradford, Yorkshire.

DEATHS.

Bright.—March 1, at Hobart Town, Richard Bright, M.D., aged 57.

Bryson.—May 11, James Hamilton Bryson, of Greenock, L.F.P.S. Glasg., L.A.H. Dub.

Dawson.—May 3, James Dawson, of Twillington, near Leeds, L.S.A. Lond., aged 47.

Farre.—May 7, John Richard Farre, of No. 123, Pentonville-road, formerly of Charterhouse-square, M.D. King's Coll. Aberd., M.R.C.P. Lond., late Consulting-Physician to the Royal London Ophthalmic Hospital, aged 87.

Humfrey.—April 29, at Malta, William Charles Humfrey, Inspector-General of the Army Hospitals in that island (December 31, 1858).

Keene.—May 8, Alfred William Keene, of No. 31, Upper Stamford-street, Blackfriars-road, M.R.C.S. Eng. and L.M., L.S.A. Lond., aged 31.

Lock.—April 29, Edward Lock, of Debenham, Suffolk, Surgeon (in practice prior to 1815), aged 74. He had followed his Profession for the long period of fifty-two years.

Richards.—March 25, of typhus fever, at Bonny, Africa, Dr. R. Richards, late of Liverpool.

Richardson.—May 11, at Mountjoy-place, Dublin, John Richardson, Inspector-General Army Medical Department.

Seddon.—May 10, Joshua Seddon, of Longdon, Rugeley, Staffordshire, M.D. St. And., F.R.C.S. Eng. (Hon.), Lic. and Mem. S.A. Lond, formerly Surgeon to the North Staffordshire Infirmary, aged 64.

Webster.—May 13, in London, suddenly, William Binny Webster, Surgeon, late of the Hon. E.I.Co.'s military service.

The Coming Election at the College of Surgeons.—The resignation of Sir Benjamin Brodie has diminished the number of retiring Members of Council to one. Mr. Cock is the only Councillor who this year vacates his seat. He will, it is presumed, offer himself for re-election. A new Member of Council must in addition be chosen from the general body of Fellows. Mr. Paget remains the only candidate announced, although we hear, on good authority, that one or two others are likely to come-forward.

Death from Suffocation in St. Giles's.—Seven in a Bed.—On May 8, Mr. P. S. Brent held an inquest at the Brownlow Arms, Brownlow-street, Drury-lane, on the body of Mary Ann Lorimer, aged eight months, who was found dead in bed on the previous Tuesday morning. It appeared that the mother of the deceased, a widow, with five other children, lived in a small second-floor front-room at No. 5, Brownlow-street, and that her husband a short time since died in a police-cell. An inquest was held on his body. The mother and her six children slept in one bed, and about three o'clock on Tuesday morning last she awoke and found her child dead. Two days afterwards, Mr. William Bennett, Medical Officer to St. Giles's Workhouse, viewed the body of the child. He described the room in which the family lived as very small and badly ventilated. He found the child had died from suffocation, having been covered by the bed-clothes. The jury returned a verdict in accordance with the Medical evidence.

Hull Drainage.—A scheme of sewerage for the West district of Hull has been proposed by the Surveyor of the Board of Health, of which the chief feature appears to be that the outfall, except during spring tides, is always below low water-mark. We extract the following from the *Hull Packet*:—"It will be seen that this outfall is only entirely clear during low water in spring-tides. It is never clear for a single minute at even the lowest water-mark of the neap tides! Of course, the high water-mark, both of neap and spring-tides, is very many feet above the level of the outfall. So that, in real honest truth, only for a very few hours, in a very few days in each month, is the proposed outfall an outfall in anything else but the name: for nothing can possibly fall out of it! Indeed, if it were possible that an accident should happen to the flood-gates, and they were to give way, our streets would become canals when the spring tides are at their ordinary high water-mark,—for the water then rises several feet above the level of the very highest streets in the town. We have said that Mr. Sharp's plan is an honest one. And so it is. And the simple result of its honesty is to prove the impossibility of efficiently draining Hull by gravitation alone."

Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland.—On Monday, a stated meeting of this local branch of the above Society was held in the Ulster Medical Society's library room in the General Hospital—Dr. Patterson presiding. Dr. Browne, the Treasurer, reported the subscriptions which he had received since the last meeting. Dr. Stewart, the Secretary, reported that, agreeably to instructions, he had recently written to each country practitioner in the Counties of Antrim and Down, either directly or through an authorised channel, earnestly soliciting them to contribute to the furtherance of the great and important objects of the Society, which should enlist the warmest sympathies of every member of the Profession, and that it was to be trusted such a response would be made as would increase the Society's usefulness and redound to the liberal and humane feelings of the respective donors. This being the period of the year for receiving applications for grants at the ensuing annual distribution of the Parent Society in Dublin, five were brought under the consideration of the meeting and duly disposed of. The permanent Local President, Dr. T. H. Purdon, was requested to attend the above referred to annual meeting in Dublin on behalf of this branch, and thus manifest by his presence the deep and lively interest felt by it in the continued prosperity and usefulness of the Society at large,—which had already effected, and was effecting, so much good by the judicious management of its limited funds, but which, it was to be hoped, the benevolent of the wealthier classes would, by their generosity, so add to that the hearts of many would rejoice by the enlarged measure of relief the Society was given the means of affording to them. After some further business had been disposed of, the meeting separated.

"Dura mala belli."—The *New York Evening Post* of April 29 gives the following description of the march of part of General Banks' army:—"It was near noon. The sun was pouring down a blasting heat; the men were already tired from their early start, the road was a succession of quagmires and stone ledges, and the prospect was far from encouraging. Dunning's brigade went ahead, but soon the men began to drop out. All the way from Mount Jackson to Newmarket they were scattered along the road single and in groups of from one to twenty. They dropped down anywhere, and at once were sound asleep. I think there must have been a thousand men straggling along that road. There was a complete chain of them extending along the road, and when you came to one straggler another could be seen ahead. The march was too much for them. The road, to begin with, was of the worst description. It was a succession of clayey sloughs, where the mud was two feet deep, and rocky hills, and all the time the heat was oppressive. One or two creeks with no bridges over them had to be forded, the water coming up to the knees. Then the shoes were bad and were not improved by such a course of treatment, and the long time the men had been up combined to make them completely exhausted. Still the prospect of a fight was exciting, and the men, especially in the third brigade, pushed on, some of them in their stocking feet. At dark a halt was made in the woods. The men lay down as they were, and were at once asleep. Every one seemed to be completely exhausted, and cared for nothing but rest."

Government Emigration.—The Government emigrant ship *John Vanner*, which sailed from Southampton on January 4 last, arrived at Table Bay, Cape of Good Hope, on March 10, with 238 Irish emigrants on board, under the charge of Surgeon-Superintendent William Domett Stone, M.R.C.S. Eng., etc., and notwithstanding that between thirty and forty adults and children were struck down with scarlet fever and measles, Mr. Stone (suffering severely himself) was fortunate enough to lose only one infant. So grateful were the poor Irish to this gentleman for his attention to their several wants, that, with characteristic generosity, they subscribed from their limited means and presented him with a silver mug, and the following address:—"To William Domett Stone, Esq., M.R.C.S. Eng., L.S.A., etc.—Sir,—We, the emigrants of the Government emigrant ship *John Vanner*, being desirous of expressing our appreciation of the manner in which you, as Surgeon-Superintendent, have professionally attended to ourselves, friends and families during the voyage from England to the Cape of Good Hope, beg that you will be pleased to accept the contributions which we have placed to our names, and in doing so we request that you will not deem the sums as the estimation in which you are held by us, but as a medium through which your kindness of disposition and urbanity of manner in which the duties devolved on you have been carried out. We are anxious that the amount subscribed should be expended in some article which you may select, so that hereafter the associations of this voyage may be known to your family and friends, and be a lasting testimony of the regard in which you have been held by us. Hoping that your professional career will meet your best anticipations, and though you may not command, yet you will deserve success, we subscribe ourselves respectfully, etc." The above appears in the *South African Mail* and other Cape newspapers.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 10, 1862.

BIRTHS.

Births of Boys, 1015; Girls, 931; Total, 1946.
Average of 10 corresponding weeks, 1852–61, 1682·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	639	610	1249
Average of the ten years 1852–61	563·7	549·0	1112·7
Average corrected to increased population..	..	..	1224
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	1	2	7	5	4	7	1
North ..	618,210	1	1	3	2	12	25	4
Central ..	378,058	..	4	5	3	7	12	3
East	571,158	..	25	..	3	11	26	2
South ..	773,175	1	9	24	5	13	20	5
Total.. ..	2,803,989	3	41	39	18	47	89	16

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—Bacon.

M.D.—Write to the Emigration Office, Park-street, Westminster.

A letter for "*Stet Nominis Umbra*" is at our office.

Dr. Robert Liveing has been appointed Demonstrator of Anatomy at the Middlesex Hospital, and not Dr. Edward Liveing, as announced in our last list of appointments.

Cantab.—1. There are three dictionaries of Medical and scientific terms, besides other smaller ones, viz., "Mayne's Expository Lexicon," "Dunglison's Dictionary," and "Palmer's Pentaglot Dictionary." The last is of most utility for French and German terms. 2. Besides the manuals on Comparative Anatomy, there is an excellent work treating especially of the anatomy of the domestic animals, viz., "Gurlt Handbuch der Vergleichende Anatomie der Haussäugthiere, mit Atlas." Fourth Edition. 1860. Price 28s. 6d.

"It is astonishing how soon irony or allegory may be mistaken for truth. Epsom wells were fashionable early in the last century; but some people there disobliging Dr. Radcliffe, 'Oh!' said he, 'I will put a toad in their well presently,' meaning he would bring the water into *disrepute*, I trust; but going to Epsom a few summers ago, a lady told me very seriously, that Dr. Radcliffe had ruined that fine well by putting a *toad in it*."—March 30, 1819.—*Life of Mrs. Piozzi*

We have received an anonymous communication from a student of a certain Hospital, complaining that two students of that Hospital have recently been *plucked* at the Royal College of Surgeons of England, because none of the Surgeons of that Hospital have seats at the Council or Examining Board of the College. A student ought to know that it is a grave offence against morality to make anonymous accusations against any one. If he seriously believes that no student of this given Hospital can obtain a fair examination, let him come out with it like a man, and the truth will soon be known. On the other hand, it is infinitely more probable that two students shall have neglected their study of anatomy and surgery, or shall have failed to acquire the logical precision in answering questions, and the presence of mind necessary for finding the right ideas and words at the right time, than that twelve examiners should condescend to a mean and purposeless spite against one school. We have no sympathy with ignorance, and very little with "nervousness." A cool collected head is as important for a Surgeon as is a knowledge of anatomy; and the man who keeps his wits about him in the examination-room is unlikely to lose them when he has to tie an artery. Those whose ideas are precise and orderly are seldom nervous. We notice this anonymous letter solely in order to disabuse the minds of students who may hope that favour will make their examination easy. Dissect well, watch Surgical cases closely, and read little and logically, and plucking will be impossible.

Thirst in Diabetes.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A correspondent in last week's *Medical Times and Gazette*, signing himself "Stet Nominis Umbra," asks, can any one suggest a remedy for the distressing thirst of diabetic patients? I have found the solution of permanganate of potash in drachm doses every six hours give relief in every case in which I have tried it. In some cases the relief was complete, in others partial only.

This remedy was suggested to me by Mr. Sampson, who considered that it had a curative effect in the disease. I cannot say that it had any other effect in my experience than the very important one of relieving the urgent thirst.
I am, &c.

16, Eaton-terrace, May 13.
Robert Synnot.

Answer to "Stet Nominis Umbra."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the case mentioned in the *Medical Times and Gazette* of the 10th inst., it will, I think, be found that constitutional remedies must be the chief means of cure. One has not sufficient knowledge of the man's "bad constitution" and previous history to be able to give a definite opinion as to what these remedies should be; but in similar cases where there was no acute or subacute inflammatory action, but only such chronic redness as is chiefly due to irritative congestion and weak action, I have found the tincture of muriate of iron efficacious to a degree for which my reading on the subject had not prepared me, and this when other remedies had proved useless. In like manner, it is remarkably useful in removing the nebulosity, etc., around ulcers of the cornea, or their cicatrices. Indeed, from the more ready and marked action of the remedy in such cases, compared with its action in many other local diseases, and from this—that the improvement in the eye does not seem so to wait for or depend on the constitutional improvement as does the local amendment in other cases—I have been led to believe that it has a special effect on the cornea, if not on other parts of the eye. Another argument is, that the remedy is useful in persons who have been well fed, and who were previously of apparently good constitution, but in whom the character of the disease showed that there was a latent scrofulous diathesis. In a late case, a man had had a moderately mild attack of a typhoid-like fever, peculiar, I believe, to North China, one of the peculiarities of which is, that even in mild cases the patient remains for a long time debilitated and anæmic. I had not then, nor have I since, found that either the tincture of iron or any other remedy had any decided or peculiar effect in shortening this stage; but having noticed that there was a slight and superficial nebulosity of part of one cornea, I thought the time and case favourable for an experiment on the possibility of removing such a long-standing deposit. The result was that, though there had been no previous improvement, the nebulous area in about a month's time became diminished to about one-half, while the remainder was somewhat clearer. Whether, from a direct action on the eye, or from its action on the stomach, I know not; but the tincture, if given from the first in the larger doses and insufficiently diluted, is apt to act as an irritant. It should, therefore, be given at first in ten-minim doses thrice a day, and increased after a week or so to fifteen, and then to twenty minims. For the same reasons, the state of the stomach and bowels require to be looked at both before and during its administration.

If the man be scrofulous, I should be inclined—though I have not yet tried the combination in these cases—to combine with the later doses of iron from a scruple to a drachm of chlorate of potass. My reason is the following:—An anæmic scrofulous boy, of about thirteen, with weak, watery, and bloodshot eyes, from which he had suffered on and off for about two years, was brought to me on account of scrofulous sore-throat of some months' standing. The uvula had been destroyed, and the arch, including one, if not both tonsils, was the seat of a linear grayish-coloured ulcer, while the surrounding parts were puffed and reddish, but, like the eyes, not painful. I recommended the iron and chlorate of potass with merely a gargle of catechu and myrrh, and I afterwards heard that under these the throat got well; and, though the eye affection was not mentioned, I cannot suppose that the remedies did them any harm, the more especially as they were given under the superintendence of a Medical man

Leaving it for others to recommend means for removing the lunar stains, I should certainly advise the use of nothing but mild applications, such as gently stimulant lotions and the like. I am, &c.

Nota Bene.

Answer to "Stet Nominis Umbra."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having had some experience in the treatment of ulceration of the cornea, I beg to make the following remarks in reply to "Stet Nominis Umbra" (May 10):—

In the first place, I consider that a solution of arg. nitr. (gr. ij., ad ℥ji.) would be of sufficient strength during the commencement of the treatment, and afterwards increased if necessary. To apply the solid stick of arg. nitr. I certainly think would prove more injurious than beneficial.

With regard to the present treatment of the case, I should rather depend on constitutional remedies, as ol. morrhuæ or quinine and iron, with an external application of solution of arg. nitr. (gr. ij., ad, ℥j.) combined with a small quantity of vin. opii.

The remedy that I have found the most useful for allaying the thirst in diabetes, is dilute phosphoric acid, in the proportion of about ʒvj. of the acid to a pint of water, and taken as a drink. I am, &c.

May 12. R. M., M.R.C.S. Eng., &c.

A Difference in English and Foreign Spectacles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Permit me through the medium of your columns to direct the attention of Ophthalmic Surgeons to a fact which seems to have escaped their attention, but which nevertheless is of considerable importance, in ordering glasses for their patients.

At the Moorfields and the Surrey Ophthalmic Hospitals (and at others doubtlessly) the trial-lenses for defective vision employed are those of Pœtz and Flohr, of Berlin, and these same ones are also used by many of my private friends engaged in ophthalmic practice. Now, I have tested several of the Berlin trial-lenses, and find that their focal lengths are given in Paris inches, whereas English opticians manufacture their spectacle-lenses by English inches. The consequence is that by reason of the greater length of the Paris inch, if after trial you were, *e.g.*, to find that a presbyopic patient required a Berlin lens of thirty inches focus, you must order him a pair of No. 32 glasses, not of No. 30, as I am persuaded is invariably done. The Paris inch, in fact, is about one sixteenth of an English inch larger than the English inch, which, as the preceding example shows, makes in a long focused lens a material difference.

I am, &c.

May 10. John Z. Laurence.

Arsenical Paper Hangings.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A correspondent inquires whether those employed in the manufacture of these papers suffer from the poisonous effects of the colouring matter. I happen to be in a position to give an answer to this question.

Workpeople employed in this manufacture very frequently apply as out-patients at King's College Hospital. The symptoms in these cases are various, but, in the main, strictly traceable to the noxious influence of the occupation. The connexion between the work and the malady may escape detection for two reasons:—Many of the symptoms may be referable to other causes; few are anxious to believe that the work by which they live is killing them.

The following are the kind of symptoms which these patients exhibit, and any one familiar with the effects of arsenic in the system can readily trace a connexion of cause and effect:—Nausea, with languor and sleeplessness, diarrhœa, tenesmus, conjunctival irritation, ptyalism, alopecia, general wasting, and that "nameless feeling of illness" so peculiarly characteristic of chronic arsenical poisoning. A special enumeration and analysis of cases, though the only satisfactory answer to the question, is out of place here. May I be allowed to anticipate the future, and refer "J. D." to the discussions of the coming "Social Science" Congress, when, I have reason to believe, the subject will be investigated.

I am, &c. E. Symes Thompson, M.D.

King's College Hospital, May 12.

Hospital Tactics.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I am a member of a Committee engaged in establishing a new Hospital, I am specially interested in the means taken by the friends and supporters of Hospitals to attract the attention of the public. I have been much struck by the skilful method in which the management of King's College Hospital have turned the visits of the Japanese Medical staff to a profitable account. These "distinguished foreigners," we are told in the daily papers, have singled out King's College Hospital for their first visit, for the reason that "while they were in Paris a discussion was going on as to the mortality in the French and English Hospitals, and King's College Hospital was frequently alluded to with approbation as affording the greatest number of cubic feet of air, namely, 2·500 to each patient." They were taken over the wards, where, as the Hospital is the last built in London, all the arrangements are "of the best and most approved description." They were inducted into the mysteries of pill and plaster making, carried away pieces of the latter as specimens, peeped into the kitchen, stared at the cookery by gas, and finally were hoisted up in the 'lift' to the top of the building. No doubt they were edified. It will be seen by the first quotation that these interesting Mongols are believed to be quite alive to what is going on in the world of Medicine. And who can question that, on the occasion of their second visit, Mr. Fergusson's and Mr. Bowman's "numerous operations," "as usual under chloroform," produced a deep effect, and were intensely appreciated? But I cannot express my admiration of the way in which the opportunity has been seized. Oh, that such genius were in all Hospital managements! Thus it is that great men contrive to make capital out of all who come to be astonished at their greatness. King Solomon's fame was spread by the Queen of Sheba; the committee of King's College Hospital obtain κῦδος from the visit of Drs. Mitukury and Matski-ko-an. I am, &c. Νοσοκομος.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I belong to an Hospital the success of which depends on its being kept well before the notice of the public. From some paragraphs which I have noticed lately in the *Times*, I am induced to ask whether, if we get some of the suite of the Ambassadors of H.M. the Emperor of Timbuctoo, who I am told may shortly be expected to visit our Hospital, show them the lions, and roll up the whole transaction into a neat and self-complimentary paragraph, we can get it inserted in the *Times*, and so get the advantage, without cost, of advertising. Perhaps some of your readers know how this sort of thing is done, and will enlighten

A Simple Countryman.

Cingalese Skulls.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the last Number of the *Medical Times and Gazette* appears a letter from Mr. E. W. Brayley, F.R.S., chiefly directed to establish the theory which that gentleman has arrived at after years of philosophical research, that the existing Papuan races are representatives of extinct nations who, originally inhabiting India, have migrated thence to the islands of the Malay Archipelago, and thence through New Guinea to the Australian regions. The exhaustive manner in which Mr. Brayley has treated the subject precludes the necessity of comment on its ethnological or philological import. As regards, however, the physiological aspect of the question, I must beg leave to trespass on your pages for a few remarks.

Without wishing to advocate the theory that it is possible to predict ethnic affinity on cranial grounds alone, I offer to your readers the following notice of a few other Cingalese skulls. The first and the most important is the specimen in the Royal College of Surgeons' Museum, described by Professor Owen in the "Osteological Catalogue" p. 863. As no mention of this skull appears in your report of Professor Busk's paper, I make no excuse for transcribing Professor Owen's description. "5539. The cranium of an aboriginal of the island of Ceylon of the race called Vedah or Veddah, from Bintenne. The cranial cavity is of small size, with the forehead narrow and receding; the glabella is moderately prominent through the development of the frontal sinuses The sutures are well marked, *that of the lambdoid is particularly complex, and sinks below the level of the contiguous bones at its lower angles* The supra-mastoid ridge is well marked; the mastoids are moderately developed; the paroccipitals are rudimentary. The zygomatic processes of the temporal are very slender, *those of the malars have the lower border convex, descending below them.* The styliform processes of the alisphenoid are low, or short, subquadrate, but unusually extended backwards and outwards, overlapping the inner angle of the vaginal processes. A trace of the maxillo-premaxillary suture remains on the palate; *the maxilla is slightly prognathic; the molar teeth are small.* This cranium has probably belonged to a female; it agrees in the chief characters with the skull from the Phillipines (No. 5531)."

In the British Museum exists a skull from Ceylon, presented by Dr. Davy, which agrees with the above in the characters I have italicised. The following is a table of its measurements, taken according to Williamson's and Morton's method:—

Longitudinal diameter	6[illegible]	inches.
Parietal diameter	4[illegible]	„
Frontal diameter	4[illegible]	„
Vertical diameter	5[illegible]	„
Intermastoid arch	14[illegible]	„
Intermastoid line	4[illegible]	„
Occipito-frontal arch	13[illegible]	„
Horizontal periphery	19	„

Comparing this skull with a typical Australian, the Cingalese shows a more globular form, a greater development of the nasal bone, and a less prominent oval production of the upper half of the supra-occipital. The molar teeth are much smaller than in the Australian. *m* 3 in the lower jaw has not yet cut the gum on the right side, and is concealed in the alveolus on the left The alisphenoid suturally unites with the parietal on the right, and its apex touches the parietal on the left side. The supra-nasal notch is deep, and the supra-orbitals are rather prominent. The sum of the characters indicate that this skull offers little affinity to those of the existing races of India

In the Fort Pitt Museum, Dr. George Williamson records five instances of Cingalese skulls, without especially denoting their tribe.

It is to be hoped that all these skulls will be compared with the subjects of Professor Busk's paper, with a view to determine the range of variation of Cingalese skulls.

It is much to be regretted that observers have not sufficiently recorded those instances in which the crania of men exhibit characters indicating a reversion to the original common mammalian type. For example, the paroccipital, which Professor Owen has indicated in the skull of a Phillipine islander, and in other instances, should be recorded in all cases where it has been observed. Only within the last week, I have seen examples of this more generalised structure in a Guanche skull and in an Australian skull belonging to the Ethnological Society, and in the "Vale of Belvoir" skull. The right jugular eminence in these skulls developed a downward paroccipital tubercle. Observation how far such characters are common in the lower races of men would be instructive, and still more so, should their presence be discovered in any skulls of presumed high antiquity.

It is little to be regretted that your reporter should have misunderstood the purport of Mr. Brayley's remarks, since the mistake has called forth so interesting an expression of his views on the probable ethnic affinity of the Kelænonesian races. I am, &c.

Charles Carter Blake.

Poor-Law Medical Reform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have this day (Friday, May 9,) been examined on the details of my "heads of a scheme for a new arrangement of Medical relief." I was under examination two hours and a few minutes.

I must again warn my Medical colleagues respecting the permanency of our appointments. As he did last Session, the Chairman again brought prominently before my notice the fact that a majority of the Guardians were strongly in favour of annual elections.

When on the remuneration clause, I was met, of course, by the observation that of late years there had been an increase in the sum expended for Medical relief. This I opposed by showing from Mr. Griffin's Table that the rate per head of the estimated population was less now than it was ten years ago.

But, *proh. pudor*, I was also met by a letter addressed to the Chairman, and signed by Mr. Hudson (I think the name was), who stated that although his salary was but 1s. per case, he was perfectly satisfied with it, inasmuch as he calculated that the introduction which his appointment gave him to private practice was an additional item of compensation. I replied that I should think such an opinion was only shared in by the writer himself; and that it was not fair that a public body should seek to remunerate its officers by such indirect means.

To an observation that there was no difficulty in getting candidates for vacant appointments, I replied to the Chairman, that were his own appointment at the Poor-Law Board vacant to-morrow, and put up at £100 per annum, there would be hundreds of competitors for it.

Dr. Moore, of Bethnal-green, then gave evidence. He also objected strongly to the principle of the per-case system.

I am, &c. Robt. Fowler, M.D. Edin.

145, Bishopsgate-street Without, May 9.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reply to Dr. Fowler's letter in your Journal of the 3rd inst., permit me to make a few remarks.

In the first paragraph he asserts there are "grave objections to the per-case system;" but I beg to say the plan of the Association is that of a fixed salary founded on the number of patients each officer has had during the preceding three years, which is different from the per-case system now carried out in some Unions; for there the patients are calculated quarterly. By the plan of the Association, the class of persons is defined, and nearly all discretionary power removed from the Relieving Officer, which does away with the objections to the strictly per-case payment; in fact, the poor will go direct to the Medical Officer without the intervention of the Relieving Officer in the same manner as they now do where Arts. 75 and 76 are carried out.

In the third paragraph Dr. Fowler says:—"I cannot comprehend the figures Mr. Griffin gives." Surely he does not forget that he recommended all the Union Medical Officers to apply to the clerk and get a copy of the last half-year's list of paupers; this I have done, and given him the figures, which he "cannot comprehend;" the fact is, at the very first starting his "scheme the result of his own private cogitations" breaks down; it is true that he writes: "The Poor law Board might be safely left to determine in which Unions the minimum rates should be doubled, trebled, or quadrupled, and so on;" but he forgets he has, for towns, fixed the minima rates, but even if left open it would be no plan at all, it would be leaving everything in the same chaotic rate as at present; for some officers now have a shilling and others 68s. per case, and he would give 10d., 20d., 30d., or 40d. per pauper, just as the judgment or caprice of the Poor-law Board might dictate.

In the fourth paragraph Dr. Fowler says: "I may remind my friend that in his official capacity as Chairman of the Poor-law Medical Reform Association, he also since 1855 has suggested more than one mode of remuneration;" but the Doctor seems to forget that in my official character I received a great many propositions, many of these I submitted to the Poor-law Medical Officers for their opinion; but surely these could not be called mine. The Doctor says, "In 1860 Mr. Griffin actually adopted Mr. Sotheron Estcourt's tribasic method, which was embodied in the so-called Mr. Pigott's Bill. In the summary of this Bill Mr. Griffin states (page 17): "The Poor-law Medical Officers in proposing this mode of payment have done so because it is simple and admits of no doubt, and is just to all parties. The first element named is so low that it can scarcely be an inducement for the Guardians to refuse orders to the poor, whilst on the other hand the Medical officers will not then complain as they now do with their fixed salaries of the number of orders granted by the Relieving Officer. In this paragraph the Doctor says "I adopted Mr. Sotheron Estcourt's tribasic method," and from the subsequent quotation it would appear I supported it. Now, however much Dr. Fowler may differ from me, I do not believe he would be guilty of intentional misappliance, but that he has misapplied this paragraph there can be no doubt; the continuance of the quoted passage is as follows:—"It will then literally be little pay, little work, or the reverse. The second element, acreage, is one that requires more consideration." What were the elements here named by me? "A per-case payment and acreage," only one of which, the per-case payment, was named by Mr. Estcourt. So much for my "adopting Mr. Estcourt's tribasic scheme." I, instead of this, actually condemned it, as will be seen by referring to page 16 of the same pamphlet, in which are these words, "As this element afforded a fair test of pauperism, it would have been gladly adopted, but its working was found to act so unequally that it could not be carried out." (Working shown.) "Under these circumstances it was felt necessary to omit this mode of payment and add the 1s. to the second element in Mr. Estcourt's plan, etc." Now, the rejected plan was a pauper payment, which Dr. Fowler takes as his basis, and the accepted portion was "payment per case." With regard to the third element, Mr. Estcourt left that open for the Guardians and Poor-law Board to fix; Dr. Fowler does the same, but I take a definite course and name mileage, the acreage having been objected to by the House of Commons, as the country gentlemen thought they would be taxed too much by it.

In the tenth paragraph the Doctor says: "Surely my friend has forgotten the power displayed by the metropolitan men at a period when he, with his strength, showed a tendency to coquet with a scheme which would have deprived us all of the permanency of our appointments, and saddled every parish in the Kingdom with two competing Medical officers." If the Poor-law Medical Officers will turn to the pink-covered pamphlet, dated February 24, 1859, giving an account of the deputation to the Poor-law Board, they will there read, page 4, "The President: 'Then I understand you to advocate that these appointments should be permanent?' Mr. Griffin: 'Certainly.' The President: 'Would you include those who are now annually appointed?' Mr. Griffin: 'Yes.'" At page 27, Mr. Griffin said: "Considerable opposition has been raised to the scheme issued by you (Mr. Estcourt), but I still think it in the main a very good one, although there are some of the details with which I cannot agree. The appointment of two Medical men to each parish has raised a strong feeling against it, as in many districts there is hardly a living for one." The President: 'Mr. Griffin says truly there ought not to be two Medical men in a district where there is not work enough for one.'" These quotations, I think, must satisfy your readers I did not "coquet with permanency of appointment."

In the eleventh paragraph the Doctor writes: "It is not the obstructiveness of the metropolitan men or of myself in particular that opposes the advancement of the cause of Poor-law Medical Reform;" and in the twelfth paragraph he says, "Not a few will agree with me in believing that its progress is materially affected by the persistence of Mr. Griffin in advocating an impracticable and impolitic scheme, which has been so decidedly and emphatically denounced by an authority (Hon. Sotheron Estcourt)." Allow me to inform the Doctor that 370 Medical men within the last six weeks have sent me their subscriptions, showing that it is not Mr. Griffin's "persistence" alone, but that this "impracticable and impolitic scheme" has 370 supporters. With regard to Mr. Sotheron Estcourt's opinion, I beg, as a set off, to refer your readers to the Reports of the Poor-law Commissioners, who recommended "a per-case payment," with a pauper list.

In the thirteenth paragraph the Doctor says his "scheme is capable of unlimited extension." What does he mean by "unlimited extension"? All I hope is, it will not be extended to the Weymouth Union, as the salaries there are too low already, and to be still further reduced will not be over pleasant. In the superannuation clause, Dr. Fowler says it "shall be given to worn-out Union (Medical) officers, giving the whole of their time to the service of the Union." Who is to find the verdict of "worn-out," a jury of nations? And then who is to be judge, to award the "System of Superannuation"? But if these little difficulties are got over, allow me to ask how many of the present Medical Officers can claim superannuation, as there probably are not a dozen Medical men who devote "the whole of their time to the service of the Union." I am, &c.

12, Royal-terrace, Weymouth, May 10. Richard Griffin.

P.S.—Nearly 500 subscriptions have been received up to the present time.

Mr. Griffin has addressed a circular to the Poor-law Medical Officers, announcing that he has published an arranged and condensed report of the whole of the Medical evidence laid before the Select Committee last Session; and that copies will be furnished to the Select Committee, and also to those gentlemen who have forwarded new subscriptions this year. Any Poor-law Medical Officer requiring a copy, is requested by Mr. Griffin to send him immediate notice, and to remit the sum of 2s. 6d. in stamps.

COMMUNICATIONS have been received from:—

Mr. J. A. Garrett; Mr. T. Weedon; Mr. Cuirgarven; Beta; Dr. C. M. Miller; Mr. Heather Bigg; Claudius Ash and Son; Dr. Laycock; M. Camillus Nyrop; Laurence and Co., with parcel of gloves; Mr. Tuffnell; Mr. Bradshaw; Dr. Coldstream; Dr. Fowler; Mr. Griffin; Dr. Stewart; Dr. D. M. Williams; Mr. Zachariah Laurence; Mr. David Woolf; C. H. (Charing-cross Hospital); Mr. Robert Synnot; Dr. W. Drainer; Dr. Symes Thompson; Dr. Ephraim Cutter; Nota Bene; Mr. R. Morris; Dr. Wilde; Mr. Gustave Ernst; Mr. S. S. Brown; Mr. Hallam; *Νοσοκομος*; Dr. Arthur Mitchell; Professor Georgii; Mr. H. Webb; the Rev. J. B. Reade, F.R.S; Mr. S. T. Norman; Mr. Pillischer; Dr. T. Hillier; Dr. Devenish; and A Simple Countryman.

APPOINTMENTS FOR THE WEEK.

May 17. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

Metropolitan Association of Medical Officers of Health, 7½ p.m. Dr. Farr, F.R.S., "On the Exact Modes of Determining the Sanitary Condition of a Population and of Classes."

19. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

20. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 4 p.m. Anniversary Meeting.

Junior Medical Society of London, "The Whittington Club," Arundel-street, Strand, 8 p.m. Mr. T. P. Pick (St. George's), "On Blood-letting."

Pathological Society, 8 p.m. Meeting.

Royal Institution, 4 p.m. Mr. C. T. Newton, "On Ancient Art."

21. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m. Mr. Gowlland, "On Some of the Common Errors in Rectal Surgery."

22. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Dr. Lyon Playfair, C.B., "On Progress of the Chemical Arts (1851-62)."

23. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Mr. Warrington W. Smyth, "On Coal as One of the great Materials of British Industry."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Removal of Necrosed Bone from Foot; Removal of Necrosed Bone from Tibia; Removal of Testicle; Excision of Knee.

By Mr. Bowman—Removal of Epithelial Growth from Tongue.

BY HER MAJESTY'S ROYAL LETTERS PATENT

AND BY SPECIAL APPOINTMENT TO HER MAJESTY

AND THE ROYAL FAMILY

THE EMPRESSES OF RUSSIA & FRANCE &c. &c.

JOHN WARD

5 & 6, LEICESTER-SQUARE, LONDON.

No. 12, Ward's Patent Albert

Lounging Chair, the most simple and luxurious extant, is fitted for the Drawing Room, Boudoir, Cabin, or Camp; is made in Wood, Iron, or Brass, and folds into a small compass for shipment. From 4½ Guineas.

No. 17, a Four-wheel Victoria Pleasure-ground Chair, mounted in a very light Iron-framed Carriage, upon C and patent India-rubber Springs, is either drawn by Hand or Animal, and is the most elegant and easiest Chair made.

No. 16, a ditto, upon three wheels, mounted same as four wheels, on C and India-rubber Springs.

No. 19, a Bath Chair, with Leather Head, and Folding German Shutter.

No. 18, a Sofa Britska Spinal Carriage, with the inside Tray made to take out and in, on which an Invalid may be taken from her room to the carriage.

Nos. 10, 10, sketch of Earl's General Invalid Couch or Bed, made with or without a Convenience; it adjusts the back seat and legs to any given position by means of machinery, and is recommended by the Faculty as being the most complete Bed ever made for confirmed Invalids, or for Fractured Limbs.

No. 11 is Ward's Patent Reclining Chair, with Shifting Elbows for more easily getting on and off the Chair when the leg-rest is drawn out, as shown in the drawing.

No. 7 is an elegant Patent Recumbent Chair.

Nos. 13, 13, is a Couch-Chair or Bed invented by Dr. Hester, and may be placed in any position by the Invalid without the assistance of a second person.

Nos. 2, 3, and 4, are all Self-Propelling Chairs, upon he best and most scientific principles; either may be used by a child eight years of age with perfect ease.

No. 24, Ward's Improved Child's Perambulator, with Patent Parasol. A variety always on hand.

No. 8, Ward's Improved Operating Dentist Chair, suitable for a Child or Adult.

No. 14 is the simplest and best-constructed Chair for carrying Invalids up and down stairs, the lower handles for level ground, the upper ones for ascending or descending a staircase: the sketch conveys the exact idea: it is also made portable for travelling. Several other kinds are always in stock, upon various principles.

N.B.—The largest Assortment in the World of INVALID CHAIRS, CARRIAGES, CRUTCHES, and BEDS always on hand, for Sale or Hire. Established more than a Century.

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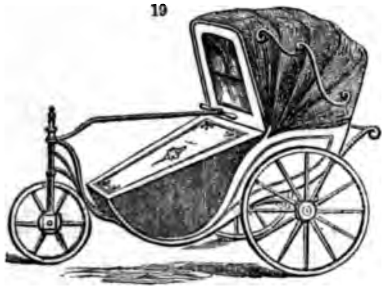

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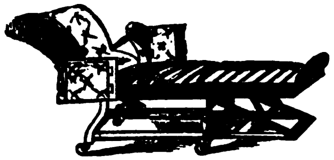

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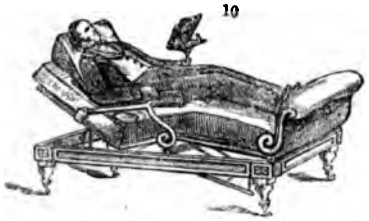

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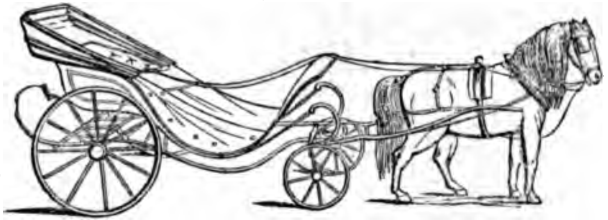

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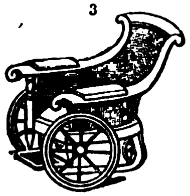

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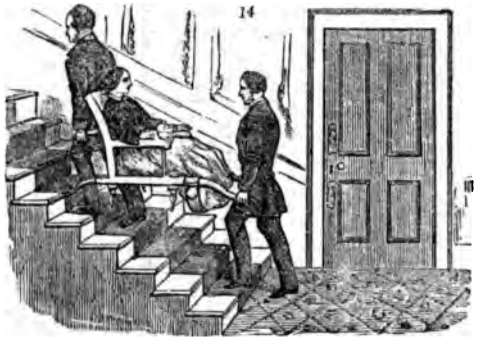

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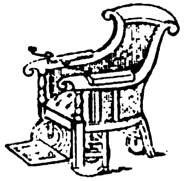

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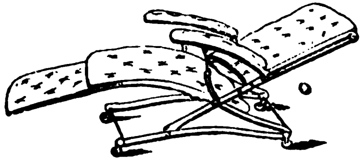

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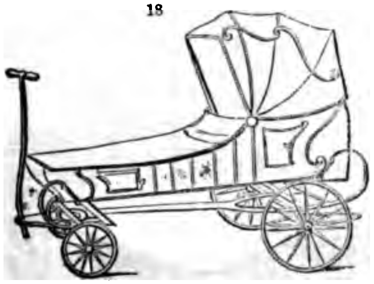

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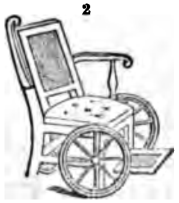

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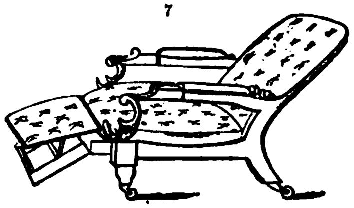

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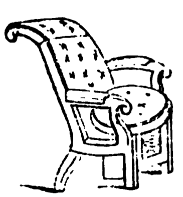

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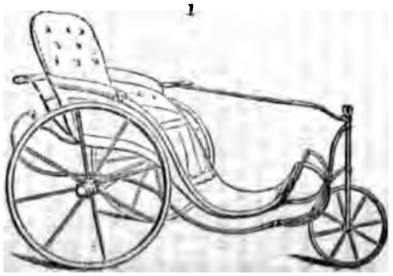

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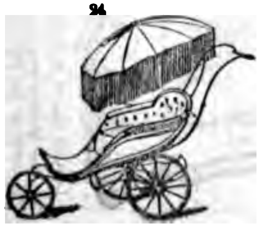

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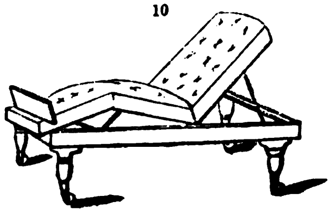

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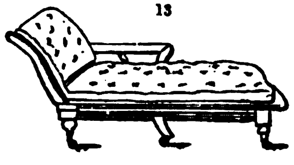

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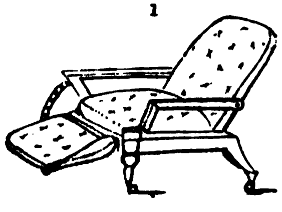


ORIGINAL LECTURES.

◆

ON THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

A LECTURE DELIVERED AT

The Grosvenor Place School of Medicine,

By Mr. WM. ADAMS, F.R.C.S.

Surgeon to the Royal Orthopædic and Great Northern Hospitals; Lecturer on Surgery at the Grosvenor place School of Medicine; late Demonstrator of Morbid Anatomy at St. Thomas's Hospital, etc.

Gentlemen,—In the Lectures on Curvature of the Spine which I have recently delivered, (a) I adopted a classification of cases of lateral curvature of the spine based upon the relative degrees in which the spinal curvature can be traced to depend on constitutional and local causes, and on this principle I have arranged all the cases of lateral curvature in three different classes or subdivisions. I now propose to describe in detail the treatment which will, I believe, be found most generally applicable to the various cases of curvature included in the three different classes or subdivisions above referred to.

FIRST CLASS.—CASES ESSENTIALLY OF CONSTITUTIONAL ORIGIN, OR IN WHICH THE CONSTITUTIONAL LARGELY PREDOMINATE OVER THE LOCAL CAUSES.

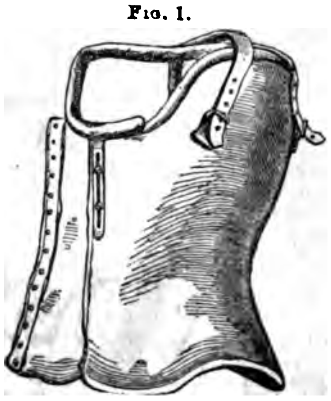
In this class of cases the spinal curvature generally occurs under twelve years of age. Many cases occur in infancy or early childhood, *i.e.*, under three or four years of age; but the majority between seven and ten years of age.

In those which occur in Infancy, the cause seems to be general muscular and constitutional debility; the children are too feeble to sit upright even when a year and a-half or two years old; if these children are nursed in the sitting position, and more especially if they are habitually carried on one arm, a posterior curvature, or general yielding of the spine, is first noticed, and subsequently a lateral curvature often produced. Now, the question is—

What treatment is best adapted to these cases? I need hardly say that the constitutional treatment is of the first importance. As a general rule, these children have been badly suckled, the mother's milk being insufficient in quantity or poor in quality, or both; and farinaceous food has been substituted. But many of these children have from birth been extremely delicate and feeble,—sometimes they are seven or eight months' children; or the condition of debility may have followed some early illness.

The most valuable remedy for improving the general health and strength in these cases is undoubtedly cod-liver oil, which I not only give internally, but order to be rubbed externally over the entire body and limbs every night and morning after the bath; or for external application, salad oil may be substituted. An abundance of good milk must be given if the child can take it, and three grains of the hypophosphite of lime may be taken in milk twice a-day; sometimes also a teaspoonful of wine in arrowroot once or twice a-day, and fluid animal food, such as the gravy of meat, beef-tea, jelly, etc. Solid meat is seldom well digested.

Fig. 1.



Leather Spinal Support, for Infants.

Then, with regard to *the local treatment*, the object of which must be either to prevent or cure a spinal curvature, the first point is, never to allow the child to be nursed in the sitting position; it must always be nursed and carried upon a pillow, or in a properly constructed nursing cradle, and the spine well supported by a strong leather spinal support, such as that which I now exhibit. (See Fig. 1)

Essentially, this support consists of a piece of thick leather, accurately moulded to the form of the back. A plaster of Paris cast is first taken of the back whilst the child is lying on its stomach on a table, so that, as nearly as possible, the natural form is thus represented; the leather, in a moistened state, is then placed on the cast, and allowed to dry in the proper form. Elastic india-rubber material is attached to each side of the leather support, and passes in front across the chest, where it is fastened by lacing.

For children of about two years old or more, I generally add a light steel crutch on either side, to resist the inclination to fall forwards; but for infants a padded leather strap is sufficient to keep the shoulders back.

In a cheap form this kind of support may be imitated by a piece of gutta-percha moulded to the back, and kept bandaged on for ten minutes, whilst the child is made to lie flat on its stomach. It should then be lined with wash-leather, and retained in position by an ordinary bandage passing round the body.

This form of apparatus will require to be renewed every six months, in consequence of the growth of the child, and must generally be worn during the day-time for about two years, more or less.

In Children from Seven to Twelve Years of Age, who are the subject of lateral curvature of the spine, I recommend the use of a light steel spinal instrument with one or two lateral plates, according to the form and situation of the curvature. The form of instrument I employ in these cases is essentially the same as that invented by the late Mr. Eagland, of London; but the lever at the back is made to move by a single cog-wheel with lateral action, and the arm-pieces should rise rather high in front. The lever at the back is connected with the crutches by a leather strap. This form of apparatus may be made extremely light, and can be worn by any child without inconvenience. The small size of the hips in children renders it difficult to adapt any spinal instrument, but the form of the pelvic belt in the above apparatus is decidedly preferable to those of the other instruments in use. This instrument requires to be adjusted occasionally,—that is, about once a fortnight, or once a month,—by the Surgeon; but, from the simplicity of the mechanism, any intelligent nurse can be taught to regulate it from day to day, when required.

I believe it to be quite unnecessary that this, or any other form of apparatus, should be worn at night, as recommended by some orthopædic authorities. No mechanical power can be advantageously employed by these instruments during the night, and the mechanical cause which leads to increase of the curvature,—viz., the irregular distribution of the superincumbent weight,—is effectually removed by the recumbent position. The freedom from restraint, also, is undoubtedly advantageous to the general health and muscular strength of the child.

In the treatment of these, as well as in all other cases of spinal curvature in young persons, the long continuance of the sitting and standing positions must be avoided as much as possible, and the reclining position enforced as far as it may be compatible with the maintenance of the general health of the patient. For this purpose I recommend the use of Ward's reclining chair, figured in the *Medical Times and Gazette* of December 28, 1861. In this chair children soon become accustomed to lie down for about six hours a-day, and education need not be neglected. The reading desk is a useful addition, and to a limited extent may be used for writing and drawing. Partial recumbency is an essential portion of the treatment; and the use of the prone couch may be recommended as permitting an agreeable change of position, and allowing more attention to be paid to drawing, writing and music, when these are considered important in an educational point of view.

Muscular exercises or gymnastics should also be combined with partial recumbency and mechanical support, in the treatment of the cases we are now considering, viz., those occurring in children between the ages of seven and twelve years. The gymnastic exercises form the most agreeable part of the treatment to the children, and may be chiefly relied upon in cases in which the curvature is brought under our notice quite at its commencement; but if the curvature should be more confirmed, then the additional use of a spinal instrument must not be dispensed with.

The gymnastic exercises upon which I believe we may chiefly rely for strengthening the spinal muscles, are those used by means of the *hand-swing, the elastic chest-expander, and in the act*

(a) See *Medical Times and Gazette*, from August 31 to December 28, 1861, "Lectures on the Pathology and Treatment of Lateral and other Forms of Curvature of the Spine," by Mr. Wm. Adams.

Vol. I. 1862. No. 621.

of drawing up a weight from the ground; the latter may be imitated by a short and strong cord of vulcanised india-rubber attached to the ground,—this is the movement of the *top-sawyer* at the sawpit. These exercises, and any others which may be thought advisable, should be systematically gone through by the patients twice a-day for half-an-hour each time, or a shorter period if fatigue be induced. Friction to the back and body generally, and the use of the cold bath, when the latter can be borne, is also useful.

When the curvature is situated chiefly in the lumbar region, and exhibits a decided disposition to increase, the fear of which may be augmented by the knowledge of an hereditary tendency to spinal curvature existing in the case, I recommend more strict attention to recumbency, and also advise the use of gymnastics in the horizontal position by means of an exercising plane. These exercising planes have been variously constructed by Mr. Amesbury, Mr. Coste, etc., but, so far as I know, the idea was originally suggested and the plan ingeniously carried out by Mr. John Shaw, (b) whose treatise "On Lateral Curvature" may, undoubtedly, be regarded as the best and most scientific which has ever appeared in the English language.

The exercising plane I employ is made by Mr. Blaise, of St. James's-street; it provides a variety of exercises both for the arms and legs, and includes some special contrivances by which the spinal muscles may be brought into play. The body of the child when lying down on this plane rests upon a flat, but softly cushioned, board or stage, which is made to travel up and down the length of the plane in grooves; wooden handles are attached along the sides of the plane at short distances, and by grasping these alternately the child can draw up her body along the plane, and the weight to be moved can, if desirable, be increased by weights attached to the travelling stage.

Then for the exercise of the legs, strong vulcanised india-rubber bands are fastened to a bar attached to the lower end of the plane, and the feet placed in shoes connected with these bands. Upon this principle a variety of exercises for the legs may be contrived, and by a similar arrangement at the upper end of the plane—a band fastened round the head and connected with an india-rubber cord—the patient may exercise the spinal muscles by drawing the head and the upper part of the body in a direction backwards and upwards, the resistance of course being the elastic force of the india-rubber band.

Gymnastic exercises systematically conducted whilst the patient is in the horizontal position, possess the very great advantage of strengthening the muscles and improving the general health, at the same time that the mechanical conditions which tend to increase the curvature—and which are inseparably connected with the erect position—are completely removed; I know of no plan by which this can be so well carried out as by the use of the exercising plane I have recommended. There can be no doubt of the great advantage of combining gymnastic exercises with the recumbent position in the treatment of lateral curvature of the spine in the lumbar region, especially when this occurs in young children, *i.e.*, between the ages of seven and twelve years, as in the class of cases we are now considering.

The same principle of treatment is, no doubt, equally desirable in similar cases of spinal curvature occurring at a later period, *i.e.*, generally between the ages of twelve and sixteen, as in the class of cases we shall next consider, but for obvious reasons it cannot be so well followed out. I know one lady, now the mother of several children, who when young was subjected to this treatment for seven years, and, I believe, passed five hours a-day on the exercising plane. She is now perfectly straight and a good figure, but a similar tendency to spinal curvature is exhibiting itself in her daughters, who are being treated partly on a similar plan, but gymnastics in the erect position are also used.

Too much importance can hardly be attached to the treatment of spinal curvature when it occurs in children between the ages of seven and twelve years, because it is from this class that the very worst cases of spinal deformity are produced. An hereditary predisposition is generally traceable, and the deformity often increases rapidly. These cases are frequently, but, I believe, erroneously considered to depend upon rickets. The spine alone is affected, and there are no general indications of rickets, such as curvature of the leg-bones, or other bones of the skeleton; no enlargement of epiphyses, no pelvic deformity, or rachitic conformation of the skull. The growth is not stunted as in rickets, and girls thus affected often grow rapidly, and frequently attain more than the ordinary height. Constitutionally the general aspect of these children is decidedly strumous, and cases of phthisis may frequently be traced in their family history. There can be no doubt, therefore, that the constitutional causes largely predominate in the production of the spinal curvature in these cases; hence the necessity for constitutional treatment, such as the exhibition of preparation of lime, iron, cod-liver oil, etc., and of great attention to the digestive and assimilative functions, aided by suitable residence either at the sea-side, or on elevated situations on chalk soil, etc.

These cases must be regarded essentially as the worst and most unpromising that we meet with in practice, partly on account of their own inherent tendency to increase in severity, and partly, I may say principally, on account of the difficulty met with in practice of continuing the treatment long enough either to avert the threatened mischief, or even to cure such curvature as may have already formed. It is impossible to say what length of time may be required for this purpose, but certainly in many cases treatment will require to be systematically carried out during a period of seven or ten years. In the more favourable cases three or four years may be sufficient, but much good can seldom be effected under this time.

In one case belonging to this class, the young lady first under my treatment seven years ago, she being then ten years of age, and the curvature very slight but confirmed, there was no appearance whatever of rickets, but she had unquestionably a strumous aspect, and a strongly marked hereditary tendency to spinal curvature existed; her eldest sister was frightfully deformed by a very severe lateral curvature, and four of her cousins also suffered from lateral curvature. Three ladies, sisters, had each large families, and in each family there were two cases of lateral curvature. In the case of the young lady under my care, it was a matter of great anxiety to prevent the spinal curvature becoming severe, and if possible to cure what had taken place. I at once applied a light mechanical support and combined gymnastics and partial recumbency; the progress was most satisfactory, and at the end of four years scarcely a trace of spinal curvature existed; no deviation in the spinous processes, and only a very slight posterior projection of the angles of the ribs on one side, and even this required a careful anatomical examination and comparison of the two sides to detect. The general health was good, though the girl had always a delicate appearance. I now considered the mechanical support might be gradually discontinued, and gymnastics relied upon together with partial recumbency. I then lost sight of the case for about two years, when she was again brought to me, and I found a very decided increase of curvature had taken place, with some lateral deviation of the spinous processes. I re-applied the spinal instrument, which she will no doubt now continue to wear for some years, probably till she has completed her growth, and even then, perhaps, a slight curvature may remain through life, but there will be no obvious external deformity. During the last four years this young lady has grown rapidly, and she is now about five feet five inches in height. It is certain that in this case the mechanical support ought to have been continued through the whole period of active growth, and it is to show the necessity for such prolonged treatment in this class of cases that I mention this case.

To be continued.)

(b) "On the Nature and Treatment of the Distortions of the Spine," by John Shaw. London: 1823.

The Last Ape in Europe.—A writer in a late number of the *Zoologist* makes known the interesting fact that only four individuals of the Barbary Ape (*Inuus Sylvanus*) now exist on the rock of Gibraltar. He proposes, with the intention of obviating the extinction of this species in Europe, to introduce a number of apes from Apes Hill (Mount Abyla), on the Moorish side of the straits, and to preserve them rigorously under severe penalties to be enforced against those lovers of sport who may shoot them. This ape, perchance the last representative of a fauna which united the present animal populations of Africa and Europe during the later Pliocene age, has now reached the utmost limit to which a species can attain, and is succumbing to the same extinctive influences which are rapidly causing the extirpation of the lion on the slopes of the Greater and Lesser Atlas.

ORIGINAL COMMUNICATIONS.

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A CASE OF OVARIAN DROPSY,
IN WHICH
THE CYST THREE TIMES BURST INTO THE CAVITY OF THE PERITONEUM.

By W. F. SOLTAU, M.B. Oxon.

Member of the Royal College of Physicians, London; Physician to the Plymouth Public Dispensary.

I SEND you the details of the following case of ovarian dropsy, which has been watched by me with much interest for more than five years. I shall first briefly sketch its history, and then add a few remarks:—

Jane D., aged 34, married, with two children, first applied for Medical advice at the Plymouth Public Dispensary, on December 6, 1856. Her general appearance was that of a woman in good health, she was fresh-coloured in face, stout and muscular in person. Her youngest child was 20 months old, she had weaned it at the age of 12 months. She then began to increase in size, but as she was regular, she did not consider that she was in the family-way. From that time to the above date the abdomen gradually enlarged, but not on one side more than the other. She had not suffered from any pain, but she thought she felt a swelling in the umbilical region. On examining the abdomen it presented the appearance of that of a woman in the eighth month of pregnancy. The breasts were flat, and the nipples natural in their appearance. On examining the uterus the neck was drawn up, but not lessened in length. The os uteri was somewhat patent. The abdomen contained a tumour occupying the umbilical, the iliac, and hypogastric regions. It was somewhat solid to the touch, but fluctuation could be felt throughout it. The stethoscope was applied to its various regions, but no peculiar sound could be heard. As she complained of general debility, she was put under a course of chalybeates. She soon, however, gave up medicines, and was not seen again until April 5, 1857, when, from the increase of size, she was a burden to herself. She was unable to lie down in bed, and she complained of severe pain to the left and right of the umbilicus. The abdomen was greatly distended, the swelling, however, was even and generally diffused. I advised that she should be tapped without delay, and the operation was performed on April 16, when a gallon and a-half of dark coloured grumous fluid was drawn off, which clearly proved the case to be one of ovarian dropsy. She bore the operation very well, and as no hardness could be felt remaining after it, we concluded that there was but one cyst. She soon recovered, and we lost sight of her until the end of August 1857, when she again sought our advice. From her own account she had soon begun to increase in size after the operation, and the tumour at this period presented all the characters that it had previous to the tapping. She was recommended again to submit to the operation, but as her husband was at sea she wished to delay it until his return. On Thursday, September 10, 1857, whilst walking down stairs, her foot slipped and she fell forward on the abdomen. When she got up, she did not imagine that she had met with any hurt, though she felt a little queer and faint; she went to bed, and during the night she passed two quarts and a half of urine, and for the four following days the diuresis continued to a large amount. The urine was light, straw-coloured and clear. It did not coagulate on the application of heat. The bowels were confined. There was no pain or tenderness over the region of the bowels. From the time that the diuresis commenced the size of the abdomen began to diminish, and at the end of five days all trace of fluid was gone, the abdomen being flaccid in every part. After this she continued quite well for four months, when she thought she was in the family-way, and from that time she rapidly increased in size. On Thursday, April 8, 1858 (after telling her husband the previous night that she felt much as she did after the fall when the swelling burst), she was suddenly seized with intense pain over the whole abdomen. Her agonies were very great. On examination, the abdomen was found to be distended and tympanitic, the countenance anxious, the features sunk, the pulse was scarcely perceptible at the wrist, and she appeared to be dying. My friend, Mr. Russel Rendle, who was sent for late at night to see her, prescribed brandy and other restoratives, but such was her collapsed state that it was not without some surprise we found on the following morning that reaction had taken place. She was menstruating at the time these symptoms occurred. On examining the abdomen on the 10th it was very much distended and tympanitic, though fluctuation was but indistinctly felt. The abdomen had been blistered, and she had been put under calomel and opium. In about a fortnight she was convalescent, the swelling having subsided, and the abdomen become flaccid, in which state it continued for about six weeks, when it again began to increase in size, and on July 5, 1858, the operation of paracentesis was performed for the second time, when eleven quarts of clear but thick fluid were drawn off. It will be seen from this, therefore, that fifteen months elapsed between the first and second operation, the cyst in the interval having twice emptied its contents into the peritoneal cavity. From July 5, 1858, to December 2, 1861, she was tapped no less than thirty-seven times, the quantity of fluid drawn off at each operation varying from fifteen to twenty-five quarts, the total sum amounting to 180 gallons 2 quarts. The fluid was not always of the same character, being sometimes clear, colourless, and limpid, and other times grumous and dark-coloured. It would occupy too much space to give the full details of the case as recorded in my note-book; I must content myself, therefore, with selecting one or two points of interest. In 1859 I find she was tapped on April 4, when fourteen quarts and one pint of a clear and limpid fluid were drawn off. On the 25th of the same month I again saw her, and the cyst was gradually refilling. On June 11 she had another fall, from which she felt no inconvenience at the time. On the 13th (two days after), she was seized with severe pain in the abdomen, which when examined on the 14th was tender to the touch, but not so distended or tympanitic as in the attack which occurred in April, 1858. The countenance was very anxious, the urine scanty and high-coloured. She complained of pain over the hypogastric region, extending to the sacrum. There was no sickness. She was confined to bed for more than a month with symptoms of sub-acute peritoneal inflammation. On examining the abdomen on July 10, I found it much diminished in size, but slight fluctuation could be felt. The return of the catamenia three days previously had given her much relief. She was not tapped again until September 19, when twenty-six quarts of a clear and colourless fluid were drawn off, so that more than five months elapsed between the tappings, the second longest interval in her case. From this date there was nothing particular to notice in the progress of the disease, excepting the diminishing intervals between the emptying and refilling of the cyst, and the character of the fluid, which became gradually thicker and more mucilaginous in appearance. The general health continued good, there was no emaciation, the catamenia were regular, and each organ of the body performed its proper function. At the latter end of the year 1860 small modules were felt after tapping in the pubic and hypogastric regions, showing that the tumour had ceased to be unilocular. These gradually increased in number and size, and became very burdensome to her. Though the operation of paracentesis abdominis was performed on her no less than thirty-nine times, she never suffered from any after effects until November 20, 1861, when the operation was followed by great pain in the hypogastric region, extending round to the back. She had constant sickness. The countenance was very anxious; the abdomen much distended, but there was not much pain on pressure. She was put upon small doses of calomel and opium; emollient cataplasms and fomentations were applied to the seat of pain, a tablespoonful of strong mutton broth was administered every hour. She again rallied from this attack, but she had increased so greatly in size that it was necessary to relieve her by tapping on December 2, when seventeen quarts were drawn off. She was going on favourably until mid-day of the 9th, when sudden symptoms of collapse came on. I saw her at seven p.m., she was then cold and pulseless. She lingered, however, until the 12th, when at mid-day she died. She was examined on the 13th at one p.m., by Mr. R. H. Derry.

The body was not emaciated. The abdomen was distended with flatus and a large amount of fluid. Before it was opened a trocar was introduced, which drew off three or four quarts of thick and dark coloured fluid, mixed with flakes of lymph and pus. The abdominal parietes, on being carefully dissected, were found to be adherent to a large subjacent cyst which arose from the left side of the pelvis, involving the left ovary, from which it had arisen. It occupied the pelvis, the hypogastric, and both iliac regions, and attached to it were several smaller cysts varying in size from a full-grown fœtal head to a moderate sized hen's egg. The walls of the large cyst were in parts very vascular, and contained both lymph and pus. It was universally adherent to the adjacent parts. Some of the smaller cysts were highly vascular and thickened in structure, presenting evident characteristics of inflammatory action; others were nearly transparent, containing a thick though clear fluid. The uterus was perfectly healthy. The cyst was so generally adherent to the surrounding parts that it was impossible to make such a dissection of it as would show where it had burst into the peritoneal cavity, the results of which were fully demonstrated in the deposits of lymph and the general adhesion of the intestines to one another which manifested themselves when the cavity of the abdomen was brought into sight by the removal of the tumour. The intestines were thus bound together by old bands of organised lymph, and the peritoneum lining both them and the abdominal walls was much thickened.

The above case presents two or three points worthy of notice. First, the long time that the cyst remained single, and the dropsy therefore unilocular. For four years after each operation the abdomen presented the same character to the hand when carefully examined,—no remaining hardness, or perceptible alteration in the character of the cyst, but just that amount of fullness in the hypogastric region as would result on the subsidence of the emptied cyst into the pelvis. The case was a favourable one, therefore, for ovariotomy or injection. After the first tapping by my friend, Mr. Russel Rendle, when we were satisfied that there was but one cyst, we urged upon our patient to submit to its injection at the next operation. She was at first willing that this attempt at a permanent cure should be made, but having afterwards been told by a Physician of our town that it would be her certain death, she refused. Mr. R. H. Derry, one of the Surgeons of our Dispensary, to whose care the case was entrusted at a later period, seeing that each successive operation only hastened the refilling of the cyst, advised that ovariotomy should be performed. The patient, however, would not consent until the secondary cysts had commenced their growth. A consultation of the Medical officers of the Dispensary was held on February 21, 1861, when, considering the number of times the patient had been tapped, the rapid development of the secondary cysts, and the protracted period of the disease, it was determined that the operation was not advisable. The general adhesion of the cyst to all parts in its vicinity, as shown in the post-mortem examination, fully justified this decision. A second feature in this case of much interest was the self-emptying of the cyst into the cavity of the peritoneum, which it effected for itself on three separate occasions, thus transforming ovarian dropsy into ascites. On two of these occasions Nature's attempt at a cure nearly proved fatal to the patient, though on the first no serious symptoms followed. How to account for this apparently capricious condition of the peritoneum I do not exactly know, excepting it be that the fluid which the cyst contained at its first bursting might have been of a peculiarly bland character. This may be fairly conjectured from the fact, that, as has already been mentioned, the secretions of the cyst varied in their character at different tappings, sometimes being clear and limpid, like water; at other times, dark coloured and mucilaginous, the latter, perhaps, containing some acrid substance which would be especially irritating to the delicate susceptibilities of the peritoneum. The sudden disappearance of the cyst and its contents after the first fall might have been the fortune of one of those peripatetic quacks who live on the credulity which everywhere abounds, as well in the highest as the lowest ranks of society. It is upon this infirmity of our nature that empiricism thrives. The "post hoc, propter hoc" is the motto in which even the most orthodox amongst us sometime takes as his own, forgetting that, like a double-edged sword, it cuts both ways; for if, after the administration of a certain medicine, my patient recovers, therefore it was the medicine that cured him; had he died according to the same premises, my medicine killed him. Now, it happened that our patient, finding that the first tapping had not cured her, and that the remedies used for the prevention of the refilling of the cyst had failed, betook herself to a panaceist, who, at this particular juncture of her case, was in our town. Her case in his experience was a very simple one; hundreds like her had been cured by him. One guinea was all that he required. She was ready to strike the bargain, but the guinea was to be paid before the cure commenced. Fortunately for her, the money had to be procured from other sources than her own purse, and ere it was collected, the accident occurred, which for the time cured her. Now, had the guinea been obtained, and the nostrum administered before the fall took place, the quack would have had all the credit of the cure, whilst the fall would have been entirely forgotten. How essential, therefore, it is in the history of a reputed case of cure of an incurable disease, ere we endorse its truth, to examine every detail connected with it. Here, for example, was a clear case of ovarian dropsy. The patient had once been tapped, the fluid was pathognomonic of the disease. She had again so much increased in size as to require a repetition of the operation, and the fluctuation of the tumour in its various regions plainly betokened the refilling of the cyst. Remedial agents in the form of internal remedies had proved of no avail. We only waited the convenience of the patient to relieve her by operation. Suppose at this period she had been able to comply with the terms of the quack whom she had consulted; at an accidendal visit, made perhaps for the sake of inquiring why the operation was delayed, I should have been informed by my patient that the swelling was rapidly disappearing, and on examining the abdomen I should have found such to be the case, and should have forthwith made diligent inquiry after the cause of such unexpected improvement. The fall would never have been hinted at, for so little effect did it in the first instance produce on the economy, that it would have escaped the attention of the patient altogether, had that been directed at the time to any remedy which she was trying for the cure of her malady. She therefore would have ascribed this unlooked for change to the powder or mixture which she had received from the hands of her new adviser. I must confess I should have been startled at what I beheld, and perhaps have gone away believing that there was more virtue in some of the nostrums than we generally credit them with, instead of inquiring more minutely into the details of the case, which would have brought the real truth to light. It is in this way that charlatanism, whether in or out of the profession, occasionally reaps an abundant harvest. The case we are commenting on, was one well known to a large circle, embracing the benevolent, who ever take an interest in and have a sympathy for the sufferings of their fellows; the curious, whose chief satisfaction consists in prying into the misery of others, the details of which they collect to retail again; the friends, who, as personally interested in its results, watch its every phase with the keenest eye. What a tale would each of these have had to recount to their respective circles of this wonderful triumph of empiricism over legitimate medicine, and who for the time could have gainsayed it? What visits would have been paid at the house of the patient, to hear from her own lips the truth of the story, and then how many would have sought the advice of him who had performed the wonderful cure. He might have made what terms he liked then, had he but on the day when the poor woman consulted him charged her moderately for his nostrums. How ignorant are we of the riches which are ofttimes within our grasp, "O fortunatum nimium sua si bona novit." May it not be said of most of us that there is a time in our history when there is but a step between us and a fortune.

Another feature which marked the case throughout its progress was the entire freedom from constitutional disturbance. The general health remained good to the last, with the exception of the two occasions when the cyst burst into the cavity of the peritoneum. There was no undue thirst, which is somewhat remarkable when we consider the amount of fluid which the system was called upon daily to supply for the secretions of the cyst. We know that both in anasarca and ascites, this symptom is often a very distressing one to the patient who is afraid to relieve it in the natural way from the great distension which usually follows in dropsy on fluids being taken into the stomach. The thirst is a natural result of the amount of serum which has been poured out into the cellular tissue, or internal cavities of the body, like that which follows profuse perspiration where also a large amount of the aqueous constituents of the blood having been disposed of, has to be replaced. When the kidneys are sluggish in dropsy, the thirst is not so much complained of, and had they been sluggish in their functions in the case we have been considering, this might have accounted for the entire absence of the symptom; but from the first to the last they acted freely. Again, the operation of paracentesis which she went through thirty-nine times, on no occasion (with the exception of the two last) was followed by one unfavourable symptom. The patient submitted to it with delight in the anticipation of the relief it always afforded her from the burden which the accumulated fluid compelled her to carry about in her; she would be up and about again the second or third day after it was performed. Death was in her case occasioned by inflammation of the cysts, and not of the peritoneum. This, I believe, is the usual cause of a fatal termination in these cases. I remember once seeing a case at St. George's Hospital of inflammation of the cyst after operation, which extended itself to the abdominal parietes. A large slough formed, and it was thought that Nature would perhaps in this way rid itself of the cyst; the patient, however, after lingering for a few days, died of exhaustion.

Plymouth.

ON THE ACTION OF CERTAIN SUBSTANCES UPON PHTHISIS.

By RICHARD PAYNE COTTON, M.D.

Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

No. VIII.—Chlorate of Potassa.

Having already considered the therapeutical action of chloride of sodium, iodide of potassium, iodide of iron, hydrochloric acid, liquor potassæ, phosphorus, and vinum ferri respectively, upon twenty-five Hospital cases of uncomplicated chronic phthisis, I proceed to add that of chlorate of potassa upon a similar number of Hospital patients.

The generally-acknowledged tonic, antiseptic, and upholding influences of the chlorate of potassa have caused this agent to be rather extensively tried in consumptive cases. The results, however, have been very variously stated; but, in a recent number of the *Dublin Quarterly Medical Journal*, a Physician of Belfast has unhesitatingly brought it forward as a *specific* for pulmonary tuberculosis, at least in the first and second stages of that disease.

Of the twenty-five cases for which I prescribed it, fifteen were males and ten females. Eight were in the first stage, eight in the second, and nine in the third stage of phthisis. They varied in age: one had reached fifty; but the rest were from twenty to thirty years. Notes were regularly taken by Mr. Harington, resident clinical assistant.

Of the entire number, five improved considerably, four improved a little, and sixteen seemed to derive no advantage. Of the latter number, four, at least, may be said to have been more or less benefited when the chlorate was exchanged for some other tonic.

The period during which it was administered varied in different cases. In this, as in the preceding experiments, my habit has been to continue the same treatment for at least three weeks. If, at the expiration of that time, very little or no progress has been made, I have tried something else; but whenever there has been encouragement to proceed, I have done so. My notes record that the chlorate of potassa was taken in five cases, for periods varying from six to ten weeks; the average being four weeks. The dose was ten or twelve grains three times a-day.

In twelve cases cod-liver oil was occasionally, but not quite regularly, taken at the same time. It would, of course, have been more satisfactory had the chlorate in every instance been administered alone; but many patients on entering the Hospital are already so practically acquainted with the good effects of the oil, that it would be cruel to deprive them of its use, whilst in such cases the attempt to do so would in all probability only prove abortive, for I have many times discovered that patients for whom I have not prescribed cod-liver oil have very significantly testified to its usefulness by taking it clandestinely. In analysing those cases in which the oil had been taken, I find that six belong to the list of nine more or less improved patients.

Nine increased in weight whilst taking the chlorate, seven lost weight, and nine underwent no change. Of the nine who gained in weight, six belong to the number who had also taken, more or less, the cod-liver oil.

Of the improved cases, three were very decided, the patients having expressed themselves as feeling better than they had done for many months; two of these, however, belong to the class who had taken the oil It was generally observed that those patients in whom there was any perceptible improvement were of broken down and cachectic constitution; indeed, just in that condition in which, without regard to their being phthisical, the chlorate of potassa might very hopefully have been prescribed.

The preceding facts, taken in connexion with the very potent influences of improved sanitary and dietetic arrangements to which all the patients were subjected on entering the Hospital, would seem to justify the following conclusions:—

1. That chlorate of potassa has no *specific* action upon consumption.

2. That its usefulness, even as an auxiliary in the general treatment of phthisis, is very questionable, and is probably limited to that cachectic class of cases in which it and allied remedies are so often serviceable.

Clarges-street, Piccadilly.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

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SEAMEN'S HOSPITAL, "DREADNOUGHT."

CLINICAL REMARKS ON CASES OF ENTERIC OR TYPHOID FEVER.

(Communicated by Dr. WARD.)

The following cases elicited from Dr. Ward some observations upon the etiology, the specific distinctness, and the treatment of enteric fever. He thought that it would be difficult to collect a series of cases more calculated to elucidate the etiology of this disease than those which had occurred at the Seamen's Hospital, *Dreadnought*. He had narrated but a few, but he had taken tolerably copious notes of more than 100 cases. Taking the first 50, in which there was a clear history of the development of the disease, he found the following results:—In only three had it been developed in ships that had come from off a long voyage, say of several weeks, or two or three months. In the other 47 cases, the disease had been developed either while the ships were in harbour at some port of the coast of England, or adjacent countries, and had shown itself on the passage to London, or it had been generated in the ships while lying in the river, especially in the part known as "the Pool," or in one or other of the docks belonging to the port of London, or in the portion of the metropolis frequented by sailors. On reference to the entry-books, Dr. Ward had found that quite as many, if not more, sailors were admitted as patients from ships that had come from off long voyages, as from those which had furnished the disease in question. Some of the ships engaged in traffic to distant countries had undoubtedly advantages in the way of superior accommodation; but in the majority there was overcrowding in the cabins at night, and unhealthy animal emanations as a consequence. One might, therefore, quite logically eliminate such effluvia, at least in these cases, as an exciting cause of the disease. On the other hand, the facts, that this fever is not most prevalent in the hot, dry season of the year when sewage emanations are most offensive, that men who work in sewers are not especially victims of it, and that the offensive state of the Thames, which was said to be due to the sewage influence, did not generate it, enable us to eliminate drain effluvia also as the peculiar exciting cause. From the circumstance that the ports noticed, the east coast of England, the river, the pool, and the docks had also been prolific sources of the cases of intermittent fever introduced into the *Dreadnought*, Dr. Ward was led to the conclusion that the specific exciting poison of enteric fever consisted in some atmospheric influence analogous to—not, of course, identical with—that which induces ague and remittent fevers. This view was strengthened by considering the analogies which the fever in question presents with the intermittent and remittent types:—

1. It has a tendency to relapse.
2. It falls peculiarly upon the abdominal viscera, the ileum, the liver, and the spleen.
3. It prevails most at the season which most favours the development of remitting fever, viz., the close and fall of the year.
4. It appears to be fomented by similar atmospheric conditions, as regards hygometric state, temperature, etc.

Dr. Ward had seldom seen so many cases of irregular ague in London as during the late prevalence in it of enteric fever.

That this fever could not be always traced to such causes as effluvia from decomposing animal matter, sewer emanations, etc., seemed to be confirmed by the irregular way in which it shows itself,—at one time, and merely in isolated cases, in houses with defective sanitary arrangements, at another in those the arrangements of which seemed to be in every respect complete. The conclusion might, therefore, be fairly arrived at, that the specific exciting cause of typhoid fever was to be sought in some atmospheric malarious influence, and that defective sewerage, primarily and prominently, emanations from decomposing animal matter, in common with other physical and mental influences which depress the vital powers, are but powerful predisposing causes. Coupling the isolated manner in which this fever showed itself amongst many individuals exposed to the same exciting cause, with the proofs afforded by German pathologists of its analogy to certain blood diseases, it became a question whether some peculiarity of constitution might not also be included among the predisposing causes.

Dr. Ward considered that the specific distinctness of typhus and enteric fevers was determined by the following considerations. Typhus appeared always to be traceable to a different, and, indeed, a local origin, and to be, which enteric fever is not, unless possibly under peculiar circumstances and in a very mild degree, contagious. For many years there had been scarcely a case of typhus fever at the *Dreadnought*. Latterly, under the influence of concentrated animal effluvia, resulting from an over-crowded state of the ship for some months, several cases had occurred. It attacked the boatswain's wife, then the boatswain, then the man nurse on the Medical, and one also on the lower deck. Enteric fever had not given, in the *Dreadnought* experience, any evidence of contagiousness. Although there had been, at times, from eight to twelve cases on the Medical deck, neither officers, nurses, nor patients had fallen victims. On two occasions, when there were several cases on board, this fever afforded a striking contrast in respect to contagiousness with measles, which happened to be present at the same time. In private practice, also, Dr. Ward had never been able to trace an attack to the influence of contagion. With respect to the proof of non-identity of typhus and enteric fever based upon the power of the one disease to excite the other, he had never met with an instance in support of it. Not long ago he had been asked to see two cases of fever in a house, in conjunction with another Medical man, and found the mother, a woman of forty, and her boy, seven years old, in the same bed, the former with the rash, etc., of typhus, the latter with the eruption and intestinal symptoms of enteric fever. The possibility of communication from one to the other was negatived by the fact that the two attacks had commenced almost simultaneously. The separate exciting causes of the two affections may have co-existed, and this isolated instance may be regarded as confirming rather than invalidating the rule. The records of the Fever Hospital furnished, he believed, but one instance of the two fevers coming from the same house. In other respects, enteric fever stood out markedly from typhus,—in its longer duration and less fatal character, in its eruption, in its enteric symptoms, pointing to the mischief in the ileum which post-mortem examination always confirmed, and in the more active character of the delirium. Dr. Ward thought that the term "typhoid," typhus-like, as a distinctive term for the fever in question, was illogical and absurd. In conclusion, he laid much stress upon the importance of not adopting an over-active line of treatment in this disease, since his experience led him to the conviction that, while much might be done by timely support of the patient's powers, and by combating attendant complications, no plan could materially curtail the attack. In cases of the mildest character even, it was desirable to keep the patient in bed, and on fluid diet, with a view to promote the cicatrisation of the ulcerated intestine, and prevent the possible fatal termination by perforation. Salines, with milk and beef-tea, in the earlier stages, and subsequently, as more or less vital prostration supervened, diffusible stimulants, wine or brandy, bark, and ammonia, constituted the general plan of treatment. Arrest of the diarrhœa in the earlier stage of the disease was generally followed by an aggravation of enteric symptoms, such as griping and tympanitis, and premature over-stimulation had frequently induced cerebral complication. Towards the period of convalescence, when ulcerative action had ceased, and cicatrisation was going on, Nature kept the parts quiet by calming peristaltic action, and the bowels, instead of acting several times in the twenty-four hours, were often not open more than once in two, three, or more days. Under these circumstances, it was undesirable to interfere, even by the mildest laxatives.

[Reported by Mr. Cooke.]

Case 1.—A Norwegian, aged 21, admitted May 4, 1861. He had come from Norway; his ship had been lying in the Commercial Docks, and he had been living on board, and sleeping in the forecastle with others. He was taken ill, on April 30, with vertigo and delirium, and the bowels had been open but once daily since then. When admitted, he had a dry and furred tongue, a rapid pulse, hot and dry skin, and some tympanitis. No rash to be detected. He was ordered milk and beef-tea.

On the 6th, two or three rose-coloured spots had made their appearance on the abdomen; the bowels had acted twice in the twenty-four hours; the skin was hot, and the tongue furred and moist.

8th.—Several fresh spots on the abdomen; diarrhœa of pea-soupy stools. Tongue coated, brown in the centre, fissured, and dry; pulse 100, feeble. Ordered wine ℥iv.

9th.—Diarrhœa continues; no tympanitis. Tongue fissured, brown in the centre, clean at the sides; sordes on the teeth; pulse 100. Wine to eight ounces.

11th.—Free diaphoresis two or three times since yesterday morning; pulse 95; tongue moister, the fur cracking; three actions since yesterday; the belly soft; no tympanitis; fresh spots.

12th.—Two or three fresh spots on the back; three evacuations.

13th and 14th.—Three evacuations on each of these days; spots still coming out; tongue cleaning; skin hot but moist; pulse about 90.

16th.—Two stools; no more sweating; tongue nearly clean; pulse 92.

18th.—No action of bowels since yesterday at noon; tongue clean.

19th.—One well-formed evacuation.

23rd.—Pulse 60; tongue clean; convalescent. He was kept in bed, and on milk, beef-tea, and wine, until the 29th, when he was allowed a slice of mutton.

On June 2 he was placed upon mutton diet, and porter was substituted for wine; and on June 15 he was discharged quite well.

Case 2.—A Norwegian, aged 18, admitted October 31. Taken ill in the Baltic, eight days before, with shivering, languor, and diarrhœa. Has a hot skin, several rose spots on the abdomen, tongue dry with brown fur, some tympanitis and tenderness in right iliac region, and diarrhœa. Ordered milk, beef-tea, and salines.

November 2.—Several fresh spots; skin dry and rather hot; pulse frequent; tongue dry and fissured; some tympanitis and diarrhœa.

4th.—More spots on the back; skin hot, face flushed; pulse 110; tongue dry and fissured; some abdominal pain, one motion in the twenty hours; rhonchi and sibilant râles on the right side, cough; respirations twenty-eight per minute.

6th. — Diarrhœa; breathing easier; more prostration. Ordered wine ℥iv.

7th.—Skin pungently hot; pulse very rapid; tongue moist; two motions in twenty-four hours; one or two fresh spots.

9th.—No fresh spots; two actions of bowels; skin still hot and dry, and pulse frequent, but tongue keeping moister and cleaning.

11th.—Bowels twice open; evacuations small but loose; belly less tympanitic; tongue nearly clean; pulse still rather frequent.

14th.—Bowels open once or twice in twenty-four hours; motions healthy, but rather relaxed; is now convalescent.

On the 17th he was ordered a slice of mutton, and on the 21st, as he was very weak, the quantity of wine was increased to eight ounces.

The bowels were gradually restored to their normal state; the patient regained his powers, and was discharged "cured" early in December.

Case 3.—J. B., aged 30, was admitted from a ship in one of the docks, on November 26th. He had been ill for five days, and for three of them had been delirious. Has a slight cough, but no expectoration; the breathing is hurried, the face is congested and bluish; tongue dry and rather brown. He attempts to get out of bed, and rambles. Is very prostrate. Ordered milk and beef-tea, and six ounces of brandy.

27th.—Has passed two stools and his urine in bed; has talked much during the night, but taken his nourishment well. There are no spots; but the abdomen is tympanitic. He has a sort of ineffectual cough, but has expectorated one mass of muco-purulent character. There is coarse crepitation behind, and at the lower part of both lungs. Resonance good. Ordered brandy to ten ounces, and the mist. vini gallici every four hours.

28th.—Has passed a tolerably quiet night. The bowels are rather loose; stools of pea-soupy colour; tongue dry and glazed. Though there is much stuper, he does not seem to be so much oppressed as yesterday.

29th.—Is better; fewer stools; tongue moister; a few rose-coloured spots on the abdomen.

30th.—The pulse has more power; is sweating profusely, and has had no stool since yesterday; urine passed involuntarily. From this day up to December 4, when he died, he was continually moving his hands about, attempting to get out of bed, and unable to procure sleep; although opium was given him. The sweating was profuse at intervals, the teeth were covered with sordes, and his countenance became more and more shrunken.

Inspection.—There was some congestion of the lungs. The only change found in the small intestine was ulceration of a large Peyer's patch near the ileo-cæcal valve, and a much smaller ulcer very near to it. None of the patches higher up were found even in an enlarged or congested state.

Case 4.—Charles L., aged 13, a French lad, admitted on January 16, from a small vessel which had been lying for the last week at Greenhithe. On admission, he was very much collapsed from exposure during the journey to the Hospital, but rallied after some hours under wine. The master said he had been ill five or six days, had been much purged, and was very delirious at night. He had the aspect and symptoms of typhoid, but no spots were found; up to the 20th his condition was much the same, at times being, with difficulty however, aroused, and very delirious at night. On the 20th, tongue began to clean, and he became more sensible, and up to the evening of the 23rd all the symptoms abated; he then had a large and very loose stool, followed, in about six hours, by sudden death, becoming just before very pallid and cold. On turning up the bed-clothes a large quantity of dark clotted blood was found. The intestines were examined throughout. On peritoneal surface, three inches from large intestine, three or four ulcers were found, sloughy, and had all but allowed contents to escape; to one the vermiform process was adherent. From upper surface of the ileo-cæcal valve up to lower third of small intestine, ulcers of Peyer's patches in all stages were found, increasing in size and degree of ulceration from above downwards. The mesenteric glands much enlarged; large intestine healthy, containing no blood.

GUY'S HOSPITAL.

CASE OF OCCLUSION OF VAGINA FROM LINGERING LABOUR—OPERATION—RECOVERY.

(Under the care of Dr. BRAXTON HICKS.)

L. H., aged 25, married, was three years ago delivered of a live child, after ninety-six hours of hard labour, during the last twelve of which the head was allowed to remain half-born, without operative interference. She was very ill for six months afterwards, with severe pain in the uterus and vagina, purulent discharge, and for three months incontinence of urine. After recovery, sexual congress was found impeded; and subsequently menstruation was difficult. She was under treatment in two of the London Hospitals, in one of which a small opening was made, which soon closed up again. Later the dysmenorrhœa had been very severe.

On admission, it was found that the vagina was so closed by cicatrices, about one inch within the vulva, that not the slightest aperture was discernible. It was therefore determined to await the menstrual period. By means of a very minute stream of the secretion, the opening was recognised, and a small probe was passed. The hole was gradually dilated by bistouries, so as to admit a flexible catheter. Nothing further was done till after menstruation had ceased, when, the patient having been placed under chloroform, Dr. Hicks enlarged the opening, which was now more readily found. The bistoury was carefully used till the opening was large enough for the finger to act as a guide to the position of the bands, which were very numerous. These were divided by very many slight incisions in all directions, so as to allow general dilatation. About an inch of this was passed through when the lining membrane of the upper portion of the vagina was reached, and found very dense. This was divided through by many light incisions, and the uterus found healthy. Dr. Hicks, anxious to cause as little constitutional symptoms as possible, deferred the remainder of the operation for a week, when it was repeated, by again scoring in many directions the very dense bands of cicatrices obstructing the vagina, removing the intervening portions till two fingers could be introduced together. She suffered nothing beyond soreness, and went out at the end of two weeks.

She has been seen occasionally since, and at the end of two months the same bougie was passed as was used after the operation. Sexual congress, almost impossible before operation, is now easy, although still attended with some pain. The use of the bougie is still continued.

THE LONDON HOSPITAL.

ACUTE TRAUMATIC LARYNGITIS, TREATED ON THE ECTROTIC PLAN, WITH THE AID OF THE LARYNGOSCOPE.

(Under the care of Dr. FRASER.)

[Communicated by Dr. MORELL MACKENZIE.]

JOHN H., a labourer, aged 40, was admitted into the Hospital on January 28, suffering from acute laryngitis. Five days previously he had applied at the receiving-room on account of having swallowed a fish-bone, and at the time he was examined with the laryngoscope, and a probang was passed down the œsophagus, but the fish-bone could be neither seen nor felt.

When the patient again appeared his breathing was much embarrassed, the inspiration being stridulous and rather painful; the voice was almost suppressed, and though there was no expectoration the patient suffered from distressing paroxysmal cough. Deglutition was effected with difficulty, and accompanied with great pain. He had an extremely careworn expression, and the forced abstinence from food had already weakened him considerably; his pulse was at 100, small and hard; he was thirsty and had a coated tongue, and his skin was hot and dry.

A dozen leeches were put to the throat, a blister was applied to the nape of the neck, and some saline-cathartic medicine was prescribed. After passing a sleepless night, on the following morning the symptoms were more violent, and the dyspnœa was now alarming. On making a laryngoscopic examination, the epiglottis, which was of a bright red colour, was seen to be much thickened and standing erect; the lining membrane of the larynx was extremely inflamed, and the false vocal cords so much swollen as to greatly encroach on the rima and exclude from view the true vocal cords. Under these circumstances, with Dr. Fraser's approval, I freely swabbed the interior of the larynx with a strong solution of nitrate of silver (℈iij. ad. ℥j.) This operation was facilitated and rendered certain by the use of the laryngeal mirror, and it gave rise to great irritation and violent spasmodic gasping; for a minute or two the sense of suffocation was highly distressing. Within an hour, however, there was great relief in the symptoms, and the voice was suddenly recovered. In the evening the patient was able to swallow comfortably, and fancied himself almost well; but during the night he became very restless, and when seen in the morning, there was found to be a tendency to return of the former symptoms. The patient had such a lively sense of the benefit resulting from the former application, that he now begged to have his throat "burnt again." His desire was complied with, and though very little irritation was set up at the time, the topical remedy produced the same satisfactory results as on the previous occasion.

The next day all the laryngeal symptoms, with the exception of slight huskiness of voice, had subsided; the laryngoscope showed that, though there was still some redness, there was now but little tumefaction of the mucous membrane of the larynx, and the true vocal cords, which were now for the first time visible, were of a fine white colour and did not appear to be at all congested.

On February 1 the patient had recovered his natural voice, but being in a very weak state, he was kept in the Hospital for a few days longer, and was discharged "cured" on February 8.

Remarks.—This case illustrates the fact that in acute laryngitis it is inflammation of the false (and not of true) vocal cords which causes the dangerous dyspnœa; the proclivity to inflammatory disease being probably dependent on the different anatomical relation which exists between the mucous membrane and the subjacent supporting tissue. This case shows also that the laryngoscope can be used in acute disease as well as in chronic affections of the larynx. As regards the therapeutics it is evident that the topical treatment cut short the crescent inflammation at a time when the further development of the disease would most likely have resulted in a necessity for Surgical interference.

SYPHILITIC ULCERATION OF THE LARYNX TREATED WITH THE AID OF THE LARYNGOSCOPE.

(Under the care of Dr. DAVIES.)
[Communicated by Dr. MORELL MACKENZIE.]

Emily W., a labourer's wife, aged 30, was admitted into Charlotte Ward on February 25. She was much emaciated, and altogether in a very feeble condition. The patient denied ever having had syphilis; but, on inquiry, it appeared that she had had two miscarriages, and that her only child died shortly after birth with a skin eruption. She had lately noticed that her hair came off very much, and she had frequently suffered from severe ulcerated sore-throat. It thus appeared, that, though unaware of, or not choosing to admit it, the patient must, at some time or other, have been affected with the venereal disease. She was, when admitted, in a very prostrate state, and, besides being very weak, she had excruciating pains in the shin-bones, which were especially agonising at night. Nodes could be felt over the right tibia, and the superficial surface of the left bone was highly irregular. She had a frequent cough, and expectorated very abundantly. She was unable to swallow solids, and even fluids could only be taken in small quantities, and frequently gave rise to immediate vomiting. The voice was feeble, and of a decidedly nasal tone. The tonsils bore the scars of former ulceration, and one of them had to a great extent disappeared. On examining this patient with the laryngoscope, a white margined oval ulcer, about the size of a pea, was seen in the fold of mucous membrane intervening between the arytænoid cartilages, and another ulcer of similar appearance on the true right vocal cord. A large quantity of secretion was seen hanging about the larynx, and it was not till after repeated coughing that a proper inspection could be made. The patient was ordered milk diet, strong broth, and a small quantity of brandy copiously diluted. Ten grains of iodide of potassium in decoction of sarsaparilla was prescribed.

February 28.—With Dr. Davies' sanction, I touched the ulcers in the larynx with a strong solution of argent. nit. (ʒj. ad. ℥j.), and the white eschars left by the application of the caustic were evident to several gentlemen who were present on the occasion.

March 4.—Condition of patient still very low. A laryngoscopic examination showed that the ulcer in the vocal cord had almost disappeared, but that the other had spread over the mucous membrane, covering the right arytænoid cartilage. The solution of nitrate of silver was again applied, and this time it gave rise to a paroxysm of dyspnœa, and a croupy cough of a few minutes' duration; vomiting also shortly supervened.

March 7.—One ulcer (viz., that in the vocal cord) was healed, whilst the other was much smaller, especially at its original seat. The caustic application was repeated. The cough was less troublesome.

March 10.—Great improvement in strength. Vomiting quite ceased. Voice still feeble, and with a slightly nasal twang. A chop was now ordered, and the medicine discontinued.

The nitrate of silver was applied twice afterwards, on the 17th and 24th. On the 27th the ulcers were quite healed up, and a slight depression over the right arytænoid cartilage, with two small whitish radiating lines, was the only evidence of the former ulceration; the ulcer on the vocal cord had healed without leaving any cicatrix. The patient's strength gradually improved; the voice, though not very strong, became quite clear; the laryngeal symptoms entirely disappeared, and the patient was discharged "cured" on April 8.

Remarks.—The great improvement in therapeutics which this "holding up the mirror" to the larynx had effected, impressed itself on the mind of everybody who had an opportunity of watching this case. In chronic affections of the larynx, with a little practice, particular spots can be touched with facility and guided by the laryngeal mirror, it is remarkable how easily we can, in our applications, "suit the action" to the condition of the larynx. The two points of especial interest in this case are—first, the great tendency to vomiting, and secondly, the nasal *timbre* of voice. Dr. Lewin, of Berlin, has already called attention to the circumstance that ulceration of the fold of mucous membrane between the arytænoid cartilages gives rise to a great amount of reflex irritation, a fact which is amply exemplified by this case. As regards the nasal tone of voice, I have myself observed that it is present in many cases where there is nothing (as, for instance, obstruction of the nares, a highly arched, ulcerated, or infiltrated palate, etc.) to account for the peculiarity, except a morbid condition of this fold of the mucous membrane of the larynx. This observation applies both to the acquired and the congenital nasal modification of voice. In the latter case an abnormal length of this fold of the mucous membrane, and possibly some corresponding imperfection in the proper approximation of the arytænoid cartilages, seems to be the only departure from the normal condition.

THE CHELSEA DISPENSARY.

SYPHILITIC SECONDARY INFECTION—MUCOUS TUBERCLES ON THE MOUTH OF THE SUCKLING CAUSING INDURATED CHANCRE ON THE BREAST OF THE NURSE.

[Communicated by Dr. ANSTIE.]

THE following case is of considerable interest in relation to the controversy pending as to the communicability of secondary syphilis:—

C. B., a healthy-looking, married woman, aged 32, applied to me at the Chelsea Dispensary, on March 20. She complained of a "bad breast;" and on examining the part I observed, situated about three-quarters of an inch above the nipple, a sore, which presented all the characters of the true Hunterian chancre. The woman informed me that she had given suck, for about two months, to the child of an unmarried girl who lodged with her, the infant being about six weeks old at the time she took it in hand. About a fortnight after she commenced to suckle it, "sores" appeared at the angles of its mouth and on the nates, and a copious copper-coloured squamous eruption on the trunk, limbs, palms of the hands, and soles of the feet; nevertheless, its temporary nurse did not suspect the character of its disease, but continued to give it the breast. About three weeks later, a pimple appeared on the woman's breast; the base of this pimple was remarkably hard, and after a few days its top fell off, disclosing a deep, clean-cut sore, which yielded but a very small amount of thin discharge. Finding that the sore did not heal, the woman began to suspect the child which she had nursed of having infected her with venereal disease, and it was accordingly taken away and put under Medical treatment. At the same time, however, the mother, who was acting as wet nurse to a lady's child, instead of resuming the care of her own infant, gave it to another young married woman to nurse, upon whose breast a similar sore was soon produced to that which my patient presented. I have not been able to get sight of the infant myself, but I most carefully questioned, not only my patient, but also two or three neighbours who had seen the child, and their account of the "sores" on the mouth entirely corresponded to the description of ordinary mucous tubercles. I ascertained also, to my own perfect satisfaction, that both the nurse whose breast presented the chancre, and her husband, were highly respectable people, and most certainly had never contracted the primary disease in the ordinary way.

The treatment of my patient consisted for the first week in the administration of pil. hydrarg. gr. v. bis die. Afterwards this was exchanged for hydrarg. iodid. gr. j. ter die, and the latter treatment was continued for five weeks, a gentle salivation being produced and kept up. At the end of this time the sore on the breast had healed, and the induration had disappeared, but a copious copper-coloured scaly eruption had appeared in almost every part of the body, and for this eruption the woman is still under treatment with iodide of potassium. The infant, which has been under the care of another Medical man, has recovered from its syphilitic symptoms; but I understand that it is in a miserable state of marasmus, and not likely to live. Its mother appears at the present time to be healthy, and I am still unable to discover whether she contracted primary disease from her lover (a dissipated young life-guardsman), or whether he merely transmitted the disease to his offspring.

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Medical Times and Gazette.

SATURDAY, MAY 24.

◆

AMERICAN SURGERY.

We have observed with very great satisfaction the attitude of the Medical Profession in America during the present lamentable war. No party feeling, no taint of political enmity enters into their deliberations or distorts their counsels. We are, of course, now speaking of the Profession as a whole, not of all its component parts; there are, doubtless, eager politicians in its ranks in America, as in other countries; and the man who writes home from the battle-field can scarcely avoid giving some of the colouring of the scene to his letter. But the tone of brotherly feeling which pervades the sayings and writings of the most prominent members of the Profession, both with regard to their neighbours, from whom they are now cut off, and towards those of "the Old Country," appears to us a most hopeful sign that in the period of reaction which will follow the present tempest, the successes which peaceful science will then have the opportunity of achieving will not be marred by any divisions in the ranks of our Profession.

To estimate correctly the position of the American Surgeon or Physician, we must first form an idea of the conditions under which he works, and the mode in which he is produced. A country of vast extent, a population increasing with marvellous rapidity, and a necessarily insufficient staff of teachers, are certainly not circumstances which can be expected to favour the production of skilled and enlightened Practitioners; and the scarcely honest competition between teaching bodies which has existed for many years, and which has grown to a ruinous height, has still further lowered the average attainments of men commencing practice. It is the function of the American Medical Association to combat these evils, and to devise a mode of compelling a general improvement. This body consists of representatives from all the States and teaching bodies in fixed proportions, and exerts such influence as moral power can attain over the destinies of the Profession. The state of the country has occasioned the indefinite postponement of its meeting for this year, so that we are unable to learn the precise amount of progress that it has made up to this point. But in its published *Transactions* we find bitter complaints of the teachers of individual schools to comply with the refusal requirements of the Association, and most discouraging estimates of the difficulties to be encountered. "Is Medical education in America," asks a despairing Committee, "always to remain a trade?" And from another passage we learn that the same ground has all been gone over before, and that former efforts have ended in the abandonment of the recommendations of the Association by those who at first adopted them, they being wholly unable to compete in the market with the schools which refused them. When we learn what the requirements are against which the "Colleges" have protested so successfully, we are more able to appreciate the state of things for which they are proposed as a remedy. One Committee recommends three years, and another four, as the minimum of study between the time of the pupil's entry into the "office" of a Physician and his assumption of the degree of M.D., those periods respectively including all his courses of lectures and clinical instruction. They also recommend a certain amount of preliminary classical and mathematical education, the title of M.D. being now bestowed even upon men "who cannot spell the words 'Physician, College, or Hospital,' but who, in compensation for such glaring deficiencies, have paid for their tickets for two full courses of sixteen weeks." It is not difficult to imagine the mistrust and dissatisfaction to which these things must give rise among the public. These Committees, in fact, acknowledge with regret that the once honourable title of M.D. has lost its status, and is practically of little value. The man who intends to rise in his Profession begins to study after he has become a M.D., as he is then able to see the small value of the course through which he has already gone. Speaking for ourselves, we cannot say that the junior American Doctors whom we have met with in the schools of London or Paris, or in smaller number at Vienna or Berlin, have given us any reason to doubt the justice of the Association's complaints. The reformers have certainly a great work before them; but public opinion will surely come to their aid. An education of less than three years, with nothing necessarily preceding it, is such a glaringly insufficient preparation for practising both Medicine and Surgery, that it can only be necessary to draw public attention to the evil; a remedy must discover itself. The fault is one which, on a smaller scale, has not been altogether unheard of in these Islands. But the value of any title soon rises or falls as the opportunities of knowledge implied by it become generally known. While we wish all success to the reform movement, we must note that it is unsatisfactory to find the *American Journal of the Medical Sciences* commenting on the moderate proposals which we have quoted in the following words:—"The suggestions are upon the whole judicious, and could they be fully carried out would unquestionably exert a most beneficial influence." Such faint commendation cannot proceed from a hopeful mind.

The influence of the war on the position and distribution of the intelligence of the Profession is a matter of very great interest. How have these two vast armies been supplied with Medical attendants? If they have the same proportional number of Surgeons as that allotted to our own army, not less than 3000 men have probably been called from civil practice to service in the field. Who supply their places at home? We know that the Medical staff of the regular army numbered little more than one hundred officers; a small nucleus for so large a force. It is satisfactory to learn that in time of peace, of the Doctors of Medicine who present themselves to the Army and Navy Boards, less than fifty per cent. are adjudged fit to be entrusted with the duties of those services. Now, however, that the great demand has come, of what stuff are the Surgeons of these vast volunteer armies made? Have the best men gone to the war, or have they stayed at home? And in the one case, what are the patients at home to do? in the other, what are the prospects of Military Surgery? We read accounts of cases sent home to the Medical Journals by Surgeons in the field, but the elements of uncertainty which are inseparable from all published cases must be more than usually present in these. On the whole, we find it difficult to believe that the Americans have been able to furnish a thoroughly competent military staff for their entire armies. The *American Medical Times* estimates that 1200 civil Surgeons were added to the army within eight months; and in particular, that the army in Kentucky and Tennessee, amounting to 170,000 men, has been supplied with nearly 100 civilian Surgeons, "and that these are among the very best young Surgeons that could be engaged." One young American Surgeon to 1700 men! But this is not all. We are told that the duty of furnishing these inexperienced civilians with specific instructions and advice upon the leading subjects of their duties has been "inadvertently neglected." We hope that our fears may be groundless; for if they are not, the Americans will be paying a heavy price for the Medical education with which they have allowed the selfishness of College teachers to provide their students.

The character of American Medical literature is, of course, determined by the exigencies of the country. Independent research is not likely to flourish to any great extent amid the hurry and bustle attending the rapid growth of a people. The Committee of the American Medical Association, to which this subject has been entrusted, admits the fact, and considers that the lack of readers has more to do with the non-production of original works than any deficiency of power among the observers. "Our Medical writers," they say, "produce exclusively text-books or, at the most, convenient books of reference;" and this because there is no sale for any others. Works of this kind necessarily draw a large proportion of their materials from those of European authors; and the number of reprints of European works, equalling as it does the number of native publications, still further reduces the proportion of strictly American authorship. But the result is certainly satisfactory, as providing the country with a literature best suited to its wants; and the amount of sound reasoning and acute observation displayed in those parts which belong strictly to America is highly promising for the literature of the future. Among the most recent productions of the American press we may notice Dr. Hamilton's "Treatise on Fractures and Dislocations," a second edition of Dr. Gross' "System of Surgery," Dr. Bumstead, "On the Venereal Disease," and Dr. Hodges, "On the Excision of Joints." These works have certain characteristics in common, those, namely, which are mentioned above as attributed to them by a native authority; but they do not all attain the same degree of completeness.

Of Dr. Hamilton's work we are glad to be able to speak in terms of unqualified praise. Introduced by a preface, the modesty and candour of which strongly prepossess us in the author's favour, it gives a most full and comprehensive view of the various opinions which have been held, and of those now in vogue, on the subjects of which it treats. The style is clear and precise, and the language certainly better than that of some English writers on Surgery. Dr. Hamilton's strong point is the analysis of evidence; and no little amusement, as well as instruction, may be derived from observing the bold and energetic manner in which he attacks and puts to the rout a phalanx of adverse facts and figures. His descriptions and illustrations of apparatus are copious and excellent, and the cases which he quotes from his own experience and that of his American cotemporaries, are well narrated and to the point. On the whole, we have no hesitation in strongly recommending the book to the notice of English readers.

We regret that we are unable to award the same meed of praise to the much larger and more imposing work of Dr. Gross, though it has reached a second edition within four years. The author sets up for himself a very high standard, and must not complain if we find fault with him for falling short of it. His style is decidedly inferior in vigour and exactness to that of Dr. Hamilton, and to some of his opinions we have very grave objections. But we have no wish to deny that his pages, recruited as they are from so many sources, contain a large amount of valuable matter; nor that some at least of his original remarks are eminently sound and practical. Want of space prevents us from specifying in detail at present the points on which we consider Dr. Gross to have succeeded or failed.

Dr. Bumstead's work gives an excellent review of the present state of opinions on Venereal Diseases, and embraces all parts of this most fertile ground of controversy. His directions for management of the general health during treatment, and the modes of treatment which he advocates, are well-judged and practical, and must conduce to what he declares to be the object of his work,—the supply of a clear and useful guide in these diseases to the American Surgeon.

A treatise of 200 pages on the Excision of Joints, by Dr. Hodges, of Boston, discusses very fully and fairly the claims of these important operations on the attention of American Surgeons, who have hitherto, as a body, not been accustomed to practise them. The author, therefore, coming unprejudiced to his task, is able to sum up and compare with great precision the results claimed by the writers and operators of various countries. His judgment on the most interesting question of all, that of excision of the knee-joint, is derived from an analysis of 208 cases; it is, "that the preponderance on the side of safety is nearly two to one in favour of amputation." And we must confess that his unfavourable opinion of the operation, when all its unsatisfactory results are taken into account, appears to us to be only too well supported by the facts. As Dr. Hodges starts without an intention of proving any particular point, his figures are liable to less suspicion than is usually the case; and, indeed, they do not, as far as we can judge, bear the marks of any culinary process.

At the head of American periodical literature stands the annual *Transactions of the American Medical Association*, which represent the yearly advance of the Profession in its aggregate character. Here we find the great social questions of Medical education and ethics, the care of the insane and intemperate, the death-rates, Medical topography and epidemics of various parts of the Union, and others, which furnish work for a dozen different Societies and departments among ourselves, besides the progress of Medicine and Surgery, discussed with a philosophic clearness which makes us more than ever regret that the labours of so useful a body are for the present forcibly suspended. The records of the Boston Society for Medical Improvement show what can be attained by a local body working towards the same end as its larger associate. The view taken of the periodical literature of America in general by the Committee before-mentioned, is not altogether satisfactory; but, as the success of this must always be more or less commensurate with that of the more permanent literature, we see no reason to doubt that the advance which is perceptible in one will imply a corresponding amplification of the other. The *American* (quarterly) *Journal of the Medical Sciences*, though formed on a British model, and occupied to a great extent with notices of

European works, is no unworthy representative of native periodical writing; nor is it by any means the only one which will bear comparison with some of our own journals.

We observe that a Bill for the better regulation of the Medical Department of the Army has at length passed through Congress. Its main objects are to increase the strength of the staff, to establish a special department of Sanitary Inspection, to give a higher relative rank to the superior officers, and to substitute selection by merit for promotion by seniority. As the regular staff has been for nearly half a century only such as would suffice for an army of 17,000 men, a measure of this kind was inevitable; and the long delay which has preceded it would have proved most injurious, had not a temporary Sanitary Commission been able to execute much of the work which should properly have belonged to the Medical Department. The Americans seem to be taking a leaf out of our own book in the series of make-shifts which they employ before making up their minds to an improvement.

THE WEEK.

PROFESSOR OWEN'S LECTURES ON BIRDS.

In his second lecture, on Friday, May 16, Professor Owen, after briefly recapitulating some of the principal points and generalisations in his first, proceeded with the anatomy of birds, and commenced with the description of the muscular system,—the density of the carneous fibres, their well-marked distinction from the tendons, the frequent ossification of the latter, the deep red colour of the muscles most exerted in vigorous flight, their contrast with the paler less active muscles, as seen in cutting through the depressor and levator muscles of the wing in the breast of the grouse, and other general characters were defined. The principal masses of muscles are beneath the sternum and upon the proximal segments of the limbs; in short, accumulated below the centre of gravity, acting as ballast, and placed where the weight would least encumber the bird in its flight, the muscular influence being communicated by long tendons to the remote parts on which they act. In no other animals is so large a proportion of the muscular system put in action as a single mass. The great *pectoralis* in many birds of flight equals in weight all the other muscles of the body put together. The middle *pectoralis*, with a similar position and contiguous origin to the great one, acts in the opposite direction on the chief wing-bone, by a diversion of its tendon to a plane above the humerus, to which it passes through a groove between the coracoid and clavicle. Amongst other characteristic dispositions of the muscles, the Professor instanced that of the *pectineus*, the tendon of which winds over that of the great extensor of the leg, in front of the knee-joint, and is continued near the fibula, and enters the tendinous part of the chief flexor of the toes. Thus, when the leg is bent, the toes are flexed; and as the legs bend beneath the weight of the body when the bird settles in repose, the toes are at the same time flexed, and birds grasp the perch on which they rest while sleeping, without making any voluntary muscular exertion; hence the "pectineus" has been called the "perching muscle." The nervous system was described, and the peculiarities of the bird's brain and spinal marrow pointed out. The eyes of birds present the most perfect and complex structure of that organ. The ear makes scarcely any external appearance, except in the owls, which avail themselves of this sense, perhaps, more than of the eye in detecting their prey, in quest of which they flit by night. The tongue is rather an organ of prehension than of taste, but combines both offices in many birds, and offer a great variety of size and structure in the different species. The mouth is devoid of lips; it is a hard prominent part, with both jaws produced to various lengths, and in various shapes, according to the food and habits of the bird. In a few birds the margins of the mandibles are notched, but no bird possesses true teeth: the food is simply seized and swallowed by the mouth; it is masticated in the stomach. This act being most needed in granivorous birds, the stomach is in them most modified for the superadded mechanical function. It is divided into two parts, or chambers; one for the secretion of the gastric juice; the other for the trituration of the vegetable substances to be subjected to the action of the solvent. The first cavity, called "proventriculus," lies above or in front of the muscular cavity called "gizzard" (*gigerium*). This consists chiefly of two opposite hemispheroid masses of muscle, with the flat sides towards each other, and touching in the empty stomach. The cavity is lined by a thick, hard, insensible layer of horn-like epithelium; the contiguous margins are connected together by very strong tendons. The immediate agents in crushing and bruising the food are pebbles, or sand, swallowed for the purpose. The cavity of the stomach being diminished as the muscular coat encroaches upon it, but little of the food can be received at a time to be ground by the opposing millstones, a special receptacle is accordingly developed from the gullet to serve as the "hopper" to the mill; it is called the "ingluvies," or crop. Here the grains are stored, moistened, and macerated, before the transfer—portion by portion—to the gizzard. Besides the compensation effected by this structure of the stomach for the absence of teeth in the mouth, it bears a further purposive relation to the needs of a creature formed for flight. The weight to be carried in that most difficult species of locomotion is most conveniently disposed beneath the centre of gravity; and most of the peculiarities of the bird's anatomy relate to such disposition: it has been already pointed out in the muscles of locomotion, and it governs the collocation of the muscles of the digestive system. Mastication by teeth, and the other actions to which teeth are applied, involve the necessity of a corresponding development of jaws; and this must have affected the size and shape of the cranial bones giving attachment to such jaws. The head would have been inconveniently large at the end of the long and slender neck. It would have been still more bulky and heavy if laden with the muscles requisite for biting and chewing. By the curious economy of the gizzard operating by means of extraneous molars taken in, "*pro re natá*," the equivalents of teeth, and jaws, and masticatory muscles are transferred from the head to the middle of the trunk, to nearly beneath the setting on of the wings. The lungs of birds are spongy, as in mammals, but are immovably wedged into the recesses and inequalities between the vertebræ and ribs at the back of the thoracic-abdominal cavity. They communicate by large apertures with capacious membranous bags called air-cells, and as these are compressed or expanded, so the air is driven out of, or drawn into, the lungs. These modifications involve a peculiar mechanism in the moving powers of respiration, which was described and illustrated by a diagram in the previous lecture. According to the power of flight, its swiftness and endurance, is the extent of the development of the air-cells. In the penguin they are confined to the visceral cavity; in the cassowary they penetrate the vertebræ; in the ostrich they extend into the thigh bones, replacing the marrow; in birds of flight they enter other bones, until in the swift, humming-birds, and other *volitores*, the air penetrates the interior of every bone in the skeleton. Rarefied by the heat of the bird, the specific gravity of the frame is thus materially diminished. The heart of the bird, as complex in respect of the number of distinct chambers as in mammals, is more muscular. Valves which are membranous in the higher warm-blooded class are fleshy in the bird,—the tricuspid, for example. The air is conveyed by a long windpipe, with complete and usually bony rings, to the lungs, near which the pipe divides. It is here, and not at the upper end or glottis, that the organ of voice is situated. The various degrees of complexity of this curious mechanism were described and illustrated; as many as six pairs of muscles are devoted to its action in the nightingale and other singing birds. The parrot has three pairs of vocal muscles, with a modification approximating the structure of the lower larynx more nearly to that of the upper one in man than in other birds. The *trachea* in birds is often incurved and twisted, whilst its substance is imbedded in the cavity of the *sternum*. In those wading and aquatic birds which migrate in flocks for long distances,—as, for example, the crane,—and necessitate that the elder and leading birds should communicate to their followers by prolonged far-sounding notes, the trachea is especially complicated. In the whistling swan *(Cygnus ferus)* and Bewick's swan *(Cygnus Bewickii)*, this structure reaches the maximum of complication.

PROFESSOR CZERMAK'S DEMONSTRATIONS.

PROFESSOR CZERMAK, who is now in London, has, during the last few weeks, exhibited his laryngoscopical apparatus, and its mode of use, at the various metropolitan Hospitals and at several scientific meetings. He has given demonstrations on various patients at the London and King's College Hospitals, at St. Thomas's and Guy's, St. Bartholomew's, the Brompton Hospital, Westminster and University College. In several instances his mode of examination has brought to light diseased conditions of great interest. In a case under the care of Mr. Hilton, at Guy's, which had been operated on for contraction of the pharynx, the use of the mirror not only showed the cicatrization which had taken place, but greatly facilitated the introduction of a probang through the contracted tube. In a syphilitic patient at St. Bartholomew's, the laryngoscope revealed irregularity of the margin of the left false vocal cord. A flap had been produced by the ulcerative process which moved with each inspiration. In another case of syphilis at the same Hospital, swelling of the mucous membrane of the larynx was diagnosed. We have had an opportunity of witnessing Professor Czermak's demonstrations on his own person. Nothing can exceed the accuracy of his manipulation in adjusting the mirror and reflector, or the extreme beauty of his physiological demonstrations. By the use of his large-sized mirror the movements of the vocal cords in the production of different notes are seen with extraordinary facility, and a view is obtained of a large portion of the interior of the trachea. For the demonstration of the posterior nares and the opening of the Eustachian tube, Professor Czermak uses a smaller mirror, and an elevator for raising the uvula. We hear that it is not improbable that Professor Czermak will give some public demonstrations. Should he do so, we strongly recommend the Profession to avail themselves of the opportunity of witnessing his wonderfully adroit application of one of the most certain and delicate methods of investigating local disease.

POOR-LAW MEDICAL REFORM.

MR. GRIFFIN has addressed a circular to the Committee of the Poor-law Reform Asssociation, containing a modification of the plan of payment which he before proposed. His present proposition will be found in another part of our columns. It is founded on the calculation that the average duration of illness in large towns where the cases are numerous, and there are Hospitals, is about three weeks, whilst in country districts, where there are no Hospitals, and a large comparative number of cases on the permanent list, the average duration is estimated at five weeks. The town Medical Officers would receive about 3s., the country Medical Officers about 5s. per patient. He further observes, "This plan would meet the case of epidemics, and persons, not paupers, whom we are now called upon to attend; trivial cases, such as extracting a tooth, would then be paid for at 1s." The proposed modification, it will be seen, is intended to equalise the rate of payment of the town and country Medical Officers.

ACCOUNTS OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

WE make no apology for presenting our readers with an abstract of the receipts and expenditure of the Royal Medical Benevolent College, and with a few criticisms which are conceived in no unfriendly spirit. As we observed in an article on Medical Benevolent Associations in the *Medical Times and Gazette* of January 25, 1862, this Institution professes to provide three things,—a school for the young, an asylum for the aged and broken-down, and a fund for the relief of distress amongst members of our Profession. The first is done well, the second ill, the third not at all. With regard to the Asylum, or Resident Pensioners' Department, it is a mistake. It deals with the nineteenth century in the spirit of the twelfth. There are, as we learn from the report of the Medical Benevolent *Fund*, numbers of decayed Medical men and their widows, to whom a small annuity, or occasional donation, would make the difference between life and death. But it is a perfect mockery, whilst poor people are starving, to sink thousands of pounds in a handsome building, and to imitate that harshest feature in the Poor-law, the denial of out-door relief. Every pensioner admitted into the Royal Medical Benevolent College must have, at least, £15 per annum of income from his private resources, and receives a stipend of the like amount. The sum of money which has yet been distributed in yearly allowances of £15 amongst the pensioners, amounts to £1276 10s. Any one of them could get a cottage in a village or small country town for £15 per annum or less. We know a decayed gentleman who lives in a small house in a country town, at £8. They have also received two tons of coal per annum; but if we include the £1276 10s. they have had in pensions, add £300 for the value of the coals, and £1276 10s. as the value of lodgings, the sum of £2853 fully represents the value of what has been done for the pensioners. We say nothing of the mistake of collecting a number of disappointed and dejected men into an idle community. How thoroughly they form an alien excrescence on the School Department, is evident from the following "Laws and Regulations Concerning the Pensioners," (No 10):—

> "It is strictly forbidden that the pensioners should allow any scholar, whether on the foundation or otherwise, to visit them, without such scholar producing the written permission of the head master for such visit."

From what we know of the unfortunate inmates of "Asylums," "Colleges," etc., for decayed people of either sex, we believe the law to be a good one. But it shows that it is absurd to place the pensioners where they are. They are for the future to receive 20 guineas per annum, and three and a-half tons of coal. Arrangements have also been made that they shall be enabled to purchase various articles at contract prices, so as to protect them from the extortion of local tradesmen, and from the scandal of indebtedness. But the almshouse system is a mistake in the present day. With regard to the School, we will only repeat that it has been eminently successful, and has our best wishes. Expensive buildings for the relief of the aged and decayed are an absurd extravagance; for the education of the young, they are wise and necessary. We are glad to see that nearly £1000 has been expended in a swimming-bath for the boys, although it suggests the notion that the College had better have been placed at some spot where swimming could have been attained more cheaply. The School suffers from the name of the Institution. Who cares to select a "Medical Benevolent" School? Boys at school should not be all of one set, and the word "Benevolent" is jarring to people who like to pay their way. So that we are glad to see that the title of "Epsom College" has been adopted in the School reports, and we congratulate the Council on the change, and on the augury it gives of future improvement. We observe that new projects of building are laid before the public by the enthusiastic founder of the College. If new buildings are required for the School, be it so; but we protest against the mistake of sinking thousands in an Asylum. Every farthing sunk should go to the grand object of providing a good and cheaper education for the children of Medical Practitioners. Every *Exhibitioner* is said to cost £43 10s. for board and tuition, and every *Foundation Scholar* £10 additional. The noble plan would be to imitate the elder grammar schools, and give *instruction* either gratuitously or at a very trifling fee, and let the *board* be a separate affair. Thus there might be a class of scholars at £20 or £25,—an arrangement which would be a boon to hundreds. But it is evident from the balance-sheet that there is something to be done before new liabilities are incurred and annual charges are increased.

STATEMENT OF PAYMENTS.

	1853.	1854.	1855.	1856.	1857.	1858.	1859.	1860.	1861.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Purchase of land ..	1,325 5 2	—	419 0 5	—	—	—	—	—	—	1,744 5 7
Architect	300 0 0	200 0 0	500 0 0	400 0 0	200 0 0	323 18 2	—	67 4 0	20 5 0	2,011 7 2
Builder and clerk of works, repairs, etc.	—	8,039 10 0	12,345 16 0	8,201 16 0	4,281 15 0	1,123 3 11	621 13 9	802 5 6	1,941 17 0	37,357 17 2
Stamps and law expenses	—	—	270 0 0	1,100 0 0	39 17 2	131 12 8	43 14 8	—	28 10 8	1,613 15 2
Plant, fixtures, and furniture ..	135 13 6	17 8 6	2,677 7 6	1,464 3 4	1,556 12 8	518 7 7	705 7 8	1,138 1 7	330 7 3	8,543 9 7
Rent, rates, taxes, and insurance ..	117 14 8	128 1 1	114 8 3	244 16 6	307 13 4	427 17 4	313 6 5	350 18 6	331 6 3	2,336 2 4
Advertising, printing, and stationery	1,369 12 8	690 14 3	1,213 0 0	978 12 10	449 8 5	324 2 9	454 12 6	370 6 0	317 7 11	6,167 16 11
Salaries	257 9 3	141 10 0	584 11 10	1,403 2 1	1,991 14 6	2,163 8 4	2,582 15 1	2,568 0 11	2,591 4 5	14,283 16 5
Allowances to pensioners	—	—	—	62 10 0	130 0 0	214 0 0	241 10 0	306 0 0	322 10 0	1,276 10 0
Books and school appliances ..	—	—	209 14 2	86 10 0	48 18 4	267 9 11	262 8 5	282 18 5	443 8 8	1,601 7 11
Clothing	—	—	63 16 6	109 10 7½	264 2 9	299 14 0	290 14 5	473 5 4	442 14 6	1,943 18 1½
Fuel and lights ..	—	—	157 8 6	111 6 1	321 1 6	253 4 3	286 0 1	185 18 11	268 15 5	1,583 9 9
Provisions	—	—	—	1,714 19 3½	2,158 11 8	2,042 8 7	1,972 12 3	2,908 14 1	3,232 1 4	14,029 7 2½
Washing	—	—	—	337 8 5	361 11 6	384 9 6	402 6 5	403 6 1	361 6 0	2,250 7 11
Medical attendance	—	—	—	52 10 0	39 7 6	52 10 0	52 10 0	52 10 0	52 10 0	301 17 6
Allowance on account of Foundation Scholars ..	—	—	—	—	—	—	62 16 0	37 8 6	49 1 10	149 6 4
Repayment of, and interest on, loans	—	1,457 10 5	—	—	2,038 4 4	2,714 15 10	3,250 15 3	3,156 17 1	1,165 19 10	13,784 2 9
Laying foundation-stone, opening, and entertainments; postage and carriage; petty cash, Local Secretaries, railway fares, and miscellaneous disbursements ..	524 4 5	208 0 3	453 1 10	374 5 0	391 9 8	460 14 6	731 15 2	404 0 2	340 3 10	3,887 14 10
Purchase of stock..	13,121 8 5	—	—	—	—	—	3,557 5 8	298 10 0	50 0 0	17,026 19 1
Deposit with Union Bank of London for the Building Fund	—	—	—	—	—	—	—	—	6,000 0 0	6,000 0 0
	17,151 2 8	10,882 14 6	19,008 0 0	16,641 10 2	14,580 8 4	11,701 17 4	15,832 3 9	13,806 5 1	18,269 9 11	137,893 11 9

STATEMENT OF RECEIPTS.

	1853.	1854.	1855.	1856.	1857.	1858.	1859.	1860.	1861.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Donations	14,737 10 1	3,411 9 8	9,866 13 1	3,045 2 9	2,194 10 11	1,859 9 4	2,163 9 0	1,428 2 10	1,178 7 6	39,884 14 9
Chapel Fund ..	—	—	—	2,760 11 6	364 7 6	—	—	—	—	3,124 19 0
Annual subscriptions	1,896 16 6	1,380 5 0	2,008 5 0	2,769 12 0	3,262 18 6	2,937 4 0	3,062 18 6	3,150 19 0	2,907 5 6	23,376 4 0
Special donations ..	231 10 0	—	—	—	121 0 0	—	—	—	—	352 10 0
Church collections ..	417 7 10	258 16 10	69 11 8	61 8 10	42 14 10	23 2 0	—	8 12 11	—	881 14 11
Dividends	539 12 7	381 1 4	197 0 0	27 14 5	13 14 3	56 12 1	106 10 0	104 2 2	107 12 1	1,533 18 11
Bequests	—	—	500 0 0	152 10 0	450 0 0	450 0 0	792 8 0	540 0 0	399 14 0	3,384 12 0
Sale of stock	—	3,761 12 6	5,865 12 6	2,808 15 0	—	—	424 11 3	501 16 5	—	12,862 7 8
Payments from Exhibitioners.. ..	—	—	1,066 9 4	3,074 14 4	4,626 18 2	4,426 4 2	4,545 2 0	4,861 13 8	5,030 1 8	27,631 3 4
Concerts	—	—	—	—	18 7 6	30 0 0	—	—	—	48 7 6
Return of Property-tax	—	—	—	—	47 15 2	—	—	—	—	47 15 2
Bankers' advance and loans	—	1,450 0 0	—	2,000 0 0	2,500 0 0	7,000 0 0	—	2,000 0 0	7,500 0 0	22,450 0 0
Cash from Building Fund	—	—	—	—	—	—	—	—	1,500 0 0	1,500 0 0
	17,822 17 0	10,743 4 11	19,573 11 7	16,200 8 10	13,642 6 10	16,782 11 7	11,094 18 9	12,595 7 0	18,623 0 9	187,078 7 3

THE LUNACY REGULATION BILL.

The Lord Chancellor's Lunacy Bill was read a second time in the House of Commons on Wednesday night. The clauses which propose to restrict Medical evidence to the mere attestation of facts were commented on by several speakers. Sir Hugh Cairns said that "he quite concurred in the view that the evidence of a Medical man who had never previously seen or examined the alleged lunatic was worth very little. The late Lord Chancellor had, he might add, refused to admit such evidence in a well-known case, so that an Act of Parliament was not necessary to effect its exclusion. The real operation of the clause in question would, therefore, be to prevent a Medical man who had known and examined the alleged lunatic giving any opinion as to his sanity or insanity, while every cab-driver or crossing-sweeper who had ever known or listened to him would be admissible as a witness in the case. He for one had no prejudice in favour of the testimony of those who were known as 'experts,' but he thought it wrong that the Medical Practitioner should, under the circumstances which he had mentioned, be the only person whose evidence would not be received." It is to be hoped that the objectionable details of the Bill will be carefully canvassed in Committee.

THE NATURAL HISTORY DEPARTMENT OF THE BRITISH MUSEUM.

Few Medical men have any conception of the importance to biological science of the enormous collections which constitute the Natural History Department of the British Museum. A very meagre idea of the treasures stored under the roof of the present building is to be obtained by strolling through its galleries. In the vaults beneath the building is a comparative osteological collection, which, both in the completeness of its range and in the numbers of specimens illustrating individual species, far surpasses the osteological department of any Museum in the country, not excepting the Hunterian, and on the Continent of Europe is only equalled, but not surpassed, by the collections at Leyden. The magnificent collection of reptiles and fishes in spirit, besides many dry preparations derived from the same cold-blooded class, the great mass of specimens illustrating the invertebrate subkingdom, and a collection of skulls of considerable interest both to the ethnologist and cranioscopist, are rarely seen by any one except the curators. We may congratulate our readers on the fact that for the present, at least, there is no chance of these magnificent collections being removed to a quarter of the town practically beyond the reach of seven-tenths of the class who are specially educated to use and profit by them. The Bill which proposed that the zoological, geological, palæontological, and mineralogical collections should be removed to South Kensington, that botany and ethnography should find a home in some undefined suburban locality to be hereafter chosen, whilst the Museum in the most central district of London should contain printed books, manuscripts, antiquities, prints, and drawings alone, was on Monday night rejected in the House of Commons by a majority of 92. Economical reasons were doubtless those which chiefly influenced the vote. But expense in this matter ought not to be considered of the highest importance. One million deducted from the annual twenty-eight millions which the country is lavishing on her armaments would provide ample funds for carrying out any reasonable plan. We are no advocates for parsimony where the intellectual culture of the people is at stake. Practically, we protest against the New Kensington scheme, because we know that for purposes of study and investigation the Natural History Museum would be for ever closed to the great majority of scientific men of our own Profession. The Medical Practitioner living at the East-end of London, who may contrive to save one afternoon a week from the routine of practice in order to pursue some branch of biological science, would find his time entirely taken up in the transit. It is true that in the dark, dirty, damp vaults in which the collection are now hidden, they are virtually inaccessible. But this is no reason for transporting them to a locality where any benefits to be derived from them will be restricted to the West-end section of the population, and to the officers of the establishment. Bloomsbury can be reached in from half-an-hour to an hour from any part of London—the half of a winter's day may easily be spent in getting to Kensington, and the other half in coming back again. We are not now arguing merely on the narrow ground of professional interests; what we advance may equally be urged in behalf of the artisans, the lower-middle and middle classes, and the great proportion of schools and educational institutions. To these the zoological departments form the great attraction. The gorilla, the relics of the dodo, the birds of paradise, the Irish elk, the megatherium, are objects of greater interest to the masses than even Elgin marbles or block-books. Space must, of course, be had; but it may be had on the spot, or at all events at a very moderate distance. The capabilities of the present building are not as yet exhausted. A large accession would be got by a plan similar to that proposed three years ago by Dr. Gray. Take down the portraits in the Ornithological Gallery, which are either never looked at, or if looked at cannot be seen; raise the roof some feet, open lights from above, and run a light balcony round the apartment similar to those in the Hunterian Museum, or in Jermyn-street, and room would be provided for a large portion either of the osteological or hœmatocryan collections. Of course this mode of proceeding need not be restricted to the eastern gallery. No doubt, also, whatever it may cost, new buildings must be erected in the neighbourhood. The plan of Mr. Oldfield, a late assistant in the Antiquities Department, seems a good one; it is that the block of houses between the western end of the Museum and Charlotte-street should be taken down, and that galleries should extend along the north side of Great Russell-street. Another plan is to extend the Museum backwards, and include the south side of Montague-place. A better scheme still, we think, is to have a separate building for the Natural History Department on the south side of Great Russell-street. This might extend from Great Russell-street on the north to New Oxford-street on the south, and, if need be, from Bloomsbury-square on the east to Charlotte-street on the west. Such a building might be erected in a style of architecture much less expensive than that of the original Museum, and thus one of the objections to an extension in Bloomsbury would be obviated. Access to the Museum from New Oxford-street might be provided by an arcade in the place of Museum-street. We entirely agree with Professor Owen, that large space must be had, and that a mere typical exhibition would neither satisfy the demands of science nor of the public. We should like to see a Cetacean Gallery, a Proboscidean Gallery, and Palæontological Galleries commensurate with the size of the specimens and their importance in the life-history of our planet. We have no sympathy with the derision that greeted the mention of Professor Owen's "hall for whales" in the debate of Monday last. One Member seemed to think that it would be impossible to obtain whales to fill such an apartment. He had probably never heard of the collection of cetacea accumulated by Schlegel and his predecessor, Temminck, at Leyden, and was equally ignorant of the specimens which could at once be furnished from the cellars of Bloomsbury. Let every department of biological science be represented in a manner which shall demonstrate an intelligent appreciation on the part of the English nation and Government, and shall be worthy of the position which this country holds in the science of the world. But let what is the intellectual heritage of all be equally within the reach of all; let it be placed at some central point to which the radii of the capital converge,—not divided and dispersed in favour of particular districts, or in obedience to the dictates of a short-sighted economy.

THE MANCHESTER TRAGEDY.

A quadruple murder, which surpasses in horror anything we have read for many months past, has been committed at Manchester by a man named William Robert Taylor, and his wife Martha Taylor. One of their victims was their landlord, a house-agent, Mr. Evan Meller; the other three were the children of the male prisoner. The ostensible reason which prompted the assassination of Mr. Meller was, that, six months previously, through some neglect on his part, an explosion had taken place in the boiler of the kitchen occupied by the prisoners, which explosion had produced the death of one of their children, and that since that time two distraints for rent had been put in by Mr. Meller, who refused to set off the damages caused by the accident against the arrears of rent. On the morning of

Friday, the 16th, the prisoners met their landlord on the landing outside his office door and stabbed him mortally in the chest with a long knife of the description used by provision dealers. The male prisoner discharged a pistol at Mr. Meller; the shot, however, missed him and wounded a porter named Hooley. Neither of the prisoners made any attempt to escape. In a room of the house occupied by Taylor, his three children were found—as if sleeping placidly, side-by-side—dead. Each child had been carefully washed and dressed, and on the dress of each was pinned a paper stating the child's name and age. The Medical men—Drs. M'Keand, Heath, and Winterbottom—who examined the bodies of the children, failed to detect the cause of their death. The stomachs and their contents were analysed by Mr. Hudson, but he did not succeed in discovering a trace of either mineral or vegetable poison. The vessels and two or three articles of food found in the prisoners' house have also been examined, but with a similar result. It is true that a bottle containing a fluid labelled "tooth-ache drops" was discovered, but as essence of cloves entered largely into its composition, and no odour of cloves was detected in the contents of the stomachs, Mr. Hudson supposes that the bottle in question did not contain the poison used. The female prisoner had in her possession two apparently clean sponges. These have been examined, but afford no evidence of having been used for the purpose of administering any vapour. The sponges, stomachs, and other articles have now, however, been placed in the hands of Professor Taylor for further examination. Hooley, who was shot through the arm near the wrist, the shot lodging in one of the knees, whence, however, it was readily extracted, is doing well. Hatred to Meller seems to have been nursed by the two prisoners until it had become their dominant idea. Had only one person been concerned it might have been supposed that here was a case of homicidal insanity, but no such theory can be received in the instance of two persons conspiring to kill another, from whom they believed they had received injury.

NOTICES OF THE

SURGICAL, MEDICAL, AND OBSTETRICAL INSTRUMENTS IN THE INTERNATIONAL EXHIBITION OF 1862.

By JAMES REEVES TRAER, Esq., F.R.C.S., etc.
Superintendent of Class 17.

It is my object in the ensuing series of notices to draw the attention of the Profession generally to all that the Exhibition contains likely to be of interest or advantage to them in the practice of Medicine and Surgery; and I am induced to do so from a conviction that in a building of such vast size, the contents of which necessarily do not follow one another in the numerical order to be found in the Catalogue, much must escape the notice of each individual visitor, and also because it is either necessary to have an opportunity of handling an instrument of novel construction, or of reading a description of it side by side with an illustration in order to appreciate its value. In my position as Superintendent of the Class, I have had every facility for thoroughly examining all the instruments and appliances that are exhibited, and as many of them are very ingenious and likely to render great service to the Surgeon, I trust that the communications I may make to the *Medical Times and Gazette* will be found of interest, and worthy of the perusal of the Profession.

It may be well to state that the number of exhibitors resident in Great Britain who have sent objects embraced by the title, "Surgical Instruments and Appliances," is 124; in Belgium 3; in Brazil 1; in Denmark 3; in France 58; in Austria 8; in Bavaria 4; in the Grand Duchy of Oldenburg 1; in Prussia 9; in Mecklenburg-Schwerin 2; in the Hanse Towns 3; in Italy 16; in Japan 1; in the Netherlands 4; in Norway 3; in Portugal 1; in Russia 1, in addition to the Crown manufactory of Surgical instruments at St Petersburg; in Spain 7; in Sweden 2; in Switzerland 2; and in the United States 2.

These numbers are not, however, entirely correct; for by some foreign commissions certain objects have been classified with Surgical instruments, which it was determined not to accept from British exhibitors, such as anatomical models and drawings, both human and comparative, stuffed animals, etc.; but were the Catalogue quite perfect in this respect, I imagine that there would be about the same number of exhibitors from Great Britain as from all foreign countries collectively.

Up to the present time my attention has of necessity been chiefly drawn to the British part of the Exhibition, and I therefore commence my observations by calling attention to the contents of the case of Messrs. Weiss and Son. Everything which they exhibit is remarkable for perfection of manufacture; and in order that it may not be surmised that I have failed to notice the same quality in the products of other makers, I at once express my opinion that it would be quite impossible at the present time to produce more beautiful specimens of manufacture than are shown in the great majority of the cases belonging to British exhibitors. This, once for all; for although I may hereafter notice some individual instances which I consider remarkable for their high qualities of temper and finish, yet I am anxious at once to pay due credit to the British makers for their unsurpassed excellence in all that relates to the mechanical branches of their trade.

To proceed. The adjoining wood-cut (Fig. 1) represents a dilator for the cauliculus, which Messrs. Weiss have made in accordance with a suggestion from Mr. Bowman. Its action is very simple, the blades being dilated in the direction indicated by the dotted lines by depressing the lever.

Fig. 1.
Full size.

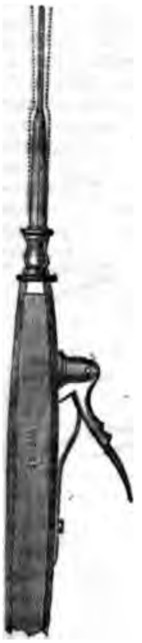


Fig. 2.
½ size.

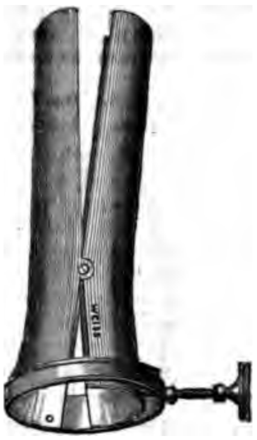


Fig. 3.
½ size.

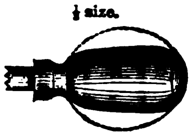
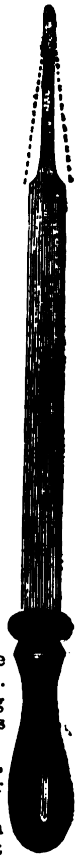


Fig. 4.
½ size.



They also exhibit a hook of simple construction, devised by Mr. Streatfeild, and used by him for corelysis.

Messrs. Weiss have imagined a speculum, of which Fig 2 is an illustration, that fulfils some important conditions not attained by ordinary instruments of the kind. Its advantages are as follows:—The screw-action is direct, and is therefore much more powerful than that of most other specula; the blades are contained in an india-rubber sheath, so that when they are separated the mucous membrane is prevented from entering the instrument and hiding the os uteri and deep parts of the vagina from view; and the central part, or "emboul" (Fig. 3), is constructed of an elastic material, which allows the part first introduced to be dilated by simple pressure on an india-rubber chamber placed at the external orifice of the instrument. The mouth of the speculum is of such a shape as to allow of easy manipulation with any instruments that it may be necessary to employ; and I may add, that these are qualities which will commend the new speculum of Messrs. Weiss to the favourable consideration of the Profession.

The adjoining illustration (Fig. 4) represents the hysterotome which has quite recently been devised and made by Messrs. Weiss, from directions given them by Dr. Greenhalgh. It was this gentleman's wish to possess an instrument considerably smaller than that ordinarily used, which should make, on both sides simultaneously and from within outwards, an incision gradually increasing in depth from above downwards. From the necessarily small size of the instrument, and the importance of its possessing sufficient strength to divide so resisting a structure as the uterus, these results have been attained with much difficulty; but it will be acknowledged that, if the instrument is capable of further perfection, it will be reached by trifling modifications of its present arrangement. I should add, that the depth of the individual incisions can be easily adjusted.

To diminish the difficulties met with in placing ligatures in deep parts of the vagina and other cavities, Messrs. Weiss have constructed "right and left" tubular needles, their points being so curved on the stem as very much to facilitate the application of a ligature in the situations referred to.

The same makers exhibit (Fig. 5) an ingenious modification of the écraseur; in it the source of power is an endless screw, which winds one end of the wire on a drum, the other being fixed on the outside of the instrument. It is so arranged that tubes of different strength, curve, or length, can be adjusted to the same mechanism; and it does away with one of the objections to the écraseur as usually manufactured, by allowing a wire of any length to be employed. It requires little or no force on the part of the operator, and its action is unaccompanied by the unpleasant clicking of the "rack" instrument.

Fig. 5.
½ size.

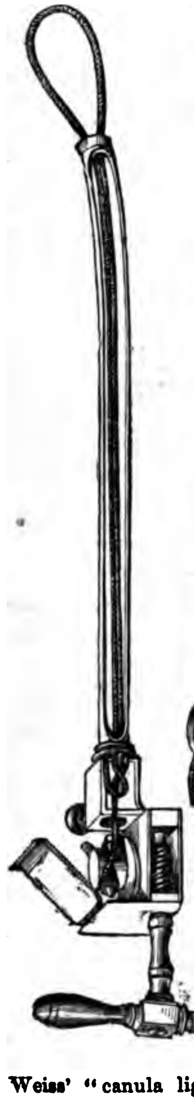


Fig. 6.
½ size.

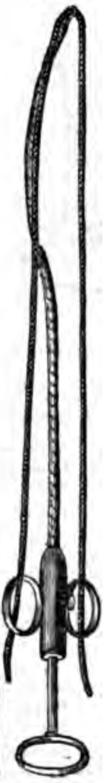


Fig. 7.
½ size.

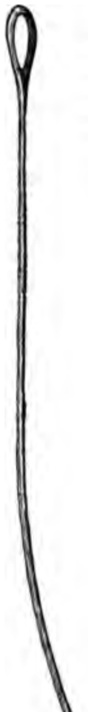
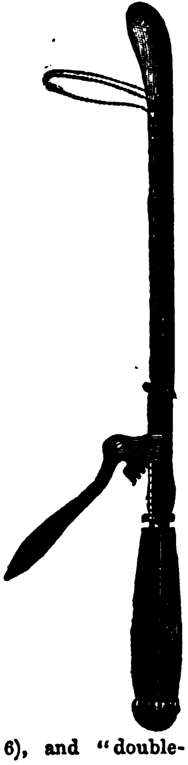


Fig. 8.
½ size.



Weiss' "canula ligature guide" (Fig. 6), and "double-pronged wire adjustor" (Fig. 7), are represented by the adjoining figures. It is plain that a ligature, when held by the "guide," can be passed up on one side of a polypus, and its ends introduced through the tube of the écraseur, while, by the aid of the "adjustor," the loop can be carried in all directions so as to embrace that portion of the tumour which it is afterwards destined to sever.

Fig. 8 represents Weiss' folding lithotomy scoop. By depressing the lever attached to the handle, the operator can incline the scoop at any angle, and thus increase the extracting power of the instrument. The same makers have added an improvement to the Liston's ligature needle, by cutting through the eye and providing it with a movable slide which closes the aperture. They have also modified the bullet scoop, by placing a strong concealed spring in the spoon-shaped extremity, which can be pushed behind the bullet when the instrument is in position; thus giving the operator more chance of extracting the bullet without much interference with the soft parts.

In conclusion, I may call attention to the dislocation apparatus of Dr. Cruise, which is manufactured by Messrs. Weiss. Extension is gained by a wheel and endless screw, and the mode of releasing the strain is very ingenious. The principal advantage of this instrument seems to be, that the operator has entirely under his control an immense power obtained by a small amount of trouble.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, WEDNESDAY, MAY 14, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Mr. Green, *President*, took the chair at Two o'clock, p.m.

Present—

Dr. Burrows.	Dr. Andrew Wood.	Dr. Corrigan.
Mr. Arnott.	Mr. Watt.	Sir Charles Hastings.
Mr. Cooper.	Mr. Syme.	Dr. Sharpey.
Dr. Acland.	Dr. Thomson.	Mr. Lawrence.
Dr. Bend.	Dr. A. Smith.	Mr. Teale.
Dr. Embleton.	Mr. Hargrave.	Dr. Christison.
Dr. Storrar.	Dr. Leet.	Dr. Stokes.
Dr. Alexander Wood.	Dr. Apjohn.	

Dr. Francis Hawkins, *Registrar*.

The Minutes of the last meeting were read and confirmed.

Read the following official notice:—

Apothecaries' Hall, London, E.C., April 19, 1862.

Sir,—I am directed by the Master, Wardens, and Society of Apothecaries of the City of London to acquaint you, for the information of the General Council of Medical Education and Registration of the United Kingdom, that the Society have chosen George Cooper, Esq., of Brentford, as a member of the General Council, in the room of the late John Nussey, Esq., resigned.

I have the honour to be, Sir,
Your most obedient servant,
Robt. B. Upton, Clerk to the Society.

Dr. Hawkins, Registrar of the General Council of
Medical Education and Registration.

Mr. Cooper was then introduced to the Council by Mr. Lawrence.

Read the following Report from the Pharmacopœia Committee:—

REPORT OF THE PHARMACOPŒIA COMMITTEE OF THE GENERAL MEDICAL COUNCIL.

May 14, 1862.

The Pharmacopœia Committee, appointed by the General Medical Council, beg to report to the Council that the manuscript of the "British Pharmacopœia" is now completed, and most of it ready for press. Until lately, the Committee confidently expected to have on this occasion laid a copy of the whole Pharmacopœia in proof on the Council table; but difficulties of a legal nature, from which the Council alone can relieve them, arose about two months ago, and have prevented them in the meantime from continuing their labours.

The Pharmacopœia Committee was appointed by the Council, in the first session of the Council, towards the end of November, 1858. In conformity with the plan for their proceedings approved by the Council, they associated with themselves members from the three Colleges of Physicians and the Pharmaceutic Society of Great Britain.

Sub-Committees having been then established at each of the three Capitals, they commenced their duties in February, 1859.

It was, in the first instance, resolved that the Pharmacopœia should consist of two Parts and an Appendix: the First Part to consist of the Materia Medica List; the Second Part, of the Preparations and Compounds; and the Appendix, of such articles as are not themselves used in Medical practice, but which are employed for the chemical processes and tests of the Pharmacopœia.

I.—The Materia Medica List contains every substance, whether obtainable in ordinary trade, or prepared by chemical processes in the Second Part, which the Committee have found, on careful inquiry, to be so far approved in practice as to be entitled to a place in a National Pharmacopœia. Not a few remedies, contained in the Pharmacopœias of the three Colleges of Physicians, have, consequently, been removed, and many new ones have been adopted. Under each article of the Materia Medica List, the Committee have given,—1. A Latin pharmaceutic name, by which it will be prescribed, an English synonyme for use in describing the processes in Part Second, and its chemical symbol, if it be a substance of definite constitution. 2. Its definition, together with its botanical reference, if it be a plant, or obtained from a plant, and also a reference to a correct figure of the plant; and, in all cases, when possible, a statement of the quarter whence the article is derived. 3. The characters by which it may be distinguished from all other articles in the establishment of the druggist. 4. The tests by which it may be known to be free of known impurities or adulterations. 5. The officinal preparations of which it is an active ingredient.

II.—The Second Part, or the Preparations and Compounds, comprises processes for all forms for the administration of medicines, for the extempore prescriptions of Practitioners, or for obtaining articles in the Materia Medica List by chemical operations.

The Committee took into consideration the question, whether the transference of the manufacture of many chemicals from the hands of the druggist into those of the manufacturing chemist, might not render it practicable to withdraw a great part of the chemical processes from the Pharmacopœia. But on mature examination it was resolved that they should be retained.

The Appendix needs no explanation.

The Pharmacopœia, thus organised, contains 322 articles of the Materia Medica List, 380 processes, Galenical and Chemical, and 49 substances belonging to the Appendix.

In order to settle what articles and processes should be introduced, as well as various other general or preliminary matters, it was soon found necessary to hold a Conference of Sub-Committees, consisting of three delegates from each.

The Conference met in London in May, 1859; and having settled, as far as could be done at the outset, the articles and processes to be admitted, they divided each part into three equal portions, and assigned the charge of one portion of each part to the three Sub-Committees.

The portions undertaken by each Sub-Committee, as they were brought to maturity, were submitted to both the other Sub-Committees, and after this revision, were corrected, where necessary, by that which originally undertook them.

It was found indispensable, however, to hold another Conference of Sub-Committees last year, in order to adjust many points which could not be settled by correspondence.

This meeting was held in Edinburgh, in September last. One important result of the Conference on that occasion was, that the whole chemical tests in the Materia Medica List, and the chemical processes in the Second Part, were sub-committed to two of the members, who twice met in Dublin, in October and December last, to make the necessary experimental investigations.

The meetings of all kinds which have thus been held for the business of the Pharmacopœia have been the following:—

The London Sub-Committee has met 149 times; that of Edinburgh, 105 times; that of Dublin, 131 times. The meetings of the two Conferences were ten in number, and the Chemical Sub-Committee in Dublin met eighteen times.

The Committee are able to state that the whole Chemical and Galenical processes of the Pharmacopœia, with the exception of some old-established ones, which admit neither of doubt nor improvement, have been subjected to experiment, some of them by more than one Sub-Committee.

Important differences between the existing Pharmacopœias of the three Colleges of Physicians rendered it imperative on the Committee to settle several difficult questions, in order to effect a uniform system for the three divisions of the kingdom.

The first was the system of Weights and Measures. In all the existing Pharmacopœias the Apothecaries' measures have been adopted or deduced from the "Imperial Standard" of ordinary trade in this country; and in the last edition of the Dublin Pharmacopœia, in 1850, a similar change was effected in the Apothecaries' weights. The Committee resolved to carry through the change begun in the Dublin Pharmacopœia by assimilating to one another in value the smaller weights and smaller measures. Adopting the imperial pound and ounce, they have divided the ounce weight of 437·5 grains, as all the Pharmacopœias had previously divided the corresponding ounce measure, into the convenient subdivisions of Pharmacy; so that the drachm is the 8th part, and the grain the 480th part of the ounce.

The weights and measures thus correspond with one another throughout all denominations under a pound. It will be seen that in this system the drachm and grain are about one-eleventh less than they were; and that the drachm is nearly double, and the grain about one-eleventh less than the drachm and the grain of the imperial standard. The Committee, however, satisfied themselves that no material inconvenience could arise from the latter circumstance, because the imperial drachm and grain are little used in any trade; and as to the alteration of their value in Pharmacy, the inconvenience will be little, and only temporary, because a proportionate change has been made in every process of the Pharmacopœia in which it appeared to be important; nor will any inconvenience arise to the Physician or Surgeon in their prescriptions, as the difference of an eleventh of a dose is a matter of no moment in regard to any remedy.

The Committee did not adopt this system without taking into account the strong recommendations they received, both in and out of the Medical Profession, to show an example to the country at large, by adopting a decimal system of weights and measures. The Committee were strongly impressed with the great advantages of such a system both in Pharmacy and Physic; but they were not prepared to say what decimal system should be adopted; and, on the whole, they were of opinion that the Legislature, and not the General Council, should take the lead in this matter.

Another important difference between the existing Pharmacopœias occurs in the nomenclature of the articles of the Materia Medica. As numerous changes were thus inevitable, the Committee have not hesitated to add others, whenever they could, by doing so, either consult the convenience of the Pharmaceutic Chemist and Medical Practitioner, or put an end to a positively false description.

A third and more serious difference exists among the Pharmacopœias of the Colleges, in the strength of preparations bearing the same or similar names. In this branch, too, of their duty, as amalgamation involved numerous changes in one division or another of the country, the Committee did not hesitate to make further changes, when they could thus secure the ultimate convenience of all members of the Medical Profession, as well as the safety of the public. The trouble to which Practitioners will consequently be put for a time, will be partly compensated by greater simplicity and convenience for the future. It occurred to the Committee that all risk to the public would be avoided, and extreme facility to the Practitioner attained, by so framing the formulæ for the preparations and compounds that all articles under one Galenical form should admit of being fitly prescribed in the same dose. Difficulties of detail have prevented this convenient system from being carried out to the full extent; but it has been attended to as far as possible; and increased facility in prescription will be found to have been thus attained.

The Committee must here add, that it will be incumbent either on themselves or on the General Medical Council to publish a warning to all Pharmaceutic Chemists and Druggists, that, on the publication of the Pharmacopœia, it will be impossible for them to discharge their duties to the public safely unless they destroy or alter all Pharmaceutic preparations they may have in store, which have been made according to present formulæ, and the strength of which is altered in the new Pharmacopœia. And a further caution must be given to all Medical Practitioners that it will be hazardous for them to exercise their profession without making themselves acquainted with all changes made in the strength of officinal preparations, which changes will be carefully noticed under each article.

If the Council take into account the great extent of inquiry which the Committee have had to undertake, the necessity of consulting the opinions of three separate Sub-Committees, far distant from one another, and the prior demands of a professional nature on the time and attention of all their Members, no surprise can be felt that a period of three years and a-half has been required to complete the work entrusted to them.

The performance of numberless experiments, the expense of Sub-Committee meetings, of two conferences of the united Sub-Committees, of extensive conjunct investigations in Dublin, the remuneration of secretaries, and sundry other less important charges, have involved heavy outlay and obligations, which will be much increased presently by the charges for printing and publishing the Pharmacopœia. After attentively considering in what manner the probable cost may be defrayed at least charge to the members of the Medical Profession, the Committee determined that the property of the work should be retained in the possession of the Medical Council.

Here, however, they have encountered a difficulty which has occasioned unforeseen delay. A doubt arose both as to the Pharmacopœia Committee having the legal right to make contracts with printers and others in the name of the Council, and as to any proceeding on the part of the Committee being sufficient to secure the copyright of the work in the Council.

As instructed by the legal adviser of the Council, the Committee are inclined to think that the Pharmacopœia ought to be laid before the Council at a general meeting, and formally sanctioned by them; and contracts must be entered into either by the Council itself, or by parties to be duly authorised to act in the Council's name.

Other legal questions have also arisen as to the copyright of the Pharmacopœia, and the power of the Council to prohibit invasion of it either wholly or partially.

On all these doubtful points it was found necessary to take legal advice; this has been done with the sanction of the President of the Medical Council; and the Committee hope to place the result before the Council at one of its early meetings.

Another question has also arisen, which involves essentially the nationality of the Pharmacopœia. The Medical Act does not contain any statutory injunction, that, after the publication of the Pharmacopœia, the Pharmacopœias of the College of Physicians shall cease to have effect, and that Pharmacy shall be practised according to the formulæ of the "British Pharmacopœia."

Now the London Pharmacopœia is enjoined as the standard throughout England by an order of her Majesty's Privy Council; the Dublin Pharmacopœia is by statute imperative as the standard in Ireland; and in Scotland the Edinburgh Pharmacopœia is by use and wont as exclusively the standard although it was never made so by statute or charter.

The Council will, therefore, perceive that there will be nothing to hinder any of the Colleges from republishing its Pharmacopœia, and nothing to prevent Pharmaceutic Chemists, Apothecaries, and others, from using either that or the latest edition of the same, except public spirit and private discretion. It will, therefore, be for the Council to determine whether the "British Pharmacopœia" should issue as a discretionary guide, or should be fixed as the national standard by the legislature. And should the Council resolve to adopt the latter alternative, which seems to be the more advisable course, the Committee have to add that no time should be lost in obtaining a short Act for the purpose during the present Session of Parliament.

R. CHRISTISON, *Chairman*.

1. Moved by Dr. STORRAR, seconded by Dr. SMITH—"That the report of the Pharmacopœia Committee be received and entered on the Minutes."—Agreed to.

2. Moved by Dr. ACLAND, seconded by Dr. A. SMITH—"That Mr. Ouvry, the solicitor, be requested to attend with a copy of the case submitted to counsel concerning the copyright, and any other papers he may have bearing on the 'British Pharmacopœia.'"—Agreed to.

Mr. Ouvry accordingly attended, and read the case submitted to counsel, and the opinion of counsel thereon.

3. Moved by Dr. APJOHN, seconded by Mr. HARGRAVE—"That the 'Business Committee' of the last meeting of the General Council held in 1861 be re-appointed, viz.:—Dr. Andrew Wood, *Chairman*, Mr. Teale, Dr. Embleton, Dr. Thomson, Dr. Corrigan."—Agreed to.

4. Moved by Dr. STORRAR, seconded by Mr. SYME—"That the education Committee be re-appointed, and that it consist of all the Members of the General Council."—Agreed to.

5. Moved by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS—"That a Finance Committee be appointed consisting of

"Dr. Burrows, Chairman	"Dr. Andrew Wood.
"Dr. Sharpey.	"Mr. Arnott."
"Dr. A. Smith.	

—Agreed to.

6. Moved by Mr. TEALE, seconded by Dr. EMBLETON—"That the Committe on Amendment of the Medical Acts be re-appointed and consist of the following Members:

"Dr. Corrigan, Chairman.	"Dr. Acland.
"Dr. Thomson	"Dr. Andrew Wood.
"Dr. Storrar.	"Dr. Sharpey.
"Dr. Apjohn.	"Mr. Hargrave."
"Dr. Burrows.	

—Agreed to.

7. Moved by Dr. STORRAR, seconded by Dr. BURROWS—"That Mr. Ouvry be requested to lay before the General Council the draft of the case for the opinion of counsel which, by direction of the Branch Council for England, he has prepared with reference to the educational clauses in the Medical Act."

(First Amendment.)

Moved by Dr. Acland, seconded by Dr. Thomson—"That Mr. Ouvry be requested to lay before the General Council the draft of a case which he has prepared for the opinion of counsel with reference to the educational clauses in the Medical Act."

(Second Amendment.)

Moved by Dr. Apjohn, seconded by Dr. Smith—"That Mr. Ouvry be requested to lay before the General Council a draft of a case proposed for the opinion of counsel, with reference to the educational clauses of the Medical Act, Sects. 18 (and the Schedule [A] therein referred to), 20, 21, 22, and 24."

Question put to the vote,—"That the original motion be amended."—Carried.

Second amendment put.—Carried.

8. Moved by Dr. Storrar, seconded by Dr. Stokes—"That the President and Dr. Christison, as Chairman of the Pharmacopœia Committee, accompanied by the Solicitor to the General Council, be requested to wait on the Secretary of State for the Home Department, to point out to him the position of the Council in reference to the publication of the Pharmacopœia, and to ask him to take such steps as may be necessary to enable the General Council to comply with Section 54 of the Medical Act."—Agreed to.

9. Moved by Dr. Alexander Wood, seconded by Sir Charles Hastings—"That a Committee be appointed to consider the mode of publication of the Register, and, if possible, to suggest some plan to secure its more general circulation.

"Dr. Alexander Wood, Chairman.
"Sir Charles Hastings.
"Dr. Storrar.
"Dr. Andrew Wood,
"Dr. Embleton.
"Dr. Smith.
"Mr. Teale.
"Mr. Cooper."

—Agreed to.

10. Moved by Dr. Andrew Wood, seconded by Dr. Alexander Wood—"That reporters be admitted to the meetings of the General Council."—Negatived.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the Minutes.

Majority—	*Minority—*
The President.	Dr. Alexander Wood.
Dr. Burrows.	Dr. Andrew Wood.
Mr. Cooper.	Dr. Apjohn.
Dr. Acland.	Dr. Corrigan.
Dr. Bond.	Mr. Teale.
Dr. Embleton.	Dr. Stokes.
Dr. Storrar.	
Mr. Watt.	
Mr. Syme.	
Dr. Thomson.	
Dr. Smith.	
Mr. Hargrave.	
Dr. Leet.	
Sir Charles Hastings.	
Dr. Sharpey.	
Dr. Christison.	

11. Moved by Dr. Storrar, seconded by Dr. Alexander Wood—"That it be referred to a Committee to consider and report whether any and what steps should be taken to remove from the Medical Register the names of persons who may 'have been guilty of infamous conduct in any professional respect;' and that such Committee consist of

"Dr. Storrar, Chairman.
"Mr. Arnott.
"Mr. Cooper.
"Mr. Teale.
"Dr. Acland.
"Dr. Thomson.
"Dr. Stokes.
"Dr. Smith.
"Dr. Alexander Wood."

—Agreed to.

Confirmed—Joseph Henry Green.

MINUTES OF MEETING, THURSDAY, MAY 15, 1862.

Mr. Green, *President*, took the Chair at Two o'clock p.m.

(*Present*—as before.)

The Minutes of the last meeting were read and confirmed.

The President stated that the Secretary of State for the Home Department had consented to receive the deputation respecting the Pharmacopœia appointed at yesterday's meeting of the Council, to-morrow, at half-past two o'clock.

The draft of a case proposed for the opinion of counsel, with reference to the Educational Clauses of the Medical Act, Sects. 18 (and the Schedule [A] therein referred to), 20, 21, 22, and 24, was submitted to the Council.

1. Moved by Dr. Alexander Wood, seconded by Dr. Storrar—"That the draft of a case for the opinion of counsel, which has been prepared by the solicitors, and laid before the Council, in conformity with its resolution of May 14 (No. 36, Sect 7), and which has been circulated in print, be held as read, and that it be now considered paragraph by paragraph."—Agreed to.

The Council then proceeded to consider the draft of the case, paragraph by paragraph, but had not concluded the consideration of it, when the hour for adjournment arrived. *Confirmed*—Joseph Henry Green.

MINUTES OF MEETING, FRIDAY, MAY 16, 1862.

Mr. Green, *President*, took the Chair at Two o'clock, p.m.

(*Present*—as before.)

The Minutes of the last Meeting were read and confirmed.

The President having quitted the chair, for the purpose of waiting on the Secretary of State for the Home Department, the chair was taken by Dr. Stokes.

Dr. Sharpey presented the following report from the Finance Committee, in reference to the expense of printing the General Register.

Report.

The Committee recommend that estimates be obtained from three different printers, of the following charges, viz.:—

1. Cost of purchase of the types employed in printing the General Register.
2. Annual cost of keeping the type standing.
3. Cost per sheet of annual additions.

W. Sharpey, Chairman.

1. Moved by Dr. Andrew Wood, seconded by Dr. A. Smith—"That the Report of the Finance Committee be received and entered on the Minutes, and that it be referred to the Committee on the publication of the Register."—Agreed to.

Dr. Corrigan presented the following report from the Medical Acts' Amendments' Committee.

Report.

The Medical Acts' Amendments' Committee beg leave to report that they have given their most attentive consideration to the several amendments proposed to Clause XL., and that they recommend the following amendment to that clause:—

"Any person who shall take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description, implying that he is qualified to practise any branch of medicine or surgery, such name, title, addition, or description not having been granted by any of the Licensing Bodies mentioned in Schedule (A) of this Act, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.

"N.B.—The heading of Section XL., so altered, might be:—Penalty for using Medical or Surgical designations by persons not qualified under Schedule (A)."

The Committee beg further to recommend that the several reports of the Medical Acts' Amendments' Committees of 1860, 1861, and the present year, be referred to the Executive Committee, with instructions to consult Parliamentary Solicitors, with the view of preparing a draft Bill, to be transmitted to the respective Branch Councils, for their consideration and observations. That such draft Bill, with any amendments proposed, be re-transmitted by the respective Branch Councils to the Executive Committee, in time to enable the Executive Committee to have a draft Bill ready for being submitted to the General Medical Council at its next annual meeting. J. D. Corrigan, *Chairman.*

2. Moved by Dr. Corrigan, seconded by Dr. Andrew Wood—"That the report of the Medical Acts' Amendments' Committee be received, and entered on the Minutes."—Agreed to.

Dr. Storrar presented the following report from the Committee appointed "to consider and report whether any and what steps should be taken to remove from the 'Medical Register' the names of persons who may have been guilty of infamous conduct in any professional respect."

Report.

On examining Section 29 of the Medical Act, it appears to the Committee that, while the General Medical Council are authorised, if they see fit, to erase, without further inquiry, the name of a Medical Practitioner from the "Medical Register," who shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, the name of a Medical Practitioner charged with infamous conduct in any professional respect, can only be erased when, after due inquiry, such Medical Practitioner shall be judged by the General Council to have been guilty of the infamous conduct in question.

The Committee are of opinion that the General Council, in relation to persons charged with infamous conduct in any Professional respect, are intended to exercise judicial functions; and that it would not be consistent for the Council to combine with the duties of judges the functions of public prosecutors, even if the constitution of the General Council, and the means at their disposal were such as to render it practicable for them to initiate proceedings against Registered Practitioners chargeable with infamous conduct.

The Committee are further of opinion that all such cases should be left to be taken up by persons unconnected with the Medical Council, who should be required to produce the evidence necessary to enable the Council to adjudicate upon them, having regard to the Standing Orders of the Council (Section 8)—"Removal of a Name from the 'Register.'"

J. Storrar, *Chairman.*

3. Moved by Dr. Storrar, seconded by Dr. Sharpey—"That the Report be received, and printed on the Minutes." Agreed to.

The President resumed the Chair, and informed the Council that the Secretary of State for the Home Department had listened with great attention to the representations of the deputation respecting the Pharmacopœia, and that he had desired the solicitor to send him the draft of the proposed Bill, with a letter explaining the grounds on which the Council sought Legislative interference.

Mr. Ouvry submitted to the Council the draft of an explanatory letter to be sent with the proposed Bill.

4. Moved by Dr. Storrar, seconded by Sir Charles Hastings—"That the draft letter to Sir George Grey, read by Mr. Ouvry, be approved by the Council."—Agreed to.

5. Moved by Dr. Acland, and seconded by Dr. Storrar—"That the following resolutions be added to the standing orders of the General Council:"

1. That it is within the province of Branch Councils to obtain the opinion of counsel upon all points on which they require such opinion for their guidance.

2. That when the points on which they require an opinion refer to matters belonging to the General Council, such Branch Council shall forward to the other Branch Councils a copy of the case to be submitted to counsel before it is so submitted.

3. That if such case be submitted to counsel with the concurrence of the three Branch Councils, the expense shall be borne by the General Council.

(Amendment.)

Moved by Dr. Alexander Wood, seconded by Mr. Lawrence—"That it is inexpedient to lay down regulations for emergencies which can seldom occur, and that it appears to the Council better to discourage any Branch Council from taking an opinion which is required not for its own guidance, but for that of the General Council."

"The previous question" was then moved by Mr. Arnott, seconded by Dr. Andrew Wood, and carried.

The Council resumed the consideration of the draft of a case proposed for the opinion of counsel, with reference to the Educational Clauses of the Medical Act, Sects. 18 (and the Schedule [A] therein referred to), 20, 21, 22, and 24.

Ordered—That the draft case, as amended by the Council, be transmitted to Mr. Ouvry, the solicitor, for his revision, previously to its being again considered by the Council.

Read the following letter from Richard Hughes, Esq., M.R.C.S. Eng. and L.R.C.P. Edin.:—

10, Clarence-square, Brighton, September 21, 1861.

Sir,—I am desirous of calling your attention to the declaration recently adopted by the College of Physicians in Ireland as requisite to be taken by all Candidates for its licence. It is thus reported in the *Lancet* of August 10, 1861 :—

"I engage not to practise any system or method (so-called) for the cure or alleviation of disease, of which the College has disapproved. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a Licentiate or Fellow of the College, I thereby render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding £20), or expulsion, or surrendering of the diploma, whichever the President and Fellows of the College, or the majority of them, shall think proper to inflict."

"This resolution makes the first granting and subsequent tenure of the diploma of this College dependent on an avoidance of all systems of medicine disapproved of by the College, by which, of course, Homœopathy is mainly intended. Now, such a course of conduct is in direct contravention of Clause XXIII. of the Medical Act, which runs thus :—

"'In case it shall appear to the General Council that an attempt has been made by any body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of Medicine or Surgery as a test or condition of admitting him to examination or of granting a certificate, it shall be lawful for the said Council to represent the same to her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice.

"See also Clause XXVIII.

"It is well known that Clause XXVIII. was introduced into the Medical Act expressly to prevent any one being hindered in obtaining or deprived of his diploma on the ground of his belief in Homœopathy. The King and Queen's College of Physicians in Ireland, therefore, in requiring this declaration to be taken by all candidates for its licence, has offended against both the letter and spirit of the Medical Act. And I call upon you, Sir, as President of the Medical Council, to report this proceeding to the Privy Council, that the proper measures may be taken for checking or punishing this breach of the law. "I am, Sir,

"Your obedient Servant,

"Richard Hughes.

"(Registered under the Medical Act.)

"To the President of the Medical Council."

Dr. A. Smith, the representative of the King and Queen's College of Physicians in Ireland, explained that the declaration complained of was of very old date; that the College has never expressed any opinion on any theory of Medicine, and that therefore it never did impose any restraint on the practice of Medicine by any candidate; and, moreover, that the declaration referred to does not exist in the present code of bye-laws.

6. Moved by Dr. Corrigan, seconded by Sir C. Hastings—"That the Council decline to take any steps in the above matter."—Agreed to.

Confirmed—Joseph Henry Green.

MINUTES OF MEETING, SATURDAY, MAY 17, 1862.

Mr. Green, *President*, took the chair at Two o'clock, p.m.

(*Present*—as before.)

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—"That the returns of the number and names of candidates who have passed their respective final examinations, and the number of those who have been rejected, which have been received in compliance with the 23rd Recommendation of the Medical Council, and also the returns received in compliance with the 16th Recommendation, be referred to a Committee, who shall report upon them to the General Council."—Agreed to.

Names of Committee.

Dr. Embleton, Chairman.
Mr. Cooper.
Dr. Thomson.
Dr. Leet.
Dr. Apjohn.
Dr. Stokes.

2. Moved by Dr. Stokes, seconded by Dr. Apjohn—"That a Committee be appointed to report on the returns received in accordance with the following resolution of the Medical Council (See Minutes of General Committee on Education for Monday, July 1, 1861, Sect. 2, page 7):—'That the Registrar be directed to communicate with the several Colleges and bodies mentioned in Schedule (A) of the Medical Act, with the view of ascertaining whether they have taken any steps to determine how far the certificates given to students for attendance on Hospitals or lectures are granted on *bonâ fide* attendance.'"—Agreed to.

Names of Committee.

Dr. Stokes, Chairman.
Dr. Acland.
Mr. Hargrave.
Dr. Apjohn.
Dr. Sharpey.
Mr. Teale.

3. Moved by Mr. Syme, seconded by Dr. Storrar—"That the Regulations lately issued by the College of Surgeons of England for the qualification of candidates for their licence are not in accordance with the recommendations of the Medical Council, and are not 'such as to secure the possession by persons obtaining such qualifications of the requisite knowledge and skill for the efficient practice of their Profession.'"

(*Amendment.*)

Moved by Dr. Thomson, seconded by Dr. Sharpey—"That the Regulations lately issued by the College of Surgeons of England for the qualification of candidate for their licence are not in accordance with the recommendations of the Medical Council, and that the College of Surgeons be requested to re-consider the grounds on which they have departed from the recommendations of the Council, and to state whether or not the Regulations lately issued by the College in reference to professional study are intended to be merely of a temporary nature, or whether it is the intention of the College, at an early period, to bring their Regulations into entire conformity with the standard recommended by the Council."

"The previous question" was then moved by Dr. Corrigan, seconded by Dr. Apjohn, and carried.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the Minutes.

Majority.	*Minority.*
Mr. Arnott.	Dr. Storrar.
Mr. Cooper.	Dr. Alexander Wood.
Dr. Acland.	Dr. Andrew Wood.
Dr. Bond.	Mr. Syme.
Dr. Embleton.	Dr. Thomson.
Mr. Watt.	Dr. Leet.
Dr. A. Smith.	Dr. Sharpey.
Mr. Hargrave.	Dr. Christison.
Dr. Apjohn.	
Dr. Corrigan.	
Mr. Lawrence.	
Mr. Teale.	
Dr. Stokes.	

Confirmed—Joseph Henry Green.

PROVINCIAL CORRESPONDENCE.

◆

LIVERPOOL.

May 20.

The distress in Lancashire is a subject which excites just now so much attention throughout the whole Kingdom, that I hope your readers may feel some interest in the result of inquiries which I have made, at your suggestion, as to the effects of the cotton famine on the health and general condition of those who feel its pressure most severely.

I am not able to make any positive statements in reference to the county as a whole, but I will give you some account of that which I have ascertained by my own observation or by inquiry from those who had opportunities of acquiring the information which I required—firstly, as to Liverpool. We are not here so entirely dependent on cotton for the employment of the working classes as they are in the purely manufacturing towns of Lancashire, so that the proportional amount of distress is less in this town than in these; nevertheless, a large number of working people have suffered and are suffering still among us. The time of greatest destitution with us was in the end of February and the beginning of March last, when an obstinately chronic east wind kept vessels out at sea, and threw out of work a vast number of dock labourers and cotton porters, upon which the number of persons, not being vagrants, who came to the parish for relief, ran up from 20,385 in the third week of February to 42,618 in the fourth, and to 49,542 in the first week of March, when happily the wind changed, the ships came in, and the number on the parish relief books came down to 27,523, from which figure it has continued, though with some fluctuations, to diminish to the present time. Great efforts were made to meet the pressure on the poor by the parochial authorities and by the various charities of the town; work was provided for the unemployed, soup-kitchens were opened, and bread-tickets freely distributed, so that no one at any rate need fear starvation; but, after all, no parochial relief or private benevolence can effectually replace the regular earnings of the people, and with all that was done they must have suffered severely. I have endeavoured to ascertain to what extent the health of the inhabitants, and especially the poor, has been affected.

With regard to the general state of a town, I suppose that the death-rate from typhus is one of the best tests, and I am informed by Dr. Duncan, the Officer of Health for Liverpool, that the deaths from fever of all types amounted during the first three months of this year to 129, being an increase of eight over the corresponding period of last year. I have asked many of the parochial district Medical officers for their experience as to the increase or otherwise of this disease, and find no proof of any large number of cases having occurred, unless in the Toxteth-park district, in which I am informed there have been a considerable number. The number of sick in the Hospital of the Workhouse has certainly been augmented. In the four weeks of February, 1861, the average number was 732; 1862, 845. For the four weeks of March, 1861, 771; 1862, 849. For the five weeks of April, 1861, 653; 1862, 750. In the Fever Hospital of the Workhouse the average number of patients during February, 1861, was 36; 1862, 65; March, 1861, 55; 1862, 64; April, 1861, 40; 1862, 50. The sudden increase of cases to nearly double the number of the corresponding months last year, and the more than double that of the preceding month of January, was due mainly to measles among children; this disease prevailing also at the same time in the town among children of all classes. The other diseases prevalent among the poor do not appear to have differed in any material degree from those of former years, so that here we have, as yet, been spared any marked increase in the quantity of disease among the community at large.

To ascertain, however, what has been the effect of the cotton famine in those places in which the people may be said to live on cotton, I thought it would be well to select one and endeavour to judge of it by personal observation as well as by report, and accordingly I went to Preston. In this town and its immediate vicinity, (according to a report of the Relief Committee,) there are employed 25,000 persons, young and old. Of these 7600 are working full time, 7700 short time, and about 9700 not at all; while the additional hands indirectly thrown out of work by the stoppage of mill-power brings up the total of the unemployed to considerably more than 10,000. It is estimated that at a very moderate average each of these has to provide for one other person, so that at least 20,000 people have been deprived of their means of subsistence, and the poor of Preston are now losing, at the lowest computation, £8000 per week, owing to the diminished amount paid in wages.

On my way I could not but notice in passing through Wigan, which bristles all over with tall factory chimneys, how curiously different was the state of the atmosphere from that which one considers its normal condition around a manufacturing town. Instead of the thick, black, overhanging cloud of smoke, to which in ordinary times all the chimneys seem to contribute with steady unanimity, there was a column of smoke from a chimney here and there, while the great majority could not have been more innocent of smoking had it been prohibited by a heavy penalty.

In Preston I do not think that a stranger could see anything on the surface to indicate the suffering which unquestionably exists. The principal thoroughfare was bustling with market people, there were but few idlers, and there seemed scarcely any street-begging. I do not remember to have been stopped more than twice during the whole day, and on both occasions the "solicitors" evidently belonged to the fraternity of professional mendicants. I endeavoured to ascertain, by inquiry from Medical men, and at the various institutions, whether any appreciable effect had yet been produced on the health of the people by the privations to which they have been subject. Asking specially with regard to fever, I was informed by Dr. Spencer that, as a rule, Preston is remarkably free from it, and that at present the town is, on the whole, in a good state of health. Dr. Haldan, who, from his connexion with the Medical service of the parish, sees a large number of the sick poor, told me that there has been hitherto no increase of fever, or of any disease attributable to destitution. At the Dispensary, Mr. Brown, the House-Surgeon, said that the number of patients then on the books was high, and had been so for some time; but that the increase commenced before the dearth of cotton, and could not, therefore, be attributed to it. He had noticed a diminution in the number of injuries, especially to the hand, which are so frequently brought under his notice while the mills are running. Children's maladies had not increased; and in fact, exemplifying the proverb, that "it is an ill wind that blows nobody any good," the poor children appeared to have been rather better looked after than usual, since their mothers were not so much away from home as when they were at work at the mills. It may be remembered that during the celebrated Preston strike of a few years since, although the destitution was very great, the infant mortality materially diminished from the same cause. One difference in the Dispensary patients appeared to be due to the prevailing distress —the increase in the number of the higher class of workmen who now apply, and who would at other times pay their own Medical man for advice, etc.

At the Workhouse and at the House of Recovery there were the same answers—no increase of sickness traceable to the destitution. The latter Institution is the only Hospital in Preston; it has about fifty beds, and is intended to receive those who are sick and chargeable to the parish, but not fit inmates for the Workhouse. Some of the wards I found unoccupied, and only one case of fever—a child with scarlatina—in the whole of it. Now, it may be asked, how is it that there is this unquestionable distress—the means of finding food cut off from ten thousand people, and yet no starvation and no disease? The answer is to be found partly in the efforts made to relieve the people, and partly in the temper and behaviour of the people themselves. A Relief Committee, employing 120 visitors, has been at work since February, distributing bread and soup; and in alliance with these, a committee of ladies superintends the distribution of beef-tea, gruel, cooked meat, etc, to the sick, at the request of the Dispensary or Parish Surgeon. These cases average 90 per day. The last week reported 3422 cases, including about 15,000 individuals, were relieved with 8754 loaves (3½ lbs.), and 14976 quarts of soup, and this is about the average amount which has been distributed in each of the last twelve weeks; the total expenditure having been for the whole of this period £3018 19s. 7d., while 7882 persons are relieved by the parish, at a weekly cost of £475. About 1100 men are employed working on the moor, near the Fulford-road, at the rate of a shilling a-day, the number of days' work given to each ranging from two and a-half for single men up to six for those with families. This work is intended more as a test and a means of occupation than anything else, and is objected to by comparatively few, I believe, though in some instances it appears to press rather severely on those who have been used to in-door occupations, and are not fit for hard work. Stone-breaking is reserved as a test for only a few, and is rather severe, as the men are paid by the ton, and it requires a really skilful hand to make anything at this work.

I think I should omit one most important item, even in a sanitary point of view, if I were not to refer to the quiet, uncomplaining courage with which the people have met their trial. In going round with one of the visitors from the Relief Committee, I was much struck with the absence of anything like grumbling. One poor man, into whose house I went, told us he had four days' work on the moor per week (at one shilling per day), and two loaves, to keep himself and his wife, who had been down "nelly thirteen year" with what she termed "th' asthmatical compleent," which "worsened i' th' winter." He praised the goodness of the bread he got, and when asked how he could do with the little that was coming in, only said, "We mun do as weel as we con." The instances of imposition on the Relief Fund are, I was told, very few, and in Preston, as elsewhere, it has happened that those to whom relief tickets had been given, and who had unexpectedly obtained work, brought the tickets back rather than receive anything from a charitable fund when they were able to get food by their own exertions. I believe that theirs is no feigned aversion to what I heard one factory woman call "idle bread." Almost all the rooms into which we went, though in a most poverty-stricken district, were clean, and the people themselves, though many must have been "hungry and hard drove," were cheerful. Again and again we came on instances where lodgers unable to pay anything were, nevertheless, kept on, and even helped from the scanty store of those with whom they lived; but I might go on and fill far too much of your space with non-Medical details were I to attempt to describe all I saw; this, however, I must say forced itself upon my mind when I thought of the cold stone floors and bare walls and miserable beds that I had seen, that although there has not yet been actual starvation, and though there has been no pestilence, yet only let Winter find the people as they are, even with the tide of benevolence towards them in full flow, and there can be but little doubt that the two grim comrades, Famine and Pestilence, will carry death into many a household, and that unless, before the cold weather comes again, the mass of unemployed are set to work, there will be a very different account to give to that which I have now to render.

My time did not permit me to visit Wigan, but I am informed, through Mr. Hawett, that severe as the distress is there, the amount of sickness is very trifling.

PLURAL BIRTHS.—As we have been instrumental in propagating an American hoax on this subject, we may mention that the case referred to at p. 419 of the present Volume has now been discovered to be one of those senseless productions termed hoaxes.

ARMY MEDICAL DEPARTMENT.—We hear that it is in contemplation to appoint a Staff Surgeon to attend the staff and departments in London. Although many officers and others resident in London are entitled to Medical attendance under the War Office regulations, no Medical officer has hitherto been appointed to take charge of them during sickness. It is understood that the officer who is to receive this desirable appointment is to be selected for eminence in his Profession.

OBITUARY.

JOHN RICHARD FARRE, M.D.

The death of this distinguished and veteran Physician, which we announced in our last Number, took place on the 7th instant, at his residence, Pentonville, in his 88th year. Dr. Farre had so long retired from practice, that the public generally, and, indeed, a large number of his professional brethren, were unaware that he continued to survive. But although by most persons he was supposed to have long since passed away, yet the memory of this excellent Physician and Christian gentleman lives undiminished in the hearts of a large number of persons to whom he had endeared himself by a rare combination of excellent qualities. The great eminence, indeed, which he attained in his Profession, and the respect which he won from all classes, serve to show how much may be achieved in this free country by ardent and devoted love of a Profession, combined with indomitable industry, and the highest moral and religious principles, unaided by any adventitious assistance from wealth, interest, or connexion.

Dr. Farre was a native of Barbadoes, and the son of a Physician in extensive practice in that island. Conceiving at an early age a strong predilection for medicine, he came to England, and was entered, in 1792, as a pupil at the united Hospitals of Guy's and St. Thomas's. Here his devotion to anatomy soon attracted the attention of Sir Astley Cooper, whose intimate friend he subsequently became. After studying for two years he obtained his diploma in Surgery, and revisited his native country, where for a short time he practised as a Surgeon. But returning to England, he obtained his M.D. degree first at Glasgow, and then at Aberdeen, having attended the usual classes in Edinburgh, and finally settled in London. Here he commenced practice as a Physician in 1804, and in the same year he assisted his friend, Mr. John Cunningham Saunders, in founding the London Infirmary for Curing Diseases of the Eye, now the Royal London Ophthalmic Hospital. This charity Dr. Farre supported through the long career of his public life, with all the aid of his large and influential connexion, and of his time, talents, and purse. This, indeed, was one of the great works of his life; and it cannot be questioned that to his unflagging energy and singular devotedness of purpose the success of this valuable Institution, which has been the parent of many offshoots, and the seat of education of a large number of Ophthalmic Physicians and Surgeons, is in a great measure due.

In 1806 Dr. Farre was admitted a Licentiate of the College of Physicians, and was subsequently appointed Physician to the London Dispensary, which office he held until 1810.

In the following year he edited the posthumous work of his friend Mr. Saunders, to which he added a short account of the author's life, and his method of curing congenital cataract, illustrating the facts contained in the work by a variety of plates.

He now devoted a large portion of his time to the pursuit of morbid anatomy. With the assistance of numerous professional friends, added to the opportunities which his own practice afforded, he formed a most valuable collection of pathological specimens. Of the most important and interesting of these he procured coloured drawings, and in order to ensure the greatest accuracy in their delineation, he obtained the services of a miniature painter, whom after instructing in anatomy, he, in conjunction with Sir Astley Cooper, employed for many years.

In this manner he gradually formed a collection of drawings illustrative of morbid anatomy, many of which, for accuracy of delineation and delicacy of finish, have never been surpassed.

These were intended to illustrate a series of pathological works, of which two parts only, viz., those devoted to the morbid anatomy of the liver, were published. The first part in 1812, and the second in 1815. Between these there appeared also, in 1814, his Essay on Malformation of the Heart, illustrated by plain engravings.

The greater portion of the preparations from which these drawings were made, together with numerous other specimens, were collected to form a museum, and served to illustrate the lectures which from time to time he gave to his professional friends, in a large room fitted up as a lecture theatre at his professional residence in Charterhouse-square. This museum is now preserved as a separate collection in St. Bartholomew's Hospital.

Dr. Farre enjoyed for a long series of years an extensive practice, and in 1835 he was elected a corresponding member of the Royal Academy of Medicine, Paris. He had long before this confined himself entirely to consulting business, finding that his health was breaking up under the demands of his large practice. For this reason, in the year 1823, when he was forty-eight years of age, he resigned the sole care of cases. He continued to practise until 1850, when he quitted Charterhouse-square altogether, and retired to St. Leonard's, being then in his seventy-fifth year; and although he subsequently returned to his private residence at Pentonville, which he had occupied for nearly fifty years, he rarely saw patients; and on the occasion of resigning his office of Consulting Physician to the Royal London Ophthalmic Hospital, in 1856, he may be said to have quitted the Profession altogether.

Probably the great influence which the opinions of Dr. Farre had, both upon the Profession and the public, arose from his strong and consistent advocacy of the necessity, as well in the treatment of disease as in the ordinary habits and employment of life, of the conservation of the vital forces. His view that health is maintained by the due balancing of those forces, while the disturbance of that balance produces disease, and its loss death, was a bold and broad basis upon which he founded those successful teachings which caused his expositions to be received always with marked attention. These views are forcibly exemplified in the evidence which he gave before Select Committees of the House of Commons, in the inquiry into drunkenness, and in relation to the Bills for regulating the labour of children in mills and factories, and for the due observance of the Sabbath. His argument for the necessity of setting apart one day in seven as a day of rest, viewed as a day of compensation for the inadequate restorative power of the body, under continued labour and excitement, may be taken as an example of his fine reasoning powers, and of the commanding and forcible language in which he was able at all times to express himself. This, indeed, constituted a great charm in all his conversations and teachings, and it was impossible to enjoy the pleasure of his society for even a brief period without perceiving that in him were combined, with the finest order of intellect, an uncompromising character and the highest Christian principles. And these, which he never failed to make manifest on all occasions,—for he deemed it eminently a part of his mission to be the Physician of the soul as well as of the body,—added to his large experience, uniform sympathy, kindness, and consideration for others, both in and out of the Profession, and especially for the clergy, with whom he was a great favourite, have caused him to leave a name universally esteemed, honoured, and venerated.

Poisoning by Mistake.—On Tuesday last an unfortunate tradesman in Pimlico was poisoned through swallowing an embrocation instead of a draught. The bottle seems to have borne a label stating that the contents were for outward application only. Some complaint was made that there was no label with the word *poison*; but, really, if persons are too ignorant and careless to notice the label which states that it is a liniment, there is little hope that they will attend to anything else. The sharp-pointed corks of the Liverpool chemist, and the square, coloured, and obstructed bottles of Savory and Moore, are all very well in their way, but human carelessness is too strong for them.

A Cow Doctor Poisoned.—On Monday, Mr. Bedford, the Coroner for Westminster, held an inquest on the body of Leopold King, aged 28, in the employ of Messrs. Harslett, cowkeeper, of Duke-street, Grosvenor-square, who was found insensible from the mortal effects of opium administered under mysterious circumstances. It appeared that deceased received from his mistress, at an early hour in the morning, some opium, sulphur, and nitre, for the use of the cows, and was shortly afterwards discovered lying insensible in the cow-sheds. He was promptly removed to St. George's Hospital, and it being ascertained that he was suffering from poisoning by opium, which is believed to be a part of that given him for the cows, the usual remedies were applied, but without success, and the unfortunate man died in a few hours. It is said that deceased was in the habit of taking opium, and on this occasion helped himself to an overdose. Cows occasionally are affected with diarrhœa, for which half-drachm doses of opium are administered.

MEDICAL NEWS.

Royal College of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen have passed their First Professional examinations during the May sittings of the Examiners :—

Hugh Boyd, Ayrshire; Hopetoun Currie Collier, Dumfriesshire; John Mackay, Caithnessshire; John J. M'Keogh, County Tipperary; Robert Stobie, Caithness; Dennis Turnbull, County Durham; William Waite, Yorkshire.

And the following gentlemen have passed their Final examinations, and been admitted L.R.C.P.E. & L.R.C.S.E. :—

George Bland, Kerry; James Dixon, Perthshire; Jules Labonté, Mauritius; Samuel M'Bean, Balmaghie; George Stockwell, Musselburgh; James Walker, Edinburgh; Edward Wright, Nottingham.

Royal College of Surgeons, Edinburgh.—The following gentlemen have passed their First Professional examinations during the May sittings of the Examiners :—

John Brown, Haddington; John Craw, Earlston; Robert O. Cunningham, Prestonpans; Walter Lorraine, Dumfriesshire; Alexander D. H. Monro, Edinburgh; John Pringle, Edinburgh; John Robertson, Blair-Athole; James Smith, Dumfriesshire; Peter White, Haddington.

And the following gentlemen have passed their Final examinations, and obtained the Diploma of the College :—

Percy Boulton, Beverley; Richard Carroll, Limerick; Robert James Blair Cunynghame, Edinburgh; William Watson Campbell, Yetholm; William Hancock Davis, Newry; Alexander Dewar, Kincardine-on-Forth; George Fyfe, Leith; Robert Jolly, Fermanagh; John Lightbody, Peebles; John Laidlaw, Milligan, Dumfriesshire; Peter Maxwell, Ayr; John Mackenzie M'Lean, Argyllshire; William Russell, Edinburgh; James Davison Robertson, Orkney; Adam Robertson, Dunfermline; James Robert Swanton, County Cork; William Riddell Watson, Glasgow.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 20th inst., viz. :—

Messrs. Henry Robert Fawcus, South Charlton, Alnwick; Julius St. Thomas Clarke, Leicester; Walter Mackern, Blackheath; Herbert Topham, Derby; George Jenkyn Thomas, Haverfordwest; James Alonzo Taylor, Great Barr, near Birmingham; and Albert Nesfield Cookson, L.S.A., Stowmarket, Students of Guy's Hospital. John Smith, Edinburgh; John Wallace, M.A., Aberdeen, Turriff, Aberdeenshire; and Harry Foote, Conisborough, Yorkshire, of Edinburgh. James Henthorn Todd Connor, Wandsworth, and Charles Antonini, Surbiton-park, Surrey, of King's College. Thomas Littlehales Smith, Victoria Iron Works, Monmouth, of the Westminster Hospital. Thomas Matyear Rouse, Coleshill-street, Eaton-square, of St. George's Hospital. Albert George Cox, Chard, Somerset, of St. Thomas's Hospital. Thomas Wilson, Edenfield, near Bury; William Thelwall, Farndon, near Chester; and Valesius Skipton, Gouldsbury, Galway.

The following gentlemen were admitted members on the 21st inst. :—

Messrs. Matthew Lee, Bradford, Yorkshire; Robert Parr Oglesby, Gomersal, near Leeds; Thomas Murgatroyd, Shipley, near Bradford, and Thomas Churton, Leeds, of the Leeds School. Thomas Theodore Steward, Wolverhampton; John Harvey, L.S.A., Birmingham; William Baddeley, Wellington, Shropshire, and John Edwards, Birmingham, of the Birmingham School. James Proctor, Iron Bridge, Shropshire; John Turner, Stickney, Lincolnshire, and Dyce Duckworth, Liverpool, of the Edinburgh School. Philip Richard Tomlinson, Wakefield, Yorkshire, and Thomas Heath Curtis, Alton, Hampshire, of St. George's Hospital. John Lyman, Weston Favell, Northampton, and John Quiller Couch, Palperron, Cornwall, of Guy's Hospital. Charles Henry Biddle, Newcastle; Michael Comerford, Galway; Elijah Barker, L.S.A., Sheffield; George Bedford Salvator Sanders, Williamstown, County Dublin, and Robert Paton, Manchester.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 15, 1862 :—

Joseph Lynn Fletcher, Manchester; Samuel King, Upper Stamford-street; Thomas Henry Thorne, St. Bartholomew's Hospital; Hugh McLean, Newcastle-on-Tyne; James Bendall, Trowbridge, Wiltshire; William Saul, Banbury, Oxon.; Thomas Corbett, St. Thomas's Hospital; Isaac Howard Swain, St. Olave's Rectory, Hart-street.

APPOINTMENTS.

Allan.—William Allan, L.F.P.S. Glasg., is performing the duties of Parochial Medical Officer for Carsphairn, Kircudbrightshire, until a successor to the late James Ritchie, L.R.C.S Edin., has been appointed.

Arlidge.—John Thomas Arlidge, M.B. Univ. Lond., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., has been appointed Physician to the North Staffordshire Infirmary, Etruria, Newcastle-under-Lyme.

Balman.—Thomas Balman, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Physician to the Exeter Dispensary.

Bate.—Frederick Henry Bate, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been elected Medical Officer to the Union Workhouse, Ware, Herts, *vice* William McNab, M.R.C.S. Eng., L.S.A. Lond., resigned.

Gibbons.—Mr. J. H. Gibbons, has been appointed Dispenser to the Royal Dispensary and Infirmary, Windsor, Berks, *vice* Mr. W. W. Coker, resigned

Gooday.—Augustus Frederick Gooday, M.R.C.S. Eng., L.S.A. Lond., has been appointed one of the Physicians to the North Staffordshire Infirmary, Etruria; also Medical Officer of Health for Newcastle-under-Lyme, *vice* George John Wood, M.D. Univ. Edin., deceased.

Heane.—James Peat Heane, M.R.C.S. Eng., L.S.A. Lond., has been appointed Justice of the Peace for Gloucester.

Hunter.—George Yeates Hunter, M.D. Giessen, F.R.C.S. Eng., has been appointed Medical Superintendent of the Margate Branch of the Deaf and Dumb Asylum, Old Kent-road.

Jackson, Hughlings.—Dr. Hughlings Jackson, Physician to the Metropolitan Free Hospital, has been appointed Assistant-Physician to the National Hospital for Epilepsy and Paralysis.

Milroy.—Gavin Milroy, M.D. Univ. Edin., F.R.C.P. Lond., late Government Medical Inspector in Jamaica, and Member of the Sanitary Commission to the Army in the East, has been appointed Honorary Secretary (jointly with Mr. Radcliffe) to the Epidemiological Society, *vice* Dr. J. O. McWilliam, deceased.

Morgans.—John Morgans, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the Huntington District in the Kington Union, Herefordshire, *vice* Mr. William Blakely, M.R.C.S. Eng., L.S.A. Lond., resigned.

Radcliffe.—John Netten Radcliffe, M.R.C.S. Eng., formerly of the Ottoman Medical Staff, has been appointed Honorary Secretary (jointly with Dr. Milroy) to the Epidemiological Society.

Smith.—Henry Fly Smith, M.B Oxon., has been appointed one of the Physicians to the Exeter Dispensary.

Vardy.—Joseph Vardy, M.R.C.S. Eng., has been re-elected Medical Officer and Public Vaccinator for the Eastern District of the Rothbury Union, Northumberland.

Wookey.—James Wookey, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident-Surgeon to the Dispensary, Weston-super-Mare, *vice* John Henry Love, M.R.C.S. Eng., L.S.A. Lond., resigned.

DEATHS.

Brown.—May 3, Gerrard Brown, L.A.H. Dub., Resident Medical Officer for twenty-three years of the North Union Workhouse, Dublin.

Flint.—May 12, George Flint, of Buxton, Derbyshire, M.R.C.S. Eng., L.S.A. Lond., aged 55.

Guthrie.—May 11, Robert Guthrie, of Abernethy, by Newburgh, Fifeshire, L.R.C.S. Edin., Staff Surgeon R.N. (seniority September 9, 1819).

Kitelee.—May 9, Thomas Kitelee, of No. 10, Everett-street, Russell-square, L.S.A. Lond., aged 59.

Lallemand.—M. Ludger Lallemand and three others of the Medical officers of the French expedition to Mexico, have already died of the yellow fever. M. Lallemand, so well known in this country for his researches on the action of anæsthetics and alcohol, left France for Mexico in the most exuberant health and spirits, full of hope and courage, still quite young, and of a robust constitution. Many others of our *confrères* are doubtless destined to succumb to this terrible pest; and it is a matter of congratulation that our own expeditionary force has been withdrawn.

Lucey.—May 12, Timothy Lucey, of Brook-lodge, Cork, M.D., aged 64.

Parr.—April 26, John James Parr, L.A.H. Dub., Apothecary to the Meath Hospital and County Dublin Infirmary, which office he had filled for the long period of thirty-three years, aged 65.

Rowcliffe.—May 9, James Henry Rowcliffe, of Tarporley, Cheshire, L.S.A. Lond., aged 57.

Whitsed.—May 8, John Whitsed, of Wisbeach, Cambridgeshire, M.D. Univ. Edin., M.R.C.P. Lond., M.R.C.S. Eng., aged 77. He was an Alderman of the Borough, and filled the office of Mayor in 1845 and 1851.

A Death from Chloroform in New York.—The *Boston Journal*, of March 20, states that a death from chloroform took place at the Belle Vue Hospital, New York, regarding which the journals of that city have maintained silence. If so, this is very reprehensible; for in order to enable a decision on the chloroform question to be arrived at, it is of great importance that every accident from the use of this substance should be faithfully recorded. We have reason to believe that in our own country also such cases have not always been published. In the present case, according to the *Boston Journal*, a small quantity of unexceptionable chloroform was administered to a young woman, in order that an injury to the shoulder-joint might be painlessly examined. She was not brought even completely under its influence when she died, even before the examination was completed, there being nothing unusual in her condition to explain the result. The Boston editor takes this occasion to renew his protest against chloroform being continued to be employed in place of ether, which is as efficacious and not a dangerous agent.

A New Dodge of Quack-Doctors.—We have heard of Satan transforming himself into an angel of light; but it is something new to hear of gentlemen who practise as itinerant herbalists and quacks, and who usually profess to have infallible cures, yet condescending to attend lectures and Hospital practice, and going up for examination before a licensing body, so that they may carry on their herbalist trade under the sanction of a real diploma. Yet we hear of a West-country "Chemist and Herbalist," who has a son who is studying at a Scottish University, and is said to be a member of the Edinburgh College of Surgeons, whilst himself is studying at a London Medical School, in the hope of going up to the Hall and College. It is rather a ludicrous thing that a man should one day be listening to a teacher of orthodox medicine, and the next appear at a market in a county town selling drugs to all comers. Of course it is a good thing that any man should study; but it would not be a good thing that a herbalist should get a legitimate diploma, and we hope that the authorities will be put on the *qui vive*.

THERE is a Company, styled the "Patent Eureka Sanitary and Manure Company," which has been endeavouring to get scope for their labours at Southampton. They propose to abolish privies and cesspools, and to supply suitable boxes, one of which, containing a peculiarly strong deodorant, is fixed under the seat, and when full is replaced by another. These boxes are collected by a closed van and conveyed to the Company's works, where, after undergoing various processes, the sewerage is converted into a manure, certainly not inferior to Peruvian guano. The system has been introduced into Hyde, Cheshire, where it has worked admirably, and testimonials as to its efficiency and cleanliness have been received both from the owners and occupiers of houses in that town. The manure manufactured by their process is applicable to all sorts of land. They would make the necessary alterations both in privies and water-closets, and collect the soil free of charge, or if the Corporation would provide the plant, the Company were prepared to give them 10 per cent. upon the outlay, collecting, of course, the soil at their own expense. Mr. F. Cooper, the Officer of Health, said the scheme was not a very new one, but if they adopted it instead of their water-closets, it would, in his opinion, in a sanitary point of view, be going backwards. It would answer very well in places where there was no efficient system of drainage.

THE TURKISH BATH IN THE TREATMENT OF INSANITY.—Dr. Power, resident Physician of the Cork Lunatic Asylum, in a speech delivered on the occasion of the presentation of an address and testimonial to Dr. Barter, on April 23, 1862, recommended in highly eulogistic terms a trial of the Turkish bath in the treatment of the insane. Speaking of his own experience of its effects he said:—"Of course, out of more than 500 patients in the Institution all were not expected to recover, nor were they all under treatment for the purpose; but the best way of showing the effects of the bath would be by statistics. It was only fair to conclude that if the proportion of cures had been greater since the introduction of the Turkish bath than before it, this bath must have had some influence in producing that desirable result. I see by my notes that for the year ending March, 1861, the cures were 59 per cent.; but for the nine months ending 31st December last, during which period the bath had been in use, the per-centage of cures was 76—that is, 74 had been cured out of 96 entered. That was more than double the number of cures produced in any asylum in England. The patients, after the first few baths, all seemed to be much pleased with it, and were always longing for the time when it was to be administered. Those who had suffered a relapse, after having been sent out cured, showed no unwillingness to return to the Asylum; and even asked to be taken there at once, in order that they might get the bath, as they considered that nothing else would cure them. I have never seen any ill effects from the bath, except a little nausea and a slight fainting in a few instances, but after a bath or two those effects disappeared. Up to that time I have used it on more than 900 cases, and since March, 1861, 30 idiotic patients have been removed to a higher class, and rendered capable of enjoyment and of doing work about the establishment. I would recommend the introduction of the Turkish bath into all public Institutions, and I am firmly convinced that it has as beneficial an influence on the system as air and exercise."

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY.—An important Act has passed Congress, by which a much-needed modification of the Medical department will take place. Without the aid of the voluntary constituted Sanitary Commission, indeed, the Department would have found itself incapable of meeting the sudden and tremendous crisis which has arisen. It has now undergone a change and expansion which will probably enable it to meet all emergencies. Its force is to be largely added to, and an efficient sanitary branch welded into it, so as to keep the health of the entire army under constant inspection. The rank of Surgeon-General is in future to be equal to that of Brigadier-General. But the most important change is, that the practice of selection for the higher offices is to be substituted for that of seniority—a valuable change if appointments be made uninfluenced by political partisanship. The first appointment made by the President under the new Act is that of Dr. Hammond as Surgeon-General of the Army, and seems to have given great satisfaction. In his Department of the South, General Hunter has issued an admirable code of sanitary regulations, which have emanated from the Sanitary Commission, and which will probably do much to ward off some of the dangers from malaria which await the troops during the ensuing summer.—*American Medical Times*, No. 17.

HYDROPHOBIA IN FRANCE AND PRUSSIA.—In the hope of checking the prevalence of hydrophobia in France, an impost on dogs was imposed in 1855. The number of these animals did not, however, diminish much, their average number in Paris being about 60,000; and so far from that of the cases of hydrophobia having decreased, they have not been so numerous during twenty years as for the last three years. The most effectual means of preventing dogs biting, and thereby communicating the disease, seems to be muzzling them; and M. Renault, the distinguished veterinarian, in a communication to the Academy of Sciences, states that the assertion that muzzling dogs, by the constraint it produces, is itself a cause of rabies, is utterly unsupported by any well-established facts. On the other hand, he points out the results which have been obtained in Berlin from a general and permanent muzzling of all dogs not tied up at home. A tax had already been imposed with no diminution of the number of cases of hydrophobia, when in 1854 the muzzling was ordered and strictly executed upon all dogs not tied up. From the year 1845 to 1853 inclusive, 278 cases of rabies (nearly 28 per annum) were verified at the Berlin Veterinary School; while from 1854 to 1861 inclusive, only nine cases have occurred, and none of these since 1856. The conclusions which M. Renault draws from these facts are, that spontaneous rabies is of very rare occurrence, and that permanent and general muzzling of dogs is a highly efficacious means of preventing the propagation of the disease.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 17, 1862.

BIRTHS.

Births of Boys, 938; Girls, 932; Total, 1870.
Average of 10 corresponding weeks, 1852–61, 1669·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	579	546	1125
Average of the ten years 1852–61	566·3	519·9	1086·2
Average corrected to increased population..	..	..	1195
Deaths of people above 90	..	..	5
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	..	5	1	10	11	1
North ..	618,210	1	5	10	2	12	21	1
Central ..	378,058	..	7	9	3	5	9	1
East	571,158	2	12	9	1	6	22	3
South ..	773,175	1	7	25	3	6	20	4
Total.. ..	2,803,989	4	30	58	10	39	84	10

NOTES, QUERIES, AND REPLIES.

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He that questioneth much shall learn much.—*Bacon.*

There are letters at our office for "R. M.;" "M.R.C.S.;" "Stet Nominis Umbra;" and "Nota Bene."

It is proposed to publish a Portrait of the late Dr. McWilliam, C.B., F.R.S., etc., by George B. Black.

Mr. B. Roberts.—Write to Mrs. Bradshaw, Secretary of the Cranley Village Hospital, Knowle, Cranley; or to J. D. Eames, Esq., Secretary of the Bourton-on the-Water and Cotswold Village Hospital.

Hull Infirmary.—Mr. Evans' communication has been received.

We have received several letters in reference to the employment of a secret anæsthetic agent in midwifery practice, by a gentleman holding a prominent Professional position in one of the metropolitan suburbs. The writers allege that the gentleman in question has also lent himself to practices which are contrary to the established rules of Professional etiquette. The Practitioner referred to has, in a letter to this Journal, disclaimed any intention of infringing the rules which should guide Professional conduct, and has promised to publish his mode of producing anæsthesia. We trust that he will take an early opportunity of fulfilling his promise, and of thus reinstating himself in the good opinion of his Professional brethren.

PROFESSIONAL ETIQUETTE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you kindly enlighten me on a point of etiquette? One of the older Practitioners in the town takes a young man, unmarried, as a partner; is it the duty of the old Practitioners of the town to call upon the young new-comer, or should the younger call upon the elder first?

I am, &c. VINDOMIS.

[There is no duty either way. It is an affair of courtesy and custom; and we think that as the new-comer is properly introduced, the established men should call on him.—ED.]

THE EXTRACT OF THE FUCUS VESICULOSUS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can any of your correspondents tell whether a regular series of experiments is being made in England as regards Dr. Duchesne Duparc's extract of "Fucus Vesiculosus," or is it ordered at all? I have not heard of any Physician here prescribing it. It would be well if the French pamphlet was translated, and the English cases placed side by side, and deductions drawn. It would be well to know what change of diet or mode of life is required (if any), in order to the proper result; what constitutions it is likely to injure, and what organs to affect; the doses to begin with, the symptoms to expect, and the result to hope for.

I am, &c.

Dublin, May 20. AN IRISH PHYSICIAN.

P.S.—Also, does the preparation keep, and how shall we know it to be fresh?

OBSTETRICAL SOCIETY OF LONDON—ANÆSTHESIA IN MIDWIFERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the report of the proceedings of the Obstetrical Society of London contained in your last Number, it is stated that Dr. Priestley considered my apparatus too fragile for the purpose of administering chloroform. Allow me to observe that my answer to Dr. Priestley is not given,—namely, that before giving his opinion it would be better that he first handled it. (He had only seen it at a distance when he said so.) I would further remark that what he did see was an apparatus of my own rude construction, which had unfortunately met with an accident before exhibiting it to the Society. As I have had an extensive clinical experience of the practical strength and general utility of the apparatus, I beg to state that it is in nowise fragile, but will stand the roughest usage it is ever likely to meet with with impunity. In point of economy it saves from 60 to 70 per cent. of chloroform.

I very much regret that from unavoidable circumstances I was too late in sending an abstract of my paper to the Secretary of the Society for publication in your pages. Let me trust that I am not too late to be allowed to state that, since my paper was read, I have succeeded in getting the apparatus made to my entire satisfaction, if not greatly improved, by Messrs. Maw and Son, of 11, Aldersgate-street, London, where specimens may be seen, as also in their cases at the International Exhibition. Two kinds have been made by them, one for carrying in the crown of the hat, and another for a leather case. I am, &c.

Liverpool, May 19. THOMAS SKINNER, M.D.

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Through the medium of your Journal I beg to inform the Poor-law Medical officers that the Master and Wardens of the Society of Apothecaries have forwarded to me a petition for presentation to the House of Commons, a copy of which is annexed.

The Council of the British Medical Association have also been good enough to draw up a memorial to the Select Committee.

I feel assured that I am only uttering the sentiments of my brethren when I express our best thanks for their efforts in our behalf; but every medal has its reverse side, and I regret to say that Mr. Cane—Poor-law Inspector—has given evidence at considerable length against our claims for redress. He says, "I do not think the present system of Medical relief admits of any particular recommendation with a view to the increase of its efficiency." Mr. A. Doyle, another Poor-law Inspector, says, "I think that if a Medical officer were elected every three years, instead of holding his appointment as now permanently, it would be an improvement. I would confine the three years' appointment to the Medical officers only." Comment is unnecessary. Dr. R. Fowler, East London Union, and Dr. Moore, Bethnal-green Union, have given evidence; but I have not yet seen it, and therefore cannot give an opinion, further than that the former has stated his evidence is in favour of a payment on pauperism, which I am perfectly satisfied cannot be carried out.

And I here challenge Dr. Fowler to take the return commonly called "Lord Elcho's," and extract from it the number of paupers and the number of patients, and publicly, through the medium of your Journal, show the Poor-law Medical officers by his plan the average payment per patient, and how near they approximate to uniformity for each Medical officer; also the present salary and the salary by his plan in the City of London Union, Epsom Union, Staines Union, Epping Union, and Highwork and Swinton Union, each of which is situate in one of the first five divisions in the Kingdom. As upwards of 500 Medical men have lately sent me subscriptions, amongst whom are 20 metropolitan men, some of whom speak positively against Dr. Fowler's plan, I feel justified in saying the plan of the Association, as laid by me before the Select Committee, has a powerful body of supporters.

About eighty pages of the pamphlet are already printed; I therefore trust in a fortnight from this date it will be in the hands of the Select Committee and subscribers. I am, &c. RICHARD GRIFFIN.

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

"The Petition of the undersigned Master and Wardens of the Society of the art and mystery of Apothecaries of the City of London,

"Humbly sheweth, that your Petitioners are well assured that it would be the wish of the Legislature that the poor should receive adequate Medical relief in the hour of sickness and suffering, and that your honourable House would not withhold the necessary means for securing that object.

"That your Petitioners are painfully convinced of the total inadequacy of the existing arrangements for such Medical relief, and of the injury to the sick and suffering poor resulting therefrom.

"That if a searching inquiry were directed by your honourable House into the existing arrangements for the Medical relief of the poor, it would not fail to result in the adoption of a system of relief more in accordance with the necessities of the poor, and more in harmony with the humane and enlightened legislation of modern times.

"That one very great evil of the existing system is the wretched pittance offered in the majority of instances to the Poor-law Medical officers, who are permitted to discharge their anxious and responsible duties on a scale of remuneration (so called) which in many cases leaves them actually out of pocket for the medicines which they administer, leaving skill and labour wholly unrequited, and that such a state of things, apart from the injustice to the Medical officers, is calculated to affect very prejudicially the welfare of the suffering poor.

"Your Petitioners therefore humbly pray that your honourable House will grant a full and searching inquiry into the present system of Poor-law Medical relief, with a view to the redress of the grievances which are the result of the present system.

"W. Buchanan, Master.
"Richd. Clewin Griffith, } Wardens."
"Henry Combe,

PROPOSED MODIFICATION OF REGULATION XV., BY MR. GRIFFIN.

From and after the 24th day of June next ensuing, the salary of the present and all future Medical officers shall be fixed in accordance with the number of patients and average duration of illness. The calculation shall be made on an average of the last three years, and annually, for three years, a fresh calculation shall be made on an average of the three preceding years, after which a triennial calculation shall be made. But should any dispute arise as to the number of patients or the duration of illness, then the Poor-law Board shall settle such dispute, or may direct that the payments shall be made in accordance with the number of patients the Medical officer may in future attend and the duration of illness, but after three years the salary shall be fixed on a triennial calculation in the manner already described. The salary shall be calculated at not less than one shilling per week per patient, so long as his name appears on the book of the Medical officer, and he has been seen by the Medical officer either at his own residence or that of the Medical Officer, or at a Dispensary, or has had medicine, the last entry of such visit, attendance, or medicine to be considered a termination of the case; but should such last entry appear on or after a Board day, then the patient shall be considered as being on the book for the ensuing week. Provided, however, that where the guardians find the medicines for the sick poor, then and in such case one-third of the said annual fixed salary shall be deducted from the payments proposed to be made to the Medical Officer.

In addition to the above payments there shall be paid a further sum to be called mileage, &c., &c., as already laid before the Select Committee.

COMMUNICATIONS have been received from:—

Mr. C J. EVANS; Mr. R GRIFFIN; Dr. CHOLMELEY; Mr. LAWSON; Dr. R. D. THOMSON; Mr. C. D. JOHNSON; Mr. ROBERTS; Dr. CAMERON; Mr. ROBERT OKE CLARK; Mr. R. WESTBURY; Dr. CAPLIN; Dr. MITCHELL; Mr HOOPER; Dr. HAWKINS; Mr. MILNER; Dr. SKINNER; Mr. BRUCE; Mr. F. D. FLETCHER; THE SECRETARY OF THE ASYLUM FOR IDIOTS; Dr. DICK; Dr. D. WALKER; Dr. MORIARTY; AN IRISH PHYSICIAN; Dr. TANNER; Dr. A FARRE; MEDICUS; ROYAL INSTITUTION; REGISTRAR-GENERAL; ROYAL MEDICAL CHIRURGICAL SOCIETY; Mr. DUBROCH; Mr. CALKIN; Dr. E. BISHOP; NEW EQUITABLE ASSURANCE; and THE MEDICAL COUNCIL.

APPOINTMENTS FOR THE WEEK.

May 24. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Anderson, "On Agricultural Chemistry."

26. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St Mark's Hospital, 1½ p.m.

27. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 4 p.m. The Rev. G. Butler, "On the Art of the Last Century."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. Syme, "On the Cure of Iliac Aneurism." Mr. Toynbee, "On Necrosis and Extrusion of the Cochlea." Mr. Brodhurst, "On Reduction of Old Dislocations."

28. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

29. *Thursday.*

Operations at St. George's, 1 p.m; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Lyon Playfair, C.B., "On Some of the Chemical Arts."

30. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. T. Bazley, Esq., M.P., "A Plea for Cotton and for Industry."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Division of Cicatrix after Burn; Division of Tendo-Achillis; Removal of a Tumour from Breast; for Cleft Palate.

ORIGINAL LECTURES.

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CLINICAL LECTURES ON THE

PHYSIOGNOMICAL DIAGNOSIS OF DISEASE.

DELIVERED AT THE

ROYAL INFIRMARY, EDINBURGH,

By THOMAS LAYCOCK, M.D., etc.

Professor of the Practice of Medicine and Clinical Medicine;
and Lecturer on Medical Psychology and Mental Diseases in the
University of Edinburgh.

Lecture X.—The Diathetic Diagnosis of Bright's Disease, and of Cardiac and Renal Dropsies.—*Bright's Disease and Consumption—Degenerations of Kidneys—Scrofulosis and Tuberculosis—Waxy Kidneys and Fibroid Degeneration—Gouty Kidney.* Œdema and Anasarca—*Fallacies of Theories as to Causes of Renal Dropsy—"Metastatic" and Recurrent Anasarca in Bright's Disease—Theories of Metastases and Crises—Case of Metastasis in Cardiac Dropsy—Fallacies as to Causes of Cardiac Dropsy—Stasis and Gravitation Theories.* Nervous System in Anasarca—*Hemiplegic and Paraplegic Dropsy—Causes. Local Nervous Œdemas—Conjunctival, Palpebral, Facial, Cervical and Thoracic, Præcordial, Lumbar and Genital, Paraplegic, General Causes of Local and General Sweats—Rules of Treatment.*

Gentlemen,—We have four cases of pulmonary consumption under treatment complicated with Bright's disease, or chronic nephria. One of these, Hannah D., had that form termed "waxy kidney," and suffered also from profuse sweats. Anasarca is, perhaps, as characteristic a sign of Bright's disease as hæmoptysis and sweats of phthisis; we will, therefore, consider the pathological meaning of these watery effusions: but, first, as to the diathetic diagnosis of Bright's disease. The question has been raised whether it is of scrofulous origin or not. Long ago, Dr. Christison expressed his belief that it occurred chiefly in persons of scrofulous habit, having observed it to be coincident in several instances with pulmonary phthisis. Dr. Watson partakes in M. Solon's doubts whether this coincidence is more than casual, and Dr. Bright found it a rare occurrence. Tubercular disease of the kidneys may, according to our views, be either due to yellow tuberculosis, when its primary seat will be the mucous membrane of the straight urinary tubules, or it may be the grey or miliary tubercle seated in the parenchyma or fibrous capsule of the kidney, and of very common occurrence; but not, perhaps, the cause of any important symptoms. It is usually only a part of a more general tuberculosis affecting other parenchymatous organs and their serous coverings, as the peritoneum, liver, and spleen, as well as the lungs and pleura. The yellow tubercle is much less common in the kidney, so that it is very rarely seen as a concomitant of phthisis (a). Perhaps as an independent lesion it is still more rare. I have seen, however, one well-marked case in a man, aged 63, who had albuminuria, ending in profuse hæmaturia. The kidneys, more especially the right, were found stuffed with curdy scrofulous matter, such as is sometimes found in the cavity of the uterus, and which, under the microscope, presented all the characters of yellow tubercle. The more common diathetic degenerations of the kidney, either with or without phthisis, are of two kinds,—namely, the amyloid or waxy, and the fibroid. Some of the chronic desquamative diseases may, however, be classed with the scrofulous, especially when there is fatty degeneration.

The waxy, or lardaceous kidney, is the "eighth form" of Rokitanski's arrangement, and he says this arises from inveterate scrofulous or rickety disease, but especially from syphilitic or mercurial taint, and is associated with analogous affections of the spleen and liver. It is certainly seen in cases of phthisis, and as the physiognomical characteristics of this kind of constitutional degeneration closely resemble those of scrofulosis, the two were probably confounded by the earlier observers. The differential diagnosis is not difficult. Pathologically, amyloid differs from the true scrofulous degeneration in the leading circumstances that the smaller blood-vessels seem to be primarily the seat of degeneration, and the connective and scrofulous tissues consecutively, whereas in true scrofulosis, as we have seen, it is the mucous membranes and the lymphatic and other cell-producing blood-glands that are primarily involved. The diathesis is usually a low type of the vascular-rheumatic or strumous-rheumatic, or there are marks of the syphilo-strumous constitution. When phthisis complicates and hæmoptysis comes on, it is more commonly intercurrent than precurrent, and the progress of the disease is characterised by a comparative absence of febrile movements, or true hectic. A form of leukæmia, too, is associated with it. The blood (as you have had abundant opportunities of seeing) contains numerous large white granulated corpuscles; there is extreme pallor and anasarca or œdema, and commonly copious micturition, with albuminuria. In boys, sometimes a periosteal affection of some of the bones—as the tibia, sternum, or a rib—is one of the lesions. You have this kind of complication in the case of Murphy, Ward I., who has a strumous-like ulcer over the lower jaw, communicating with a necrosed part of the bone. And in some cases the lymphatic glands are enlarged, occasionally to an enormous size: this, and their extreme hardness and elasticity distinguish the diseased state from scrofulosis, which it closely resembles. These are, however, rarely seen in consumption, and when they do occur, coincide with a very slowly progressing form. And it is to be remembered, that you may have the most extensive amyloid degeneration of other viscera,—as the liver and spleen, as well as of the kidneys,—and the lungs be wholly unaffected.

Now, it is an important practical question whether the renal disease in these kinds of consumption is precurrent or intercurrent, because preventive as well as curative treatment depends upon it. I think we may conclude that in the cases we have had under observation, the degeneration of the kidney is intercurrent and consecutive to the lung disease, or, at least, to the causes of the lung disease. In two cases, certainly, we have seen the symptoms of Bright's disease appear after those of lung disease were established. The plastic or fibroid degeneration of the kidney, which ends in contraction or atrophy of the organ, follows the same laws as fibroid degeneration in the heart or lungs. The rheumatic diathesis predisposes more especially to it; and it is that change which so commonly follows upon dram-drinking. The gouty kidney is quite a different thing; it is of very rare occurrence here; I have had only one case, the distorted gouty hands and the kidneys of which are deposited in the museum of the University. This form is characterised by atrophy, and interstitial deposit of urates in the connective tissue, or else within the straight tribuli uriniferi, and is a gouty lesion. In considering the diathetic diseases of the kidneys, you may take as a guide the analogous affections of the lungs. Thus, bronchitis corresponds to desquamative nephritis, plastic bronchitis to desquamative nephritis with tube casts, pneumonia to plastic exudation into the malpighian corpuscles and the connective tissue. There are variations, however, in the symptoms and course of renal diseases, which depend wholly upon the special functions of the kidney, namely, the elimination of water, urea, extractive, and the carbonaceous compounds that constitute the colouring matter of the urine. Amongst the most striking of these is albuminuria, with dropsies and dropsical effusions.

The Diagnostic Value of Œdema and Anasarca has been amply shown to you at the bedside, for we have had a great variety of cases to examine. I shall do best by summarising the results of our observations. A young German, a Bohemian glass engraver, came to the ward complaining that for the last three or four days he had had headache, pain in the loins and epigastrium, and loss of appetite. He was very pale, his lower eyelids and conjunctivæ were œdematous, and he said his feet and ankles swelled. We concluded that he had acute nephria, or "Bright's disease," but as we could not then obtain any of his urine, we could not confirm the diagnosis from his physiognomy. We took him into the ward, and shortly found that he had albuminuria with granular tube-casts. On careful examination, the sacral region was observed to be œdematous, and the legs as far as the knees. He had no cardiac or pulmonary lesion. His history is a short one. Up to Sunday, December 1, he was in good health. On that day he had rigors, headache, lassitude. Next day, when he went to work in a cold, damp shop, he found his feet were swollen, and he was weak. On December 6 he came into the Infirmary. He was treated by cupping over the loins, hot-air bath, rest, and diluents; and on the eleventh day from the rigor the tube-casts disappeared, the œdema began to subside, and he was convalescent. Now cases of this kind are very common, but in a more simple form, and are then apt to be overlooked, or treated as dyspepsia, a feverish cold, and the like. It is not so, however, when the patient has a general anasarca, the face swelling, and the trunk and limbs getting suddenly too large for the clothes. But, whatever the extent of the serous effusion, these cases have such a general character as to be classed with the more chronic disorder of the kidney with dropsical effusion, the main difference being in the duration of the disease, and not in the amount or extent of effusion. But anasarca is a distressing and prominent symptom in cardiac as well as in renal diseases, and this fact gives importance to the sign in physiognomical diagnosis; hence we are naturally led to inquire what morbid tendencies and states are indicated by it. Now, we have had no fewer than fifteen cases in which there was either œdema or anasarca, some with, others without albuminuria or cardiac disease; but also four cases of albuminuria, in which there was little either of one or the other; two, indeed, with neither. This diversity has led us to inquire more particularly into the current doctrines as to the diagnostic significance of anasarca and œdema, and, therefore, as to the morbid states upon which it depends; and the result is, that we have found them insufficient and untenable.

(a) A patient with yellow tubercle (scrofulosis) of the lungs died recently in Ward I., who had purulent urine and hypogastric pain in addition to well-marked signs and symptoms of phthisis, which dated twelve years back. After death there were found yellow tuberculosis of the left kidney, which was riddled with cavities, scrofulosis of the mucous membrane of the bladder, and scrofulous deposit in the prostate. The testicles and right kidney were free. This was the only case of true scrofulosis of the kidney which Professor Laycock had met with in the clinical wards. Dr. Haldane, the Pathologist of the Infirmary, thought the lesion occurred in from 2 to 3 per cent. of the cases of phthisis examined, while miliary tubercle was seen in from 30 to 40 per cent.

First, then, general anasarca has been long held to indicate a general cachectic state. This was the doctrine of the ancient Greek Physicians. The principal cause of dropsies, says Aretæus, is a cachexia, or bad habit of body. Sydenham attributed them to a serous cachexia, or a watery state of the blood—in modern phrase, hydræmia. And in recent times, chronic renal disease is usually believed to develope this condition of the blood, and it is concluded, therefore, that the anasarca in Bright's disease is dependent upon an "anæmia," or hydræmia. To the case of the German, however, this theory cannot apply; we examined his blood microscopically and did not discover that peculiar condition of the corpuscles which we see in chronic Bright's disease. Nor do I think we can reasonably conclude that a few days of albuminuria can lead to such blood-changes in these acute cases as will be followed by anasarca, when we examine cases of blood disease in which the symptom is wholly absent. There is the case of A. M., in Ward I., a man who has long suffered (for four years) from continued cachectic disease, and probably has now amyloid degeneration of the liver, spleen, and kidneys. He passes from 80 to 100 ounces of highly albuminous urine daily, and has done this for an indefinite period. The smaller white corpuscles (lymph-corpuscles) are very abundant in his blood, and he is singularly pallid, yet he has not a trace of œdema or anasarca anywhere. We have examined the blood at the bedside in many of these cases, and although it is certain a cachectic blood highly predisposes to anasarca or œdema, yet I am of opinion that there is only one kind of leukæmia which *necessarily* induces them, and that is the kind which is associated with erysipelatous inflammation. The blood in all the cases of this kind I have examined as yet, when drawn from the inflamed surface, contains very large white corpuscles such as I demonstrated to you in blood taken from the face of a patient in Ward II., who had facial erysipelas. These corpuscles differ, however, as to size, at least from these of splenic and renal leukæmia (b).

Another theory of anasarca is more mechanical. It is this: a certain amount of transpiration through the skin is constantly going on in an individual in health, which relieves the blood of much water. When in such a person as a labourer, sweating through the day at his work, this transpiration is suddenly checked by the application of cold to the skin (and this is the most common cause of acute anasarca), and the kidney, from some imperfect action, does not supplement the defect in cutaneous transpiration, the aqueous fluid thus detained in the blood-vessels seeks,—to use Dr. Watson's words,—and at length finds, some unnatural and inward vent, and is poured forth into the areolar tissue or into the cavities bounded by the serous membranes. In short, the vessels may be said to overflow. And this theory is at the foundation of the use of diaphoretics and diuretics in these cases, for clearly the indication of treatment is to excite cutaneous and renal transpiration anew. Nor is the theory without some support in pathology, as in the case of A. M., just referred to, for it may be fairly advanced that in his case the absence of anasarca or œdema, or serous effusion, is due to the copious diuresis he experiences.

Careful observation is, however, against this theory, for, in the first place, cutaneous and renal transpiration are constantly checked in labourers and others, and there results not anasarca but rheumatic fever, or pneumonia, or other acute disease; and secondly, there are cases of anasarca and Bright's disease in which micturition is abundant. Such a one is that of Murphy, who passes from forty to seventy ounces of urine per diem, or that of Hannah D., who passed urine abundantly, and had persistent diarrhœa and sweats besides, and yet had extreme anasarca of the legs eleven days before death.

Recurrent and Metastatic Anasarca.—Further, any theory to be complete should explain those cases in which there is recurrent or metastatic anasarca. You will not unfrequently find that in certain cases the anasarcous effusion increases and diminishes at certain periods, or even wholly disappears as rapidly as it sometimes comes on. I have seen numerous examples of these cases, and, indeed, you have witnessed several already. There is, for example, the case of Murray, in Ward I. He was an old *habitué* of the Infirmary, and had long-standing Bright's disease, with great anasarca of the legs and œdema of the face, eyelids, and conjunctiva. When admitted his urine was highly albuminous and bloody, then he had complete hæmaturia and therewith pains in the legs from the toes to the groin, but the anasarca rapidly disappeared. Gradually he fell into a comatose state and died. This was, therefore, a metastatic dropsy. After death we found waxy degeneration of the renal arteries and malpighian bodies, and atrophy of the tubuli, but nothing to explain the hæmaturia. His *os frontis* had holes in it from old syphilitic disease, and the cerebral ventricles contained abundant serum. There is also the case of Murphy, a lad of 18, which illustrates the class of recurrent anarsarcas. He had Bright's disease with anyloid degeneration of intestinal villi and spleen, as well as partially of the kidneys, and was under observation from October 1 to January 12. Mr. Andrew Smart, clinical clerk in charge, has carefully recorded the progress of the case, and we find on examining the entries that the urine passed daily varied in quantity from 125 to 14 oz., the minima and maxima having a monthly period of recurrence. During the minimum period of micturition, which continued for five days, there was a distressing exacerbation of all the signs and symptoms, as increase of anasarca, pulmonary œdema, greater orthopnœa, and the like—the fifth day being the worst; then the distress began to subside, the anarsarca to diminish, and the urine to flow more copiously. It is easy, doubtless, to refer the relief of the orthopnœa to the increased micturition, but in truth the converse may be as fairly deducible, the phenomena being coincident and not consecutive. These changes in the anasarcous effusions and in the symptoms were formerly much more remarked than in our modern day (when the course of diseases has such little attention), and were noted to occur in various forms of dropsy, whether consecutive to scarlatina, or to splenic, hepatic, or renal diseases. They have been regarded as examples of *crises* or serous *metastases*, in which the effusion in one part leads to absorption in another, or *vice versâ*. Thus Dr. Watson says, "When anasarca suddenly leaves the extremities and fatal coma follows, it appears probable that the absorption is the first of the changes, and the effusion the second; and had this effusion been determined to the mucous membrane of the intestines, to the skin, or to the kidneys, it would have brought relief to the patient instead of causing death."

This theory of metastasis is as old as it is ingenious and plausible; but it is not a sufficient theory, as the case of Mary A., in Ward XI., proves. This was a case of cardiac dropsy, with recurrent anasarca at the menstrual period. She was a stout woman, aged 30, who had had symptoms of cardiac disease for five years. A month before her admission into the Hospital, just at her menstrual period, anasarca came on in the thighs and legs, with orthopnœa. In a few days she was better, but an exacerbation again took place at the next menstrual period, when she was admitted into the Infirmary,—menstruating, in fact, on the very day of admission. She was found to have mitral constriction, but no albuminuria. She was relieved of the pressing symptoms in a few days, but within two or three days of her next menstruation she became very much worse; the legs, in particular, became so anasarcous that I found it necessary to incise and puncture the ankles. In a few hours thereafter she manifested head symptoms, and next day the left side was hemiplegic. Now, immediately after this, while the left leg and thigh became more and more distended with effused serum, the right was gradually restored to its natural proportions, or, in other words, the so-called metastasis took place *after* the hemiplegia, and was limited to the right or *unparalysed* side. She died comatose on the twenty-eighth day from her last menstruation. A post-mortem examination showed that there was no unusual amount of fluid in the ventricles of the brain more than is seen in similar cases unmarked by any head symptoms whatever; but there was plugging of the middle cerebral artery by a fibrinous mass derived from a clot in the left ventricle.(c) Now, the theory of metastasis has no validity here; the head symptoms *preceded* the sudden disappearance of the anasarca; it was limited to one leg; and no metastatic serum was found in the ventricles of the brain.

(b) At this moment there is a man in Ward I. (J. R.) with Bright's disease of five months' standing. He is very pallid, and the urine highly albuminous, with waxy and fatty tube-casts, and averaging 40 to 50 ounces daily. He had never more swelling than a slight puffiness of the feet, and this has disappeared; yet his blood is highly cachectic, the red corpuscles "tailing," flabby and large, like those of the frog, and an abundance of white granular corpuscles.

The theories of cardiac anasarca and dropsical effusions differ somewhat from those of the renal class: they are developed from a consideration of the course of the blood in the vessels. They are, in fact, almost wholly mechanical, and usually illustrated by the experimental researches of Lower, who, after tying the large veins in dogs, found that anasarcous infiltration of the tissues whence the radicles of the ligatured veins sprung, was the result. And there are not wanting many recorded cases of obliteration of the veins of the extremities in which similar effusions took place; indeed, it is one of the most striking symptoms of plugging of the vein of a limb. Hence it is concluded that whatever causes a mechanical *stasis* of the blood in the large veins will have similar results; and this occurs when from cardiac disease or other thoracic lesions the venous circulation is interrupted at the very termination of the venous stream—at the confluence of all the veins of the body. "Then," to use the words of Dr. Watson, "anasarca of the universal areolar tissue comes on, and water collects in all or most of the great serous cavities." To the same class of phenomena belong the effects of pressure on the venous radicles by gravitation. It is constantly observed that the most dependent portion of the body is most anasarcous, whether the patient be in the recumbent or standing position; and it is, therefore, concluded (and the conclusion is generally admitted) that the pressure of gravitation forces the serous fluid out of the vessels into the cellular tissue.

One feels reluctant to set aside so simple and satisfactory a theory, yet it by no means explains all the anasarcas and œdemas and the effusions into shut sacs, which so commonly occur in the course of cardiac as well as renal diseases. This I have shown to you repeatedly at the bedside. You have, for example, local œdemas in these cases, as of the præcordial region, when the back is unaffected, or of the scrotum, when the prepuce manifests no œdema. In the case of Mary A., one leg became more œdematous when the other was restored to its natural proportions, yet the relation to the heart and to gravitation of both legs remained the same. But this was seen more particularly in the case of MacF. He came into Ward I. in great distress from difficulty of breathing, with œdema of the legs and of the trunk. He laid exclusively on his left side; he could hardly be examined physically, for he said he "smothered" when he sat up in bed. We concluded, from our short auscultation, that he had a cardiac lesion, capillary bronchitis, and pulmonary œdema, especially of the left lung, which the autopsy verified. On more careful examination, it was found that the anasarca was almost exclusively confined to the left side of the body, upon which he laid. But it was observed that the infiltration did not rise above the median line of the thorax, either before or behind, and that the right half of the scrotum and penis and the right leg were hardly involved; nay, even the left half of the tongue was moist and the right dry. But what was very significant of the true cause of this difference was the hyperæsthesia of the right or non-œdematous half of the trunk, so that he complained bitterly of pain when we pressed the surface to determine whether there was anasarcous pitting or not. In this as in other cases, it was obvious no explanation of the peculiar positions of the effusion founded on a mechanical hypothesis of gravitation, or mechanical interruption of the venous circulation, would suffice.

Before pointing out the true meaning of these unexplained phenomena, it will be well to examine the relation of gravitation of fluid to the anasarca. There are two things to be considered which must be held to be quite distinct,—namely, the effusion of serous or watery fluid from the vessels, and the movements of the fluid when effused. Now, that the position of the fluid *when* effused is influenced greatly by the force of gravity, is one of the most certain things in practice. In the case of MacF., we saw how bladder-like was the most depending point in the neck, as he rested on his left side; and so also in the case of Murphy, who laid on his right side for the most part. And this is not difficult to understand when we remember how continuous the subcutaneous cellular tissue is, so that the watery fluid is contained in it almost as in a bag. We may, therefore, conclude that when there *is* anasarcous effusion the fluid will follow the law of gravity. But then if we find, as in the case of M , that the under leg is alone anasarcous, while the under portion of the upper or overlying leg (he resting on his side), although equally dependent is not anasarcous, we have a right to conclude that the effusion is limited to the one leg, and this leads us to doubt whether the force of gravity has a like influence upon the watery portion of the blood in as out of the vessels; for if this were so we should have it producing the same result under similar conditions of the blood and of position, which we know certainly is not the case. It follows, therefore, that it is some special condition of the capillaries which determines primarily the effusion, and that neither the condition of the blood, nor of the circulation in the large veins, nor the force of gravity, suffices to induce anasarca independently of that condition, although each helps and predisposes in an important degree.

The Nervous System in Anasarca.—Let us now inquire what is that condition of the capillaries which is the necessary complement of the series of causes. Now, I think the cases of Mary A., Murray, and MacF. point plainly and distinctly to a change in their innervation. In Mary A. the œdema was *hemiplegic*, concurrently with hemiplegia, caused by embolism of the right middle cerebral artery. In Murray it was *paraplegic*, and was connected with syphilitic disease of the frontal bone, such as is rarely seen now-a-days. And in MacF., although the post-mortem examination revealed no lesion of the nervous system, yet it was hemiplegic, too, in him, as shown by the hyperæsthesia of half the thorax, the limitation of moisture to half the tongue, and of the anasarca to the half of the body not hyperæsthetic. It was, in short, a most interesting experiment of Nature, which no vivisection could imitate. Such cases are, however, by no means uncommon, and if they have passed unobserved, or their true significance has not been determined, the defect can only be attributed to the circumstance that the current doctrines as to the nature and signification of anasarca have been accepted as complete.

The recent vivisections of Claude Bernard, Brown-Séquard, Schiff, and others, have shown how direct the influence of the sympathetic and the cerebro-spinal centres is upon the blood-vessels. Thus, division of one posterior lateral half of the dorsal medulla is followed by increased heat and vascularity, and by hyperæthesia of the skin of the same side; but on the opposite side there is lower temperature and less vascularity. So, also, similar results follow when the sympathetic is divided in the neck. Hence, there is crossed action in these lesions, as I have explained elsewhere (d). In Mary A. the lesion was spinal and the circulation was less active in the leg from which the anasarca disappeared; in MacF., it was of the sympathetic. A low temperature and defective innervation and nutrition result from lesion of the fifth nerve; but M. Claude Bernard has shown that dividing the sympathetic in the neck raises the temperature of the side defective under these circumstances, or in other words, is curative. Now, in both the hemiplegic and paraplegic examples of the so-called "serous metastasis," the cerebral lesion was, in fact, curative of the anasarca in the legs from which it disappeared.

(c) This case is reported in the *Medical Times and Gazette* for December 28, 1861.

(d) "Mind and Brain," Vol. II. s. 945—948.

And this being so, we may go a step farther, and conclude that if such a condition be curative, it will also be inhibitory; and this was the cause, I think, why MacF. had no anasarca on the hyperæsthetic side. We have, on the other hand, a very instructive example of the kind of central lesion which causes anasarca in the interesting case of Stevenson, in Ward XI. She has œdema of the left side of the face, with paralysis and anæsthesia of the same side; the left eyeball is prominent, its conjunctiva of a velvety red; the lucid cornea opaque, and beginning to ulcerate at the lower margin. The left nostril is insensible, and blood flows freely when the patient passed a piece of paper, like a lighter, up it. It is a case of lesion of the Gasserian ganglion and the branches of the fifth on that side, as I have already explained to you, from causes situate not within but behind the orbit on the sphenoid bone—probably a tumour,—and is very similar to a case which Serres reported so far back as 1825, in confirmation of the experiments of Majendie on the ganglion, who in 1824 produced similar phenomena by extirpating it. Here, then, the œdema is local and clearly traceable to local lesion of a nerve-centre (e).

Nervous Local Œdemas.—The cause of local œdemas and of anasarcas, of a certain class, is, therefore, to be traced to the action of the nervous system on the capillaries. Those we have examined clinically in the wards are conjunctival, palpebral, facial, cervical, præcordial, genital, lumbar; swellings of the feet or hands we exclude. *Conjunctival œdema*, or the *glistening* eye, is to be carefully distinguished from the *glistering* eye. The one is due to serous effusion, and common in Bright's disease; the other is seen in rheumatic subjects with no renal affection, and is apparently caused by a deposit on the sclerotic or the sclerotic surface of the conjunctiva in contact with it. If you push up the conjunctiva by means of the lower eyelid, you press up the fluid until a fleb is observed to rise before the lucid cornea. This is seen most commonly in cases of Bright's disease in persons who use their eyes much, as in the German glass engraver. It will occur, however, in such persons quite independently of cardiac and renal disease. I have seen the œdematous conjunctiva actually protrude between the eyelids like a bladder, after exposure to a low temperature, in the person of a man who read and wrote much.

Palpebral œdema is usually seen in the lower eyelid. It is very common in Bright's disease, but occurs, also, in persons with other morbid conditions of the genito-urinary organs, but more particularly the uterus and prostate. I have seen it appear in a child at intervals concurrently with recurrent incontinence of urine. A patient, a gentleman who has occasional attacks of hæmaturia, has two considerable bladders when the bleeding recurs. It is common in patients with piles. You see it in R., in Ward I., who has phthisis, but neither renal nor cardiac disease. The right lid is the most œdematous: he has atrophy of the testicles, especially of the left. In Ward XI. there are two phthisical examples of this form: Mary P. has the right eye only œdematous, Jane T. has both. Turn, however, from these to several cases of extensive anasarca of the legs, and in one case (Alexander A., Ward I., with ascites and cardiac disease,) and you observe no œdema of the lids whatever.

Anasarca of the Neck and Thorax is usually associated with *facial* œdema. It is occasionally recurrent, especially in women, coming on at the menstrual period and greatly aggravating the distress. When the neck is more particularly involved the pressure on the trachea is great and causes distressing dyspnœa; of this I have seen two or three examples, one of these in a young man in Ward I. Facial œdema may be purely local and hemiplegic. Thus, in George H., Ward I., with otitis, facial paralysis, and neuralgia, there is œdema of the paralysed side alone, but neither renal nor cardiac disease; œdema of the thorax and upper extremities is very commonly associated with cardiac lesions, and I conclude for the same reason that neuralgia of those parts accompany anguina pectoris. (f)

The *præcordial œdema* seen occasionally in cardiac dropsies is sometimes wholly local, when it is analogous to that præcordial vascularity which I have repeatedly pointed out to you as clearly associated with changes in the nervous system. (g) You have a localised example of it in Alexander M., Ward I., who has pleurisy of the left side, pericarditis, and endocarditis; both legs are also œdematous, the right to the knee, the left above the knee, he had albuminuria, which, however, disappeared on taking tartar emetic. Præcordial œdema is more commonly associated with the lumbar.

Lumbar and Genital Anasarca must be classed together; they are exceedingly frequent in both the acute and chronic forms of nephria, and will occur independently of œdema of the lower extremities. The centre of the sacral region is the most common and earliest point of effusion; in children and youth the scrotum is the seat with or without œdema of the prepuce, for the two do not always go together. It is, I think, probable in some of these cases, at least, that the albuminuria is due to the same causes as the œdema, being, in fact, nothing more than a serous effusion from the renal capillaries from defective renal innervation.

Paraplegic Anasarca is to be distinguished from simple œdema of the feet and ankles, which often comes on from over-exercise of the limbs, as long standing or much walking. It is seen in its worst form at the close of a long and exhausting illness, and is due, like euphoria, to that failure of the nerve-centres which precedes and, indeed, ushers in death. *General Anasarca*, the result of exposure to cold, is often due to the direct and depressing influence of a low temperature on the cutaneous vessels of persons with defective cutaneous activity, whether from sedentary employments or otherwise. That the face will become œdematous from cold, independently of renal or cardiac disease, is quite certain.

You will readily understand how important a proper knowledge of the true significance of anasarca and œdematous effusions is, whether in diagnosis, prognosis, or treatment. In cases like Mary A. and Murphy, the course of the anasarca indicates the general course of the disease: it is due to those periodic constitutional changes of which menstruation is the type, and which, as I constantly show in my systematic course, regulate the course of fevers and all acute diseases whatever—a doctrine I proved long ago (h), and the knowledge of which is absolutely necessary to prognosis and a scientific estimate of the action of remedies. So, also, as to the general doctrine of metastasis in rheumatic and other constitutional diseases; it is wholly unfounded as ordinarily held: what is termed metastasis is nothing more than an access of morbid vascular action in one part, and a diminution of it in another from certain changes in the nervous system.

Sweats.—What I have said as to the influence of the nervous system in inducing anasarca applies also to morbid sweats of all kinds, whether in phthisis or rheumatic fever, or, at the close of life, in fatal cases of poisoning by opium or from cerebral lesion. In like manner the local sweats are induced, which are sometimes limited to the head or the thorax, or are hemiplegic or paraplegic. And, I may add, that the treatment of both anasarca and sweats by the old routine is only so far efficacious as the remedies act directly upon the nervous system or through the blood. In cases of general anasarca, nothing seems to give more relief than the stimulation of the skin by the hot-air bath, which we easily effect by a spirit-lamp and a hot bottle or two placed under the blankets when the patient is in bed. It is also the simplest, safest, and surest means of exciting diaphoresis.

We have had some cases of morbid pigmentation of the skin under notice, and I shall shortly call your attention to them, so as to discuss the diagnostic significance of changes in the complexion.

PRIZE QUESTIONS OF THE BELGIAN ACADEMY OF MEDICINE.—1. A medal of 1500 francs. "Demonstrate by a critical examination of existing works and by new researches, the formation of the globules of the blood." Essays to be forwarded to the Secretary of the Academy, written in Latin or French, by June 15, 1864. 2. A medal of 600 francs. "Opium in its employment in obstetrics, based on clinical observations, and embracing pregnancy, abortion, delivery, etc." (June 15, 1863.) 3. Medal of 500 francs. "Chemical History of Digitaline," establishing clearly by new researches its distinctive characteristics and composition. A simple and easy process for its extraction to be given, furnishing a constant and definite product. A sample of the product to accompany the memoir (October 20, 1862).

(e) This patient died subsequently, and a post-mortem examination confirmed the diagnosis.

(f) There is a case now in Ward I. of Bright's disease and aortic lesion, probably aneurismal, in which the left arm only is œdematous, while the scrotum, penis, and legs are very anasarcous.

(g) See Lecture IV.

(h) "Essays on Vital Periodicity" (*Lancet*, 1842–43).

ORIGINAL COMMUNICATIONS.

◆

CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.
Physician-Accoucheur to the London Hospital, etc.

(Continued from page 476.)

The following eight forceps cases occurred in my practice during the last six months of the year 1843, and January, 1844.

Long Forceps Case.

Case 91.—On July 8, 1843, at 2 a.m., I was summoned to Mrs. M., Charlotte-street, Fitzroy-square, whom I was engaged to attend. This was her seventh child. She had always passed through lingering and painful labours, and had been delivered by instruments in some of them. My father had once delivered her by the forceps. The membranes broke early the evening before; the os uteri was dilated to the size of a shilling, and the pains were tolerably strong, and continued so; at 5 a.m. the os uteri was quite dilated, and a great part of the head had passed through the brim, the base of the skull still remaining above, the forehead looking to the left ilium. The pelvis was very irregularly shaped, the brim in its conjugate diameter measuring less than three and a half inches, the cavity being exceedingly deep, and the outlet contracted by the tuberosities of the ischia approaching too near each other. The head continued in exactly the same position, without the least advance, notwithstanding that the uterus acted powerfully all day, until 8.30 p.m. I then determined on delivery; and being so far from my own house, I borrowed a pair of long forceps from a friend in the neighbourhood. They resembled my own a good deal in form; but the blades were thickly padded and covered with leather. I had no difficulty in applying them over the head antero-posteriorly within the ilia; but, in endeavouring to extract, they twice slipped; however, in less than twenty minutes I brought the head through the brim, the face turning into the hollow of the sacrum, until it rested on the perineum. I then took the instruments off, and the case was terminated by Nature in half-an-hour. The child was alive. Soon after its birth a dangerous hæmorrhage occurred, which induced me to remove the placenta, by introducing the hand. I found an hour-glass contraction of the uterus, the placenta being detained in the upper chamber; on its withdrawal the uterus contracted normally, the flooding ceased, and she did well. I attributed the slipping of the instruments to their being padded and covered, —a practice which I denounce. I do not think my own long forceps ever slipped off a head under my hands, except where after their application I found it impossible to deliver with them, and that very rarely indeed

This lady lived at a distance in the country; but she always came to London for her confinements. I attended her three times after the case just reported, and each time delivered her by my long forceps, comparatively easily; all three children were living. She died of small-pox in 1852.

N.B.—We hear a great deal of hour-glass contraction of the uterus, and I have been frequently called to remove a placenta which I was told was retained by "hour-glass contraction," when nothing of the kind existed, but where the whole body of the uterus had contracted around the mass; and the mistake originated in this way:—The whole uterus embracing the placenta had been taken for the upper chamber, the contracted os uteri for a constriction of the fibres in the centre of the body, and the dilated vagina, filled probably with coagula, for the lower chamber; so that, instead of this being a frequent kind of case, I look upon it as one of the rarest we meet with in midwifery; so rare, indeed, is it, that some Practitioners of eminence do not believe it ever takes place; but in the case just given I satisfied myself that only the upper half of the uterus had contracted upon the placenta, and that it was really divided into two chambers by a central ring.

Forceps Case.

Case 92.—On July 15, 1843, at 11.30 p.m., I was sent for by a professional friend to Mrs. E., Hackney, in labour of her first child. The membranes broke early in the morning; the uterus had been acting very strongly all day, and still continued so; the os uteri was entirely dilated; the head, which was much compressed, was occupying the pelvis, the forehead being directed towards the right acetabulum; and the right ear could with difficulty be felt behind and above the left thyroid foramen; there had not been the least change in the situation or advance of the head for more than four hours. The pelvis was small throughout, contracted in its conjugate diameter at the brim; the sacrum was preternaturally straight, and the spinous processes of the ischia were bent too much inwards. I had much trouble in applying the blades of the forceps, and locking them, owing to the great irregularity in the form of the pelvis; at last I adapted them within the ilia, one over the left brow, the other on the right side of the occiput, and, by the use of considerable exertion, brought the child into the world in half-an-hour; having turned the face backwards. The child was born living, but had not cried when I left the house at one o'clock; it soon after breathed and cried freely, but in twenty-four hours it was seized with convulsions, under which it soon died, probably owing to the compression which the head had suffered, either from natural causes or from the instrument, or perhaps from both combined. The placenta was soon expelled, and the woman recovered perfectly well.

N.B.—There are three points in the foregoing case worth remarking upon. First: It will be seen that in this, as in some other of these forceps cases, I have remarked that the spinous processes of the ischia were directed too far inwards, and have attributed to this irregularity a great part of the delay in the child's expulsion. I am persuaded, indeed, that in many cases where the short forceps is called for, it will be found that the difficulty in the exit of the head depends upon one or both of these small bony projections being either too long or bent too much forwards; the consequence of which formation is, that the head cannot rotate properly, but that it hitches against it, as against the corner of a shelf, and is thus precluded from turning with the face into the hollow of the sacrum; a little management with the instrument is then generally necessary for its liberation. I have very often felt the points of these processes most distinctly by the finger. Secondly: I have almost invariably remarked, that in the use of the long forceps, where the base of the skull remains above the pelvic brim, and neither ear can be felt, the facility with which extraction can be performed depends on the facility with which the second blade, supposing the upper one to be introduced first, can be adapted and locked. If the locking part of the second blade falls readily into the locking part of that first introduced, or can be adjusted easily to it, extraction will give little trouble, and *vice versâ.* I have sometimes, indeed, predicted that I should certainly fail in delivering by this instrument, although I had locked the blades perfectly, by the difficulty I have experienced in adjusting them. The reason of this I have never been able to divine. And, thirdly, the death of this child in convulsions so soon after its birth, would lead to the inference that the brain had suffered some serious injury from pressure. This may very likely have been inflicted by the compression which it was necessary to make with the forceps, in order to draw the head through the brim. Now, I have good reason to believe that the fœtal head in labour will bear a much greater degree of pressure laterally than if applied antero-posteriorly. This most likely depends on the direction of the fibres forming the cerebral mass, and might be explained on that supposition. But I have only here to do with purely practical subjects; and such a remote danger must be incurred if the only alternative be craniotomy.

Forceps Case.

Case 93.—On July 20, 1843, at 9 a.m., I was summoned to Mrs. L., Mansell-street, whom I was engaged to attend, in her first labour. She was a small, slim, delicate woman, and had suffered much distress of mind; for she had lost her husband suddenly, after they had been married five months. In consequence of being away from home I did not see her until 4.30 p.m., I then found she had been in active labour all day; the os uteri was quite dilated; the pains were strong, the membranes soon broke, and the head came down into the pelvis almost immediately, with the forehead to the right sacro-iliac symphysis. At six it was pressing forcibly against the coccyx, which did not yield in the least. The pains continued very powerful until 11 p.m., without any advance of or alteration in the position of the head, its escape being prevented, as appeared to me, by the anchylosed state of the coccyx. I therefore sent for my forceps, and after evacuating the bladder I applied the blades within the ilia, one over the right brow, the other over the left side of the occiput, and delivered in about half-an-hour. I had more difficulty in extracting than I expected. There was a bruise above the right eyebrow, made by the point of the instrument; but that disappeared in a few days. The child did not cry loudly for some hours, probably owing to the pressure the brain had been subjected to; but he became a very healthy infant, and has grown up to be a fine and exceedingly clever young man. The placenta was soon expelled; and, except that I was obliged to introduce the catheter night and morning for six days, the recovery was uninterrupted. This lady after some years married again, but has not had another child.

Forceps Case.

Case 94.—On July 22, 1843, at 11.30 p.m., I was sent for by a Medical friend to Mrs. O., Hackney, aged 34, in labour of her first child. The membranes broke at 9 a.m. on the 21st, the os uteri then being the size of a crown-piece. At 2 p.m. of the same day it was entirely dilated, and the head engaged itself in the pelvic brim, since which time it had made, as I was told, no advance, notwithstanding that the pains had continued frequent and strong. When I arrived, they had decreased considerably both in frequency and power; the pulse was quick; and the patient's system was evidently beginning to give way. I found the head occupying the pelvic cavity; the forehead, which had originally been directed to the right acetabulum, was now looking direct to the right ilium, and the right ear could just be felt behind and above the pubes. The pelvis was small throughout, and the soft parts were very rigid. After relieving the bladder of nearly a pint of urine, I passed the blades of my forceps within the ilia, over the head antero-posteriorly, turned the face into the hollow of the sacrum, and delivered in a little more than half-an-hour. Notwithstanding all the care I could take, I could not prevent a laceration of the perineum occurring through about half its extent; but as the rectum was not implicated, it healed kindly and never gave the patient much inconvenience. I think this accident might have been avoided if the patient could have been restrained; but delivery was most difficult in consequence of her constantly throwing herself about the bed: we could by no means keep her in one position. In such a case as this, chloroform would prove a valuable assistant. The child was unfortunately dead; but there were no indications of its death present, else I should have perforated the skull instead of delivering by the forceps. The placenta was soon thrown off, and the patient recovered favourably, the laceration having healed before the end of the month.

N.B.—In cases of rupture of the perineum, such as happened in this case, when the rectum was not involved (and it never happened to me to have a laceration running into that gut), I have always felt satisfied with keeping the parts clean, applying poultices and fomentations to allay undue inflammation, preventing the urine passing over the sore surfaces,—either by drawing it off, or teaching the nurse to use some protection,—and keeping the patient as still as it was possible, until the healing process was fairly established. I have seldom seen union take place between the two lacerated edges; but each side has healed by cicatrization and contraction. This mode of reparation certainly induces the inconvenience of a more open external orifice than natural; but it extends a very little distance within, and really occasions but trifling or no discomfort eventually. Whenever I have seen ligatures carried through the perineum soon after labour for the purpose of keeping the surfaces together, and thus producing union, they have occasioned sloughs, and have appeared to me to do much more harm than good. I must own, however, that I have never seen metallic sutures used for this purpose, which are certainly the most suitable. If, after a laceration of the perineum has healed by cicatrization of the torn sides, the patient is able to retain flatus and fæces at pleasure, I would dissuade her against any operation being undertaken with the view of procuring union of the two surfaces, and of forming a more perfect perineum; but if the rent has extended into the rectum, such a state of constant misery and wretchedness is induced, that it would be right to have recourse to any feasible means which surgery can supply to endeavour to mitigate her sufferings.

Long Forceps Case.

Case 95.—On October 6, 1843, at 8 p.m., I was requested by a Professional friend to see Mrs. C., Bethual Green-road, a strong, stout, muscular young woman, in labour of her first child. The membranes broke early on the morning of the 5th. I found the uterus acting very powerfully, as had been the case almost ever since the liquor amnii was evacuated. The os uteri was entirely dilated; the head was partially protruded through the brim,—the base remaining still above,—with the forehead directed towards the left ilium; the original presentation doubtless having been towards the left groin. I could with difficulty just touch the left ear behind and above the pubes. The brim in its conjugate diameter measured but little more than three inches, and the head was firmly impacted. The bladder was much distended; and I had great trouble in introducing the catheter, owing to the pressure occasioned by this impaction. Having drawn off the urine, I introduced the blades of the long forceps within the ilia anterio-posteriorly on the child's head, with comparatively very little exertion brought it through the brim, directed the face into the hollow of the sacrum, and delivered in less than fifteen minutes. The child was dead. The placenta passed soon. There was a necessity for the employment of the catheter for three or four days; after that the bladder acted naturally, and the woman recovered well.

Long Forceps Case.

Case 96.—On November 12, 1843, at 11 a.m., I was sent for by a Medical friend to Mrs. B., Plaistow, in labour of her second child. The first had been lingering. The membranes broke at 9 a.m. on the 11th. The uterus had been acting very strongly ever since, as was the case when I arrived. The head was greatly elongated, the vertex resting against the spinous processes of the ischia, which were preternaturally elongated, the forehead looking towards the right acetabulum; the brim in its conjugate diameter measured about three and a-half inches. The bladder was much distended, and the woman was suffering considerably from the length of her labour. I drew off the urine without trouble, and applied my long forceps over the left brow and right side of the occiput, and delivered easily. The child was very large; it was born dead—putrefaction of its body just commencing. The head approached the shape of a sugar-loaf, and there was a large scalp-tumour on one side of the vertex. The placenta was naturally expelled. Her former child was ill with continued fever in the house at the time, and the nurse most incautiously put it into her bed in a dying state, soon after she was delivered. She went on perfectly well till the fourth day, when she was taken out to have her bed made; soon after that she was seized with a shivering; fever supervened, attended with intense pain along the spine and down the arms, particularly the left; she sank rapidly, and died on the sixth day after delivery.

Forceps Case.

Case 97.—On January 7, 1844, at 11 p.m., a Medical friend called me to Mrs. B., Stepney, a very stout woman, aged 34, in labour with her first child. The membranes broke three days before, at the very beginning of the process; the os uteri had dilated very slowly, and the pains had not been strong till the morning of the 7th, since which time, however, the uterus had been acting very forcibly. The pelvis was small throughout, particularly at the outlet, owing to the tuberosities of the ischia being too near to each other. The head was very much elongated, and a portion of the vertex was external, the forehead being directed to the right sacro-iliac symphysis. There had been no advance for some hours, the head had become wedged, and the soft parts were hot, dry, and rigid. The bladder was empty. The face was much flushed, the pulse quick, and she was calling out loudly for relief. I therefore passed the forceps over the ears, and delivered in ten minutes. The child was dead; the perineum was torn to a slight extent; but this gave little subsequent inconvenience. The placenta was soon expelled, and the woman recovered favourably.

Long Forceps Case.

Case 98.—On January 25, 1844, at 6.30 a.m., one of the Surgeons of the Royal Maternity Charity requested me to visit Mrs. S., in Spitalfields, in labour with her twelfth child. My father had delivered her of her first by craniotomy, and the Surgeon in attendance with me of her two last by the same means. She had always had lingering labours; but some of her children had been born living. I found the membranes had been broken forty-three hours; the os uteri was quite dilated; the head had partially passed through the brim, which measured in its conjugate diameter about

3½ inches, the base of the skull remaining above, and neither ear being within reach of the finger; the forehead was looking towards the left sacro-iliac symphysis. I passed the blades of the long forceps within the ilia, one over the left brow, and the other over the right side of the occiput, brought the head through the brim, turning the face into the hollow of the sacrum, and delivered easily in six or seven minutes. The child was alive; the placenta passed soon, and the woman recovered well.

8, Portman-square.

(To be continued.)

AMPUTATION OF THE THIGH NINE MONTHS AFTER EXCISION OF THE KNEE-JOINT—RECOVERY.

By GEORGE LAWSON, F.R.C.S.

Surgeon to the Great Northern Hospital; Clinical Assistant, Royal London Ophthalmic Hospital, Moorfields.

A. C., aged 14, was admitted into the Great Northern Hospital on April 14. Her history is as follows:—In August of last year her knee-joint had been excised on account of long-standing disease, which had resisted all the ordinary means of treatment.

The case at first progressed satisfactorily, and apparently with a fair amount of union, (of course at that time not osseous,) the girl was discharged from the Hospital about ten weeks after her admission. She could not, however, at that time stand on her leg, or even allow it to hang down, and the integument in the neighbourhood of the joint was eczematous and painful.

In December of last year she came under my care, suffering from small abscesses which formed in succession in the neighbourhood of the cicatrix; some of these had broken, and long sinuous tracks remained. These I freely laid open, and after a few weeks' good feeding and nursing in the Hospital, she was so much improved in health as to be able to return home.

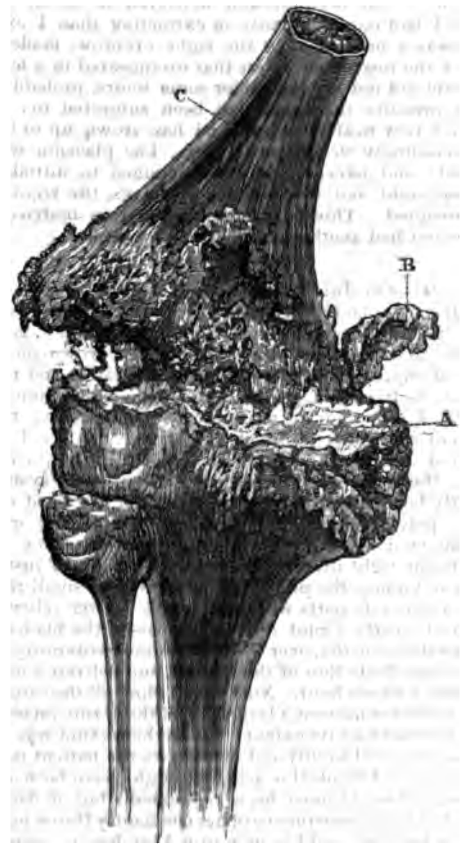
On April 14 of this year she was again admitted into the Hospital. She was now suffering very considerable annoyance from a number of sinuses which ran in all directions over the ends of the tibia and femur. A probe passed into some of them, went down to rough and carious bone.

The leg was much misshapen,—the broad end of the femur being tilted upwards and outwards, whilst the upper surface of the tibia was drawn backwards. The part corresponding to the inner condyle of the femur rested on the tibia, and between these opposed surfaces firm bony union seems to have taken place, but the outer condyle was partially rotated and projected prominently forwards and outwards, and over this the skin was stretched, glistening and riddled with sinuses. The foot of the patient turned rather inwards. From the day on which the operation had been performed she had not attempted to walk, and with but few exceptions had not been out of bed. She looked pale, worn, and anæmic, and she expressed strongly her desire to have her leg amputated. I acceded to her request, believing that this was the only operation suited for her case.

She has since progressed most favourably, and may now be considered convalescent.

On examining the parts after removal, the relative position of the bones were found as described above. At the part where the femur was in contact with the tibia, bony union had ensued, but in the rest of the cut surfaces no reparative action had taken place, and the bone was rough, cancellous, and in a condition of caries, with here and there small patches, soft and pulpy. Scattered spiculæ of new bone had been thrown out around the circumference of the broad ends of the femur and tibia. The shaft of the femur was not larger in circumference than my little finger It was so soft that I might have cut it with a pair of bone forceps, the outer compact tissue being also exceedingly thin. The lower extremity of the bone was very large, and quite out of proportion to the shaft. The tibia was small in the shaft, and large at its head. The fibula was a mere strip of bone, and so destitute of earthy matter as to allow itself to be bent with ease; indeed, the whole of the bones were wanting in earthy material.

Remarks.—I bring this case forward not as an argument against excision of the knee-joint, for, on the contrary, there are many points in it which speak strongly in favour of the operation, but as one which is very full of interest and instruction. In the first place, the patient, as the results have proved, was a very unfavourable one for this operation. She was essentially strumous, with small reparative power, and with all her osseous system extremely ill-developed, yet, notwithstanding all this, we find that where the bones were absolutely in contact, bony anchylosis did occur, and from this, I think, we might even conjecture that had it been possible to have kept them properly *in situ*, bony union might have taken place throughout the whole of the cut surfaces. Again, the operation of itself did not produce even in this patient any serious constitutional symptoms. She suffered but slightly immediately after its performance, and her health then appeared steadily to improve, from the getting rid of the disease which had been so long harassing her; but after six or eight weeks, her powers of nutrition and repair seem to have failed her, and apparently from that date there was no further advance towards recovery, excepting at that point where the bones were in direct apposition, and there, as before mentioned, good bony union took place, whilst throughout the rest of the cut surfaces little or no efforts were made at repair, and a slow process of caries having been set up, molecular death of the cancellous tissue had steadily gone on.



A. A posterior view of the upper surface of the tibia; B. the remains of the patella; C. a posterior view of the femur.

The position in which the bones have become fixed is also worthy of notice. It illustrates in a marked degree one of the greatest difficulties which follow the operation of excision of the knee-joint. Immediately the joint has been excised, a preponderance of power is given to certain sets of muscles, and unless we succeed by mechanical means in overcoming the action of these, a distorted limb must result. The femur, freed from its anterior connexion with the tibia by the division of the ligamentum patellæ, is tilted upwards and rotated outwards. The tibia, on the other hand, losing its anterior support, falls backwards, and, through the agency of the hamstring muscles, is drawn upwards, and at the same time the foot is turned slightly inwards. To remedy all this, great care should be taken at the time of the operation to place the ends of the tibia and femur in direct apposition. This may be done by padding well the splint beneath the tibia, so as to raise it to its proper level, and by a firmly padded splint in front of the femur to prevent its rising and tilting outwards. No splint answers better than the one advocated by Mr. Fergusson, Mr. Price, and others who have frequently performed this operation. The splints should be kept *in situ* by broad straps with buckles, as such a mode of fastening them is less likely to slip or alter than any other; but whatever splint is used, continued watchfulness and care in the after-treatment, is the only safeguard against this partial luxation taking place at any time before strong fibrous or bony anchylosis has firmly united the ends of the bones.

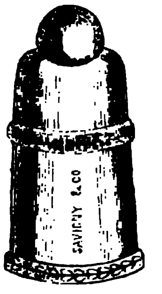
63, Park-street, Grosvenor-square.

CLINICAL MEMORANDA.

By CHARLES BLAND RADCLIFFE, M.D., F.R.C.P.
Physician to the Westminster Hospital, etc.

I. On a Percussion-thimble.

In percussing with the fingers, a particular conformation of the hands is very desirable. The fingers must bend backwards with sufficient readiness, for without this it will be difficult to apply them to the part percussed in the proper manner; the ends of the fingers must not be too tapering, or the nails too projecting; the wrist must not be too stiff; the hand must not be too light; and so on. Nay, persons who experience none of these difficulties have come to the conclusion, that the sounds elicited by the fingers are by no means so satisfactory as those which may be produced by the hammer of Dr. Winterich, and the pleximeter of M. Piorry, or by some other of the many contrivances which have been invented for a similar purpose. And, certainly, he must be hard to please who is not satisfied with the results which may be produced by the instruments which have been named. Still there is this objection—that the pleximeter and hammer are not always at hand when they are wanted. The pleximeter is small, and may easily be put into the trowsers' pocket; not so the hammer. This objection, however, is not final. Why, indeed, should not the finger take the place of the handle of the hammer? Why should not the head of the hammer be hollowed out and put upon the end of the finger as a thimble? I could see no reason to the contrary; and Messrs. Savigny and Co., the well-known surgical instrument-makers of St. James's-street, London, have given me the opportunity of proving that there is no reason. Indeed, for some months past, I have been in the daily habit of using, particularly in clinical teaching, the *percussion-thimble* to which I now direct attention, and of which the accompanying cut will serve to give an idea. I put this instrument in my trowsers' pocket, along with the pleximeter, and, once there, there is nothing in its size or weight to remind me of its presence. I find it at hand whenever I want it. I think I can produce with it sounds which are every whit as satisfactory as those which are produced by the hammer of Dr. Winterich, or by any other hammer; and my friend and late colleague, Dr. Hamilton Roe, the Senior Physician to the Hospital for Consumption and Diseases of the Chest at Brompton, is of the same opinion.



French Hospital Commission.—The Minister of the Interior has, in consequence of the discussion on Hospitals at the Academy, appointed a commission to examine into the conditions requisite for the construction of Hospital establishments and to prepare plans for the same. The commission is composed of MM. Blache, Councillor of State; De Lurieu, Baron de Watteville and Bucquet, Inspectors-General of Charitable Establishments; Parchappe, Inspector-General of Asylums; Gilbert, of the Council for Civil Edifices; Laval and Domet, architects; and Dr. Grassi.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,
AND BY
J. HUGHLINGS JACKSON, M.D.
Physician to the Metropolitan Free Hospital.

HOSPITAL FOR SICK CHILDREN.

CLINICAL LECTURE ON SCARLATINA AND ITS SEQUELÆ.

By T. HILLIER, M.D., Physician to the Hospital.

Of all the diseases incident to childhood there is not one which presents greater varieties of aspect,—not one in which it is more difficult to foretell the probable course; not one which more frequently brings unexpected death into previously healthy households, and destroys within a few weeks, or even days, the children of an entire family,—more commonly than scarlatina. Amongst the acute specific diseases now in this country, it ranks first as regards mortality. In the Registrar-General's Report it stands second, being preceded by typhus: when, however, we remember that typhus in his tables includes not only typhus, typhoid, and relapsing fevers, but also frequently cases of asthenic pneumonia and other diseases assuming a typhoid aspect, erroneously certified to be fever, it will be seen that we must not ascribe to any one disease the large number of deaths ranged under this heading. It is peculiarly a disease of childhood, nearly ninety per cent. of the deaths caused by it occurring under the age of 10 years.

Of 76,255 deaths from 6 epidemic diseases in London during the 12 years from 1840 to 1851, 21,551 were from scarlatina, and 23,964 deaths from the diseases classed together as typhus (a). During the last 20 years, in London, scarlatina has numbered 44,392 victims. The highest mortality was in 1848, 4750; the lowest in 1841, 663. At different periods it varies extremely in intensity. In the experience of the illustrious Sydenham, in the 17th century, it was so trifling that he speaks of it as "the mere name of a disease much less to be dreaded than measles." Before the close of that century a severer epidemic of the disease prevailed in London, and was described by Morton, who did not, however, distinguish it from measles. In 1778 Withering described, with great accuracy, an epidemic of scarlatina anginosa and maligna as it appeared in Birmingham. Graves, in his Clinical Lectures states, "that in the years 1800-1804 scarlet fever committed great ravages in Dublin, the type which it assumed was most virulent, sometimes terminating in death as early as the second day. It thinned many families in the upper and middle classes, and left not a few parents childless. From the year 1804 to 1831, scarlatina epidemics recurred, but always in a mild form, so much so that many were led to believe that the fatality of the former epidemic was chiefly, if not altogether, owing to the erroneous method of cure adopted by the Physicians of Dublin, and that the diminished mortality was entirely attributable to a cooling regimen and the timely use of the lancet." Graves adds:—"This was taught in the schools, and scarlet fever was every day quoted as exhibiting one of the most triumphant examples of the efficiency of the new doctrines. This I myself learned; this I taught; how erroneously will appear in the sequel." He goes on to say, "The experience derived from the present epidemic has completely refuted this reasoning, and has proved that, in spite of our boasted improvements, we have not been more successful in 1834-5 than were our predecessors in 1801-2."

The error committed by the Dublin Physicians is one to which we are all liable, not only respecting scarlet fever, but many other diseases. We are tempted to conclude that ours is the only right mode of treatment for all cases of any particular disease, because a large proportion of patients have recovered under our hands, whilst other Physicians, adopting another treatment, have lost many patients from the same disease in other places and at other times. We should constantly bear in mind how much the same disease varies in different epidemics and even in different stages of the same epidemic, as well as in different places at the same time. In no disease probably is this caution more required than in the one under consideration to-day. The mortality of different epidemics may be illustrated by the statistics of the London Fever Hospital, where, in eleven consecutive years, the mortality varied from one death in six cases to only one in forty. There is no reason to suppose that any change of treatment was essentially concerned in this great difference of mortality. In St. Pancras, in 1858, one-tenth of the gross mortality was due to scarlatina, and of the deaths under ten years of age one-sixth were from that disease. A recent writer on this subject suggests that there is generally about a constant proportion between the number of mild and of malignant cases, and that in any epidemic where there are many malignant cases there will be a proportionate number of mild cases. My own conviction is, that in different epidemics the proportion of mild to malignant varies extremely; the numbers just quoted from the Fever Hospital appear to prove this. In this Hospital the proportion of fatal cases to the number admitted has also much varied, but not to so wide a degree as in the Fever Hospital. The mortality has ranged from one in three to one in eleven. Very many of the cases admitted here are brought, not during the continuance of the specific fever, but soon afterwards, in order that the sequelæ (brought on frequently from neglect) may be treated.

(a) These numbers are taken from Dr. Richardson's Clinical Essay on Scarlatina in "Asclepiad," p. 76.

In some epidemics the *throat* is the part which has suffered most; in others, the subsequent *dropsy*, dependent on renal disease, was the most frequent cause of death; and in others the disturbance of the *nervous* system was most marked; whilst in others uncontrollable *diarrhœa* has been a prominent symptom; and in some an *hæmorrhagic* tendency has been exhibited.

In these lectures I shall mainly dwell on those forms of disease which have come under my own notice in this Hospital during the past twelve months, occasionally making reference to the notes of cases which have been under the care of my colleague, Dr. West, since the opening of this Hospital ten years ago.

This disease does not confine its ravages to the dwellings of the poor, nor does it commit much greater devastations in ill-drained, badly ventilated places, than in those which are well provided with drainage and moderately supplied with fresh air. Hygienic conditions exercise less influence over its course than they do over most epidemic disorders. It proves fatal alike to the weakly and the robust, though it is undoubtedly more to be dreaded in a scrofulous child than in a healthy one. In the great majority of deaths from Measles, there are generally either unfavourable sanitary arrangements surrounding the patient, or the child was previously unhealthy. Deaths from Measles, except in the case of unhealthy children, are rare amongst those in easy circumstances. The same cannot be said of deaths from Scarlatina. It has even been asserted by some that this disease proves more fatal to the children of the rich and well-to-do classes than to those of the poor. With the view of ascertaining the truth on this point, I compared the social positions of about 500 children in St. Pancras who died from scarlatina with those of the same number who died from all causes. The results were as follows:—

	Scarlatina.	All causes.
Children of gentlemen . . .	7	7
,, professional men . .	15	9
,, merchants, tradesmen .	100	79
,, clerks, accountants . .	31	25
,, artisans and skilled labourers . . .	205	195
,, policemen, soldiers, and postmen . . .	12	23
,, household servants . .	25	49
,, common labourers . .	109	121

These numbers are not sufficient to prove very much, but so far as they go they seem to show that the families of professional men, merchants, and tradesmen in St. Pancras suffered considerable more, and those of clerks and skilled labourers a little more proportionally from scarlatina than from other causes; whilst the families of policemen, postmen, household servants, and common labourers suffered more proportionally from other causes of death than from scarlatina.

It is also found, that in proportion to population scarlatina is but little more fatal in towns than in the country. We do not know what circumstances decide the degree of severity of each case of the disease. It can scarcely be the dose of the poison. Of several persons equally exposed to the infection of the disorder, one may escape entirely, another may have a mild attack of the disease, a third may have simply a sore-throat, and a fourth may have a most virulent attack of the complaint. Such effects as these may result from exposure either to mild or to malignant cases of the disease. There is something in the state of the patient which influences the nature of the attack. One writer on this disease says that children with dark hair, eyes, and complexion, suffer more than those with blue or grey eyes and light hair. I have not been able to confirm this observation.

In this, as in the other exanthemata, one attack commonly constitutes a protection against another in the same person; there can, however, be no question that the disease does occasionally recur. Dr. Richardson says that he himself has had three distinct attacks of scarlatina. Scarlatina occasionally relapses within a month of its first occurrence.

One case, under the care of Dr. West, appears to illustrate this statement. A little girl, aged 3½ years, had measles on June 16, 1854, and a second eruption on the 23rd and 24th of the same month. From the description of a sister the second rash had the characters of scarlatina. It was accompanied by sore-throat. She was brought to this Hospital on June 27, and then had a dull heavy look, and was somewhat vacant. At night she was delirious. There was no eruption. She continued for the next three days rather dull intellectually, and on July 2 she had otorrhœa with fetid discharge, and two days later much thick discharge from nares. There was no albumen in the urine. After this her intellectual power was gradually restored, and she left the Hospital tolerably well on July 21. A week later, that is seven days after leaving the Hospital, and thirty-six days after the occurrence of the rash which simulated scarlatina, she was again brought to the Hospital. She had then been ill for two days. She had a papular red rash on her body, with much coryza and dry cough, and a hot skin. The next day, July 29, rash was more distinct, mottled, and considered by Dr. Jenner to be a scarlatinal rash. There was also sore-throat. Slight desquamation was taking place on the forehead. Three days later (August 1):—The first day she has seemed better; the discharge from nose and ears was very offensive. Cough nearly gone. August 3.—Cough returned with heat of skin, and signs of pneumonia. Throughout a tendency to looseness of the bowels. On August 5 she died, *i.e.*, on 9th day from readmission.

After death there was found pneumonic consolidation of parts of both lungs, kidneys anæmic, spleen firm. Blood of body generally coagulated. Auricles filled with clots interlaced much with columnæ carneæ. There was ulceration of both tonsils. Stomach and intestines were healthy.

I have to-day seen a young woman in the Fever Hospital suffering from a second attack of scarlatina, the first attack having occurred five weeks ago. She had quite recovered from the first illness, and was acting as a nurse. In both seizures the rash, the state of the throat, and other symptoms, were well defined. The second appeared likely to be less severe than the first. (b)

Perhaps in this, almost more than in any other acute specific disease, the influence of family constitution in favouring the occurrence of the disease, and in disposing to a fatal issue, is to be noted. The circumstance that one or more members of a family have suffered severely from the disease, or have been cut off by it, is sufficient to increase one's anxiety with regard to other members of the same family. Dr. Jenner has called especial attention to the same fact in regard to diphtheria. Dr. Richardson mentions a case in which father, mother, and children appeared to be insusceptible of contracting the disease, though they conveyed the virus to other persons.

The highest mortality from this disease occurs during the fourth or autumn quarter of the year; the third quarter is the next most fatal quarter; then follows the first quarter; and the second quarter comes lowest in the scale of mortality. About 35 per cent. of all the deaths occur in autumn, *i.e.*, October, November, and December; 24 per cent. in summer, *i.e.*, July, August, September; 22 per cent. in winter, *i.e.*, weight of one-tenth of a gallon of water, or 7000 grains, is to be substituted for the troy pound of 5760 grains, and the avoirdupois ounce of 437·5 grains for the troy ounce of 480 grains. But, for quantities below the ounce, the Council propose to retain the old names, whilst they alter their value. They will divide the avoirdupois ounce of 437·5 grains into 8 *drachms* and 480 *grains*, just as the troy ounce of 480 real grains is divided at present. For example:—

(b) Immediately after this Lecture a Medical student present told me that he had himself had scarlatina three times, and a week after the third attack he had a distinct relapse.

Troy pound (present Medical pound) = 12 ounces = 96 drachms = 5760 grains imperial.
1 ounce = 8 drachms = 480 " "
1 drachm = 60 " "

Avoirdupois (commercial or imperial pound) = 16 ounces = 256 drachms = 7000 grains imperial.
1 ounce = 16 drachms = 437·5 " "
1 drachm = 27·3125 " "

Avoirdupois (new Medical pound) = 16 ozs. = 128 new Medical drachms = 7680 *new* Medical grs. = 7000 grs. imp.
1 oz. = 8 " " " = 480 " " " = 437·5 " "
1 " " " = 60 " " " = 54·6875 " "
1 " " " = ·9114583 " "

It will be seen that a new weight—a grain, or *Medical grain*, equalling 91-100ths of the imperial grain—will be thus created under an old name, and that whereas heretofore there have been two kinds of pound, two of ounce, two of drachm, henceforth there will be also three kinds of drachm and two kinds of grain. We confess we do not like this, and do not think it will work well. Accurate knowledge of quantity is essential to precision. All English scientific education is hampered by the ambiguities of weights. The fact that 7000 grains = 1 pound is at present a kind of fixed point. But now that a new grain is introduced there will be endless confusion. This part of the scheme does not look like the work of a strong-headed man, but like the compromise of a Committee, and satisfies nobody. The strongest measure would have been to have adopted the French *gramme* and its decimal divisions. Or the pound and grain might have been taken, and the drachms and scruples, with their unsystematic subdivisions and barbarous symbols, might have been let drop. Why should the dispensing of medicine be effected in a different way from every other scientific operation? Medical men exist in abundance who perform chemical experiments either as philosophical recreations or as part of their professional duty. They may have to express the quantity of arsenic detected in a stomach, or of the impurities in water, the butter and curd in milk, the sugar or urea in the urine, or the ash of a burned vegetable. Any man who has a good balance has weights which mark the gramme or the grain in decimal multiplication and division, and he states his results in either quantity. We never hear that there is a scruple of impurity in Thames water, or a drachm of alum in a loaf from St. Giles's. In prescribing any number of doses for a "mixture,"—suppose, for instance, we want to give 15 grains of bismuth for a dose, and to put six doses into one bottle,—we always reckon the number of grains and translate them mentally into drachms, and it would be far easier to write 90 grains than the hideous symbol ʒjss. The educated part of the public who employ themselves with photography, often find it convenient to send to a chemist for a certain number of grains of some delicate chemical substance? Is the chemist to keep two sets of grain weights? We suspect that there is many an exquisite process in the arts in which a variation of $\frac{1}{11}$th of one of the ingredients would not be so indifferent as the Committee tells us it is in the dose of medicines.

THE ROT IN SHEEP.

Epizootic diseases are only of less interest to the Practitioner of Medicine than epidemic. Especially is this true of diseases affecting those of the domesticated animals which furnish human food. The terrible prevalence of "rot" amongst sheep in 1860, which swept off whole flocks in the Western and Southern counties of England, and extended to several of the Eastern and Midland, has been the immediate occasion of the publication, by Professor J. B. Simonds, of an able pamphlet on the subject, which embodies the results of an investigation originally made at the request of the Royal Agricultural Society. The cause of "rot" is now generally admitted to be the presence of the "liver fluke" (*distoma hepaticum*) within the biliary ducts. The natural history of the distoma is not yet entirely made out. The following facts, however, seem tolerably certain:—Each of the innumerable ova of the fluke gives origin to a certain number of ciliated circular embryos. The maturation of the embryos, and their escape from the ova, appear from some experiments of Mr. Simonds to take place more rapidly when the ova are kept damp only, with free exposure to air—the circumstances afforded by location in a wet pasture—than when they are allowed to remain covered with water. No change seems to take place in the embryos until they become parasitic to water-snails, slugs, etc. Located in these creatures, they become converted into a peculiar organism called a *cercaria*-sac. From the nucleus of the distoma-embryo within the cercaria-sac a brood of young *cercariæ*,—little tailed worms, so called from their caudate form,—are formed by a process of successive budding, each one in turn becoming parent. From the first, second, or third of these offspring a return to the original form of the distoma takes place. The cercaria resembles the distoma, except that it has no sexual organs. In order that the higher degree of development indicated by the presence of ovaries and testes should take place, it is necessary that the cercaria, after being set free from the cercaria-sac, should become entozoic. Some varieties of cercariæ have been observed by Nitzsch, Siebold, and others, to bore their way into water-snails, to cast off their tails, and develope into flukes with perfect sexual organs. Embedded in the body of the snail, before the change into the fluke, the cercaria passes into the *pupa* state, by rolling itself up into a ball, and emitting from the surface of its body a quantity of mucus which hardens into a shell-like covering. The *pupa* state has been observed by Steenstrup to continue in some instances for many months: it is the penultimate stage in the series of tranformations which result in the development of the perfect fluke, and it appears probable that it is only when entering the organism of vertebrate animals in the pupa stage of the cercaria that the entozoon will be further developed. Ten years ago, Mr. Simonds administered a large quantity of the ova of the distoma to a sheep, but on killing the animal six months afterwards, and examining the liver and other organs, not a single fluke was found. Similar experiments have been made by Gerlach, and with a similar result. The tailed free living form of cercaria has also been administered by De la Valette, but no subsequent metamorphosis into the distoma took place. On the other hand, when given in the pupa state they quickly become provided with germ-stock, testes, and ovaries; in fact, become converted into flukes. The reason of the great liability of the ruminant animals to become the residence of distomata Mr. Simonds attributes to the fact that the encysted cercariæ are not at once liable to be destroyed by the action of the gastric juice, but are detained for an indefinite length of time within the rumen and the other preparatory stomachs. That sheep are especially the subjects of the disease is probably explained by their feeding close to the ground, cropping the short grass where the penultimate forms of the distoma abound. A curious fact confirmatory of this view is related by Cleeve, in an essay on Diseases of Sheep. In a Devonshire parish all the sheep depastured in the marshes were attacked with "rot" and died, with the exception of four. These four were all "hog-jawed," that is, the lower jaw was shorter than the upper; they consequently could not bite near the ground. The prevention of "rot" appears to resolve itself into complete under-draining,—that is, getting rid of water necessary to the development of the cercariæ. Mr. Simonds instances the grass lands of Middlesex in the so-called Harrow district, where the surface-soil rest immediately on the London clay, and where there is great want of under-draining, as enormously lessened in value by the persistence of the "rot." Large and profitable sheep cannot be fed there; the meadows are stocked with Welch and other mountain breeds of little value. Grazing in salt water marshes is likewise a preventive, but not a cure when perfected distomata are present in the biliary ducts. Salt water is destructive of the cercariæ, but diet will exercise but little influence on the perfected entozoa. It is a fact worth noticing that persons are sometimes seriously affected by the effluvium arising from the carcases of rotten sheep. Mr. Simonds mentions the case of a butcher of intemperate habits who was seized with choleraic symptoms and died, apparently in consequence of skinning and dressing a number of sheep affected with the disease. The sheep were opened *warm*, and while engaged in preparing them he complained greatly of the sickening smell. The post-mortem appearances present in a sheep which has died of "rot" are—great emaciation and general pallor of the tissues, a harshness and dryness of the wool, which pulls easily from its follicles; a soft, flabby state of the muscles; infiltration of the areolar tissue with watery fluid, which is apt to accumulate about the front and lower parts of the neck and around the lower jaw; ascites; effusions of serum taking the place of the omental and supra-renal fat; condensation of the structure of the liver, which assumes a pale or dirty yellow colour, not unfrequently speckled or mottled with red; thickening and calcareous deposition in the coats of the biliary ducts, which are commonly dilated; distomata in varying numbers, and ova within the ducts; and lastly, general anæmia of the vital organs. We have only space to notice two other curious points with regard to the distomata. There seems reason to believe that, like some other internal parasites, on the death of the animal in whose body they are located they quit their position, as if attempting to escape. Another fact is, that dead flukes sometimes form the nuclei of biliary calculi. We may refer such of our readers who wish for information on the structure of these entozoa, and their distribution in the animal kingdom, to an excellent paper "On Flukes," by Dr. T. Spencer Cobbold, published in the first number of the *Intellectual Observer*. The whole subject of the genetic cycle of the parasite's existence, together with the common and destructive epizootic disease which it originates, presents so many points of interest to the pathologist, no less than to the comparative physiologist and naturalist, that we think no apology necessary for having thus submitted it to our readers' attention.

THE WEEK.

PROFESSOR OWEN'S LECTURES.

At Professor Owen's third lecture on Birds, at the Government School of Mines, on Wednesday, the 21st inst., the anatomy of the class was proceeded with. After a recapitulation of the points of the digestive and vocal anatomy, mentioned in his last lecture, he treated at length on the nature, varieties, and formation of feathers. In their nature they were varied; appearing either under the form of the plume with loose barbules, or the feather proper, with clasping barbules, forming the complete vane. Feathers were again subdivided according to their function, as clothing feathers, *e.g.*, the coverts "*Tectrices primæ, secundæ, tertiæ*;" flying feathers, the "*Remiges*," primaries and secondaries; and steering feathers, as the "*Rectrices*," or those of the tail. The laws influencing and affecting the changes of plumage were next discussed. The male and female of the mandarin duck are remarkable for the constancy of their attachment and their equal share of attention in guiding and protecting the young. The male, at the courting-season, is remarkable for the conspicuous brilliancy of his plumage; but a change comes over him while the female is withdrawn from his society by her incubating duties. The gay marriage-suit would attract and betray the brood. Is it through the melancholy of his temporary widowhood that he throws off his fine feathers? Certain it is, that soon after the hatching of the brood, he is scarcely distinguishable from the soberly-attired female. But mark the advantage! The quiet olive-mottled plumage of both parents now best mask their movements as they guide the young along the reedy banks of their native breeding-places. The megapode (*Megapodius tumulus*), the leipoa (*Leipoa ocellata*), and the brush-turkey (*Talegalla Lathami*) construct large mounds of dead leaves and other decaying vegetable refuse, in which they oviposit, the eggs being hatched by the heat of fermentation; they are disproportionately large, and the chick acquires from the abundant nutritive store sufficient organic material for a grade of development enabling it to fly and provide for itself as soon as it emerges from its extraneous nursing-bed. A pair of *Talegallæ*, or brush-turkeys, at the London Zoological Gardens, occupied themselves during the spring and summer of 1860 in forming a large hatching-mound. The female laid and buried twenty eggs with the small end downwards, and on August 26 a young *Talegalla* emerged from the mound, and ran about in quest of worms and insects, feeding independently, and without care or concern of the parents. Towards night the young bird took flight, and settled on a branch of a tree about six feet from the ground. On August 28 a second chick was observed beneath the surface of the mound, busily occupied in cleansing its plumage, and freeing the quill feathers from the remains of their formative sheaths; on the morning of the 29th it emerged, and at once took flight. It then sought its food, like its predecessor, independently and without exciting the notice of either parent. The growth of these young birds was so rapid that after three months they would scarcely be distinguished from the adults. As incubation must commence from the time of the immersion of the egg in the fermenting mass, the young will emerge in the order of oviposition; that from the twentieth egg escaping as many, or perhaps twice as many, days later than that from the first egg; the advanced state of development, and the instinctive independence of action, both accord with these necessary conditions of extraneous or artificial incubation in the above-cited Australian birds. But this is not the sole peculiarity manifested by the bird population of this singular and exceptional continent. There are to be found certain conirostral passeres which still practise the habit of constructing marriage bowers, apart from and independent of the later nesting-home. The satin bower bird (*Ptilonorhynchus holosericeus*), of New South Wales, and the pink-necked bower-bird (*Chlamydera maculata*), of Central and Northern Australia, are remarkable for their construction on the ground of avenues, over-arched by long twigs or grass-stems, the entry and exit of which are adorned by pearly shells, bright-coloured feathers, bleached bones, and other decorative materials, which are brought in profusion by the male, often from a distance, and variously arranged to attract, as it would seem, the female by the show of a handsome establishment. For receiving and incubating her eggs the female builds a nest, like that of the magpie, in the concealment of a tree. It is possible that the odd propensity of the magpie, jackdaw, and some others of our conirostral *Passeres* to which the Australian bower-birds are allied, to pilfer glittering objects, may be the remnant of a similar bower-building, bower-ornamenting instinct, which the increase of human population has scared out of them; the conditions of our well-peopled, largely cultivated island having reduced the daws and magpies to the constructions essential for the continuance of the species. Professor Owen then entered upon the structure of the egg, which was briefly described, the parts of which it is composed being pointed out. The structures by which the "yolk" is always kept uppermost inside the shell, partly by means of its lighter specific gravity (as compared with that of the albumen), owing to the minute diffusion within it of an essential oil, usually of a yellow, golden, or red colour, and partly by means of the small threads (*chalazæ*) by which it is fastened to the shell, and prevented from falling unequally either to one side or to the other, were then described. In conclusion, Professor Owen pointed out the characters influencing the modifications of the type-structure in the feet of birds, as illustrated by the webbed foot of the *Natatores*, in which the toes are spread out in a forward direction, forming a firm paddle to resist the current of water; the foot of the *Grallatores*, often supporting a long and slender leg, enabling the bird to course rapidly over the sea-beach, or to enter with impunity the muddy lagoon; the *Rasorial* foot, with a firmly implanted back-toe, adapted to scratch up the soil in quest of sustenance; the *Insessorial* foot, constructed to perch on the boughs of trees with the toes firmly clasped around them; the *Scansorial* foot, in which two toes are directed forwards, and two backwards, enabling the bird to climb the stem of a tree with ease; and the *Raptorial* foot, in which the toes are curved, hooked, and sharp, the possessor thus being endowed with the power to seize and bear away the struggling lamb or goat quietly grazing at the foot of the mighty mountain, where the condor or the lämmergeyer has its home.

THE FORTHCOMING COLLEGIATE ELECTIONS.

The Council of the College of Surgeons has just issued the usual notice to the Fellows of that Institution, announcing that the election of three Fellows into the Council will take place on Thursday, the 3rd of July next, at two o'clock in the afternoon, in the vacancies occasioned by the resignation of Sir B. C. Brodie, Bart., a life member; the decease of Mr. Edward Stanley, another life member; and of Mr. Edward Cock, going out in rotation. Already the names of several gentlemen have been mentioned in professional circles as likely to be induced to offer themselves as candidates. The retiring member, Mr. Cock, will doubtless be proposed for re-election. Mr. Bishop, the member of the Council who was not re-elected last year, having received many promises of support, and in consequence of the almost universal sympathy expressed for him on the occasion of his defeat, has decided on again coming forward. Few men have greater claims on the Profession than Mr. Bishop, for few have laboured harder or more successfully in the comparatively untrodden and unremunerative walks of physiological science. To his other claims he adds that of having had considerable experience in College affairs. Mr. Paget, of Leicester, has been some time in the field, and we believe that his friends are sanguine as to his success. Mr. John Adams, of the London Hospital; Mr. Erichsen, of University College, who has been requested by some of the Fellows to withdraw his letter declining to come forward; Mr. Hancock, of the Charing-cross Hospital; Professor Paget, of St. Bartholomew's; and Mr. Teale, of Leeds, have all been spoken of as candidates during the past week. The following extract from the Bye-laws deserves the especial attention of those Fellows who contemplate coming forward themselves or assisting their friends. As the advertisement calling the meeting appeared in the *London Gazette* of Tuesday, the 27th inst., care must be taken not to allow the ten days to elapse before sending to Mr. Belfour, the Secretary, the necessary notices, in the following terms, viz.:—

"Every Fellow desirous of a seat in the Council shall, within ten days from the publication of the *London Gazette* in which the day of meeting for the election shall be announced, transmit or deliver to the Secretary of the College or person acting for him, a notice and declaration, signed by himself, in the following terms:—

"'I, A. B., of C., Fellow of the Royal College of Surgeons of England, do hereby declare, that I am a candidate for a seat in the Council of the said College; that I am in the *bonâ fide* practice of the Profession of a Surgeon, and that I do not practise as an Apothecary.'

"Together with a nomination signed by six Fellows of the College, in the following terms, viz.:—

"'We, the undersigned Fellows of the Royal College of Surgeons of England, do hereby certify that A. B., of C., is in our estimation a fit and proper person to be a member of the Council of the said College; and we do, hereby, nominate him a candidate for a seat in the said Council.'

"And also a Certificate, signed by three Fellows, in the following terms, viz.:—

"'We, the undersigned Fellows of the Royal College of Surgeons of England, do hereby certify, on our own personal knowledge, that A. B., of C., is in the *bonâ fide* practice of the Profession of a Surgeon, and that he does not practise as an Apothecary.'"

DEATH OF MR. STANLEY.

Mr. Stanley died on Saturday last at the bedside of a patient in St. Bartholomew's Hospital. He first suddenly stumbled, and almost fell upon the bed; but he soon recovered himself and said, "It's only the stomach." But his face quickly flushed, and he fell senseless and comatose into the arms of the gentlemen who were going round with him. Death followed in an hour. Thus died, in the midst of his duty, a man who will long be affectionately remembered. With little brilliance, but with the better gifts of untiring industry and sagacity, Mr. Stanley was one of the most solid teachers and judicious Practitioners of the day. He was a blunt, humorous, kindly, straightforward, honest man. May all English Surgeons be like him.

THE LUDGATE-HILL MURDERS.

The inquest on the two children of Mr. Vyse, murdered by their mother, on Ludgate-hill, was commenced on Monday, May 26, but was subsequently adjourned for the purpose of submitting the contents of the stomachs to chemical analysis. As all our readers are doubtless aware of the circumstances attending the commission of this appalling crime, we shall limit ourselves to noticing special points of interest to the Medical jurist. On Thursday morning, May 22, Mrs. Vyse purchased one sixpenny and two threepenny packets of "Battle's Vermin Killer," a well-known preparation containing strychnia. On the afternoon of that day she sent a maid to purchase another packet. The servant returned after some time, and on forcing her way into her mistress's bedroom, discovered the latter standing over a basin, three parts filled with blood, with a razor in her hand, having cut her throat; and on going into the children's room, she found them both lying apparently asleep, but dead. The bodies of the children were inspected on the same day at 6 p.m. They were both females, aged respectively 7 and 5. The following were the appearances observed:—The body of each was warm, the temperature being almost that of life. In both there was great lividity, and general mottling of the surface. In both the pupils were dilated. In the elder the muscles of the face and neighbouring parts were extremely rigid; the other parts of the body were much less so. In the younger there was extreme and almost universal rigidity. The post-mortem examinations were made the following day at four o'clock, twenty-four hours after death:—

"In the elder child scarcely any rigidity of the muscles remained. Decomposition, indicated by a greenish coloration, was advancing over the abdomen. There was general lividity and mottling of the trunk and extremities. The abdomen was slightly prominent and tympanitic. On removing the skull-cap, the veins on the surface of the brain were found to be enormously congested, and on cutting into the organ the same extreme congestion of the vessels of its substance was apparent. The choroid plexuses were congested. There was scarcely any fluid in the ventricles, and the brain was otherwise healthy. The upper portion of the spinal cord was much congested, but it was otherwise healthy. There was a small quantity of blood-stained fluid in the cavity of the abdomen. The stomach and intestines were pale, and much distended with flatus. The stomach, which obviously contained food, was secured and removed. The intestines for the most part were empty. The heart was flaccid, somewhat contracted; it contained no blood. There were some old, not extensive, pleuritic adhesions, principally on the right side. The lungs were slightly emphysematous, not generally congested, although there was some congestion of the lower lobe on the right side. A small quantity of frothy fluid was found in the bronchial tubes of the upper lobe of the left lung. The liver, spleen, and kidneys were quite healthy. The stomach contained less than a quarter of a pint of food, reduced to pulp, in which, however, fragments of potato and some currants were still visible. The contents of the stomach had an acid reaction. The pyloric half of the mucous membrane was pale. A large portion of the mucous membrane of the cardiac extremity was of a dull, pinkish hue.

"In the younger child the rigidity was rapidly disappearing, it was now chiefly marked about the lower extremities. There was great lividity of the surface; principally over the chest, abdomen, face and head. The abdomen was prominent, and very tympanitic. There was greenish coloration, due to decomposition, about navel. On removal of the skull-cap the veins on the surface of the brain were seen to be much engorged with blood. Upon cutting into the brain the vessels throughout its substance were found in the same condition. The choroid plexuses were dark and full; there was scarcely any fluid in the cavity of the ventricles. The contents of the cranium were otherwise healthy. The upper portion of the spinal cord were congested, but otherwise healthy. The stomach and intestines were pale and much distended by flatus. The stomach was secured and removed; there was obviously food in it. The intestines were generally empty; healthy. The heart was flaccid, moderately contracted, containing scarcely any blood; healthy. The lungs—especially the left—was generally congested; otherwise healthy. The liver and spleen were healthy. The kidneys were healthy. The stomach was opened along the lesser curve. It contained less than a half-pint of food, partially reduced to a pulp, amongst which were prominently visible fragments of potato and currants. The mucous membrane of the stomach was generally pale, except a small irregular patch near the cardiac extremity, which was of a dull pinkish colour. The contents of the stomach had an acid reaction."

Mr. Savory, who conducted the post-mortems, said that he had experimented on a cat with a portion of the contents of the stomach of the elder child. He added half-an-ounce of acidulated water to a sixth part of the contents of the stomach, in order to render the matters soluble. He had evaporated the solution to about a sixth of its bulk, and had then administered it to the cat. The cat was affected with spasms, but did not die. "He was conversant with the effects of strychnine, and he believed the cat, from the symptoms, had received strychnine." He also said that "he had tested the powder brought by the servant. He gave four grains and a-half to a rabbit, mixed with a little flour and water in the shape of a pill. The rabbit had severe spasms and finally died. He was led to believe from its effects on the rabbit that it contained strychnine in some form. The whole powder weighed about a drachm." On Tuesday Mrs. Vyse was still living, although in a very precarious condition.

COMING EVENTS CAST THEIR SHADOWS BEFORE.

It will be seen from what took place in the General Council on Saturday, May 17, and on the following Monday and Tuesday, that a large number of the members of the Medical Parliament are by no means satisfied with the method in which the College of Surgeons of England is conducting its Examinations for the Membership, nor with its regulations for the qualification of candidates. Without now entering upon the merits or demerits of the College of Surgeons, we may notice that it is highly probable that the College of Physicians will shortly exercise the power, which appears undoubtedly to belong to them, of examining the candidates for their licence in Surgery. The subject was canvassed, and a motion respecting it negatived in the General Council on Tuesday. We may say at once that we shall be heartily glad to see the College of Physicians assuming a privilege which is its right. We are animated by no feeling of hostility to the College of Surgeons. We fully recognise their services as a scientific and educational body; but we are accustomed to look upon monopolies as evils, and we cannot shut our eyes to the benefits likely to accrue to the General Practitioner from any measure which may be the precursor of the establishment of a single Faculty. We hear that a proposal is to come before the College of Physicians to elect Surgical Examiners, and that the diploma of the future licentiate will set forth that he, having been examined in Medicine, Surgery, and Midwifery, is licensed to practise *Physic*. We hope that nothing will deter the College from carrying its project into execution.

NOTICES OF THE

SURGICAL, MEDICAL, AND OBSTETRICAL INSTRUMENTS IN THE INTERNATIONAL EXHIBITION OF 1862.

By JAMES REEVES TRAER, Esq., F.R.C.S., etc.
Superintendent of Class 17.

Messrs. Weiss and Son exhibit a trocar which they have recently constructed for Mr. Spencer Wells, in order to evacuate easily the contents of an ovarian cyst. This trocar is of a new form; it does not consist, like the ordinary instrument, of a sharpened steel rod, but of a steel tube sliding inside a canula of silver or other metal. The steel tube is sloped obliquely to a point, and from it a cutting edge is continued, so as to occupy half the circumference of the opening; so that its introduction is easy, and the wound it causes is valvular, or rather semilunar. The cutting portion of the instrument can be drawn within the other at pleasure, and the contents of the cyst can be easily conveyed to a suitable vessel by means of a long caoutchouc tube which is attached to the canula. The advantages derived from this arrangement are, that the fluid flows immediately the trocar is introduced, and that it is quick and simple in its action. An addition is made to this instrument when it is used for ovariotomy. A conical grooved ferrule is fixed outside the canula, so that the cyst may be tied over it and the escape of fluid prevented.

They have also manufactured for the same gentleman a trocar and syringe for injecting ovarian cysts with iodine. The canula in this case is elastic and of considerable length, and the syringe has an open-mouthed glass vessel attached laterally to it for the purpose of holding tincture of iodine or any other liquid. The instrument has been so constructed that the syringe extracts the contents of the cyst, and on turning a stop-cock, the contents of the graduated cylinder at once pass into the interior of its cavity.

In this, my second notice, it is my desire to draw the attention of the Profession to the contents of Mr. Coxeter's case; and it is a pleasing task to describe some of the instruments which he exhibits, for they are not only remarkable for considerable ingenuity, but also for great perfection in manufacture, in which, indeed, he resembles, as I have before remarked, the great majority of the other English makers.

I will first speak of his lithotrite. He has produced an instrument which does not possess the drawback inseparable from those ordinarily in use, viz., the necessity of losing time in employing the movement of unscrewing, in order to open the blades of the lithotrite after they have seized or crushed a stone. In Mr. Coxeter's lithotrite, shown in the adjoining figure, there is a new movement, which greatly facilitates the alternate use of *sliding* and *screw* action,—a desideratum of great importance in seeking and seizing the calculus. When it has been caught, pressure on the trigger brings the female and male screws in contact, so that the handle of the latter can at once be turned for the purpose of crushing. When this has been done, the trigger is touched and falls back, thus rendering the male blade free again to seize the fragments; the trigger is once more pressed, and the crushing repeated. He has added another improvement; for by means of a small spring concealed in the end of the screw of the male blade, the stone is prevented from slipping out of the jaws of the instrument, while the trigger movement brings the screws into working position. The facility with which this instrument can be used is quite remarkable, and I recommend every Professional visitor to the Exhibition to thoroughly examine it. The scoop for removal of detritus with the same action is employed without the handle, the first and second fingers of the left hand being placed on each side of the trigger to regulate its use. This instrument is no less than an ounce lighter than Civiale's,—a reduction in weight of no small importance to the ease and comfort of the skilful operator.

FIG. 1.

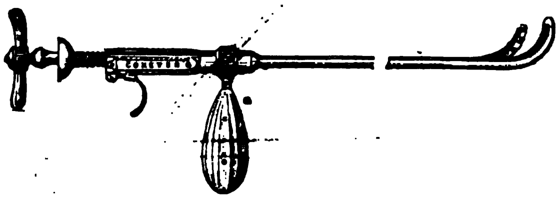
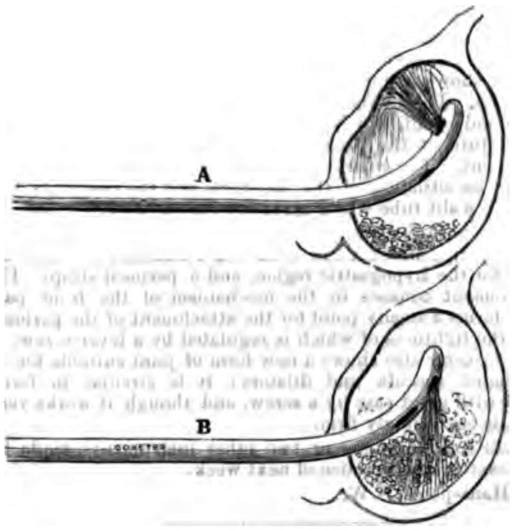


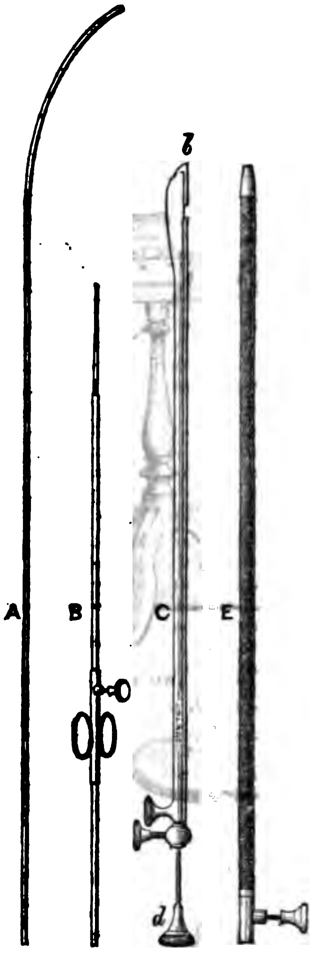
FIG. 2.



The adjoining figures illustrate the mode of action of the double-current catheter, as ordinarily made, compared with that devised by Mr. Coxeter. In the former (A), the stream sent into the bladder plays chiefly around its middle and upper parts, while in the latter (B), it is at once directed *downwards*, and thus not only cleanses the lower portions of the organ, but thoroughly stirs up the *débris* and facilitates the exit of fragments through the lower aperture of the catheter.

He also exhibits the useful hollow sound, with a blade which opens so as to measure the dimensions of the stone, as devised by Mr. Henry Thompson; and the urethrotome, which combines the action of a catheter, invented by the same gentleman. To employ the urethrotome, the operator first introduces a No. 2 grooved catheter (A), and is assured of its safe passage by the flow of urine; this instrument remains in the bladder throughout the whole operation, and helps to secure the certainty and safety of the succeeding steps. The conductor (B) is then screwed to the catheter, the urethrotome (C) is slipped into the groove, and is necessarily arrested by the stricture; its handle (d) is then pressed, and the blade (b) is propelled so as to divide the obstruction. The cutting instrument is then withdrawn, and a No. 9 elastic catheter (E), open at the end, is slipped over the conductor into the bladder, and the operation is completed by the withdrawal of the latter. It will thus be seen that, after the small catheter has been passed, no difficulty can be met with in making the requisite incision, and leaving a full-sized instrument in the bladder; and although this is not the moment at which I am inclined to discuss the merit of urethral incision or dilatation, I may remark that Mr. Thompson's urethrotome is one of the safest yet constructed. I should also add, that the cutting blade can be used of any required breadth, which in operations of this kind is no small advantage.

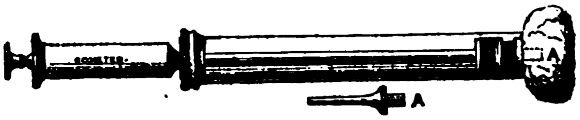
FIG. 3.



In the treatment of fracture of the femur, most Surgeons must have been struck with the annoyance and discomfort occasioned by the ordinary perineal belt; and I can testify, from recent experience, to the advisability of possessing one which should be less distressing to the patient. Mr. Coxeter has constructed a hydrostatic perineal belt, which consists of a caoutchouc tube filled, or nearly so, with water; the pressure of which, though uniform, is elastic, and hence it is much more easily endured than those made of padded leather, as usually employed.

Mr. Coxeter's compound uterine syringe (Fig. 4) supplies a desideratum which has been long felt by the Profession. It is employed in the following manner:—The small pipe (A) is inserted into the end of the syringe at (A), and the fluid to be injected is taken up; the pipe being then removed, the sponge is drawn within the glass tube, and the instrument is ready for use. The sponge is first employed to wipe the os uteri and deep parts of the vagina, and the liquid is then injected, and held for some time in position by the sponge which prevents its sudden return.

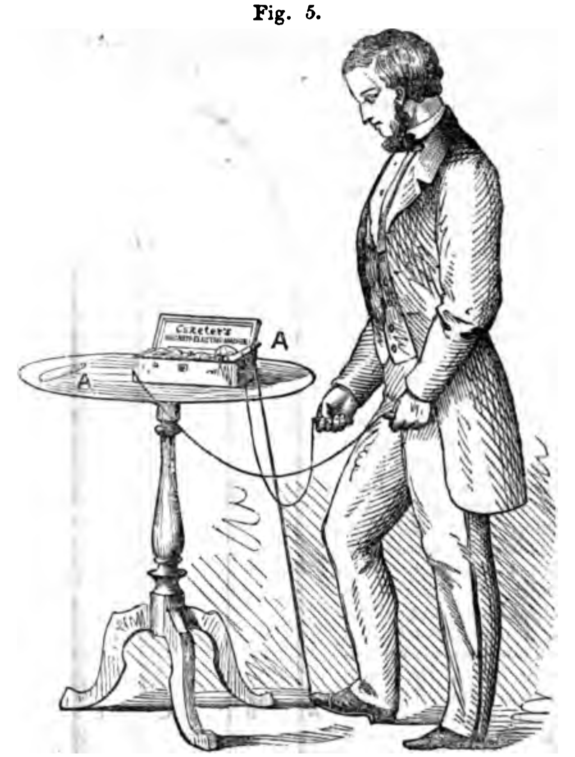
Fig. 4.



The same exhibitor shows a magneto-electric machine (Fig. 5) which can be worked by the foot as well as by the hand, so that the two poles can be applied by the patient to any portions of the surface of his body without the intervention of a second person.

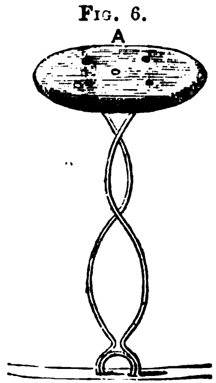
In Hospital practice few things have been so much required as a cheap and useful pessary. That devised by Mr. Coxeter seems to combine the essential qualities of such an instrument,—viz., lightness, simplicity, and a low price.

Fig. 5.



It consists of two stems of German silver wire (Fig. 6), coiled into a spring at the upper part; these branch off into two half-cups, and are surrounded by a perforated cap of india-rubber, which supports the uterus. The two parts of the stem can be pressed together so as to facilitate introduction, and the instrument is retained in place by their elasticity and a perineal strap.

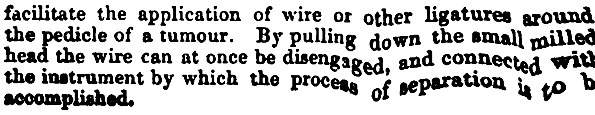
Fig. 6.



Mr. Clover's needle, scissor-forceps, and twister for silver-wire suture, are manufactured by Mr. Coxeter. The needle has a hole drilled longitudinally from its blunt extremity, which communicates at once with an ordinary eye. The wire is passed into the opening at the end, out through the eye on either side, and is held in the flame of a candle or lucifer-match for a moment; its point then becomes fused into a small head, which is small enough to enter the eye, although too large to pass through the opening at the end of the needle. It can therefore be introduced without the least obstruction. The scissor-forceps is shaped like the ordinary dressing-forceps, but is so arranged in front of the joint as to cut wire with the greatest ease. The wire-twister is an S-shaped piece of steel fixed at right angles to a small rod placed in an octagonal handle. When a wire suture has been passed through an incision deep in the vagina, palate, or elsewhere, it can be caught in the curves of the instrument and firmly tightened by rotation of the handles.

Mr. Coxeter's ligature conductor (Fig. 7) is intended to facilitate the application of wire or other ligatures around the pedicle of a tumour. By pulling down the small milled head the wire can at once be disengaged, and connected with the instrument by which the process of separation is to be accomplished.

Fig. 7.



The same exhibitor has also constructed a folding tubular needle (Fig. 8.) which carries in its handle a wheel containing a good supply of wire. Instruments of this kind have been constructed by other manufacturers, but the one represented in the drawing is very convenient for the pocket-case.

Fig. 8.

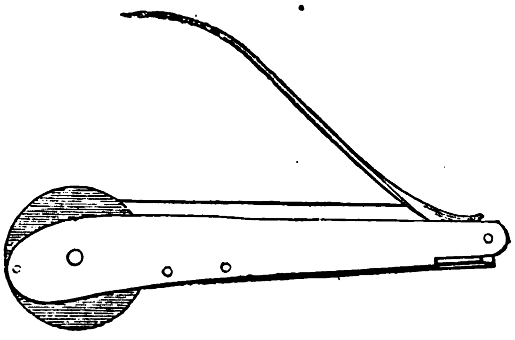
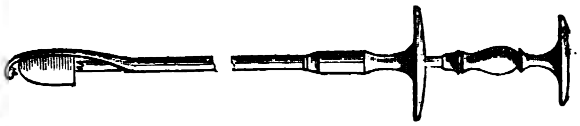


Fig. 9 represents Mr. Coxeter's well-known bullet scoop.

Fig. 9.



Easy of introduction, sure in prehension, and of great strength, this instrument justifies, without doubt, the favourable testimonials of its efficacy which have been sent to the maker, and which he has submitted to my notice.

Mr. Coxeter exhibits different catheters, made of his seamless tube, for the application of caustic solutions to the urethra, as employed by Mr. Erichsen, Mr. H. Thompson, and others. The liquid is retained by the capillary action of a small piece of sponge, and is expelled by the pressure of a ball or piston. These catheters have the advantage of a smooth, external surface, so that no injury is likely to happen to the urethra, or difficulty experienced in their withdrawal during spasm. He also shows a fine catheter for applying solid caustic to strictures. It consists of a catheter of No. 3 size for two inches and a-half, and No. 8 for the remaining portion, with an aperture at the proximal end of the smaller part of the instrument. The enlargement enables the operator to detect the precise situation of the stricture, and the caustic is contained in a slit tube which traverses the catheter.

His support for prolapsus uteri consists of a steel spring on either side, embraced in a bandage, attached to which are a pad for the hypogastric region, and a perineal strap. The improvement consists in the mechanism of the front pad, which forms a steady point for the attachment of the perineal band, the tightness of which is regulated by a lever-screw.

Mr. Coxeter also shows a new form of joint suitable for all two-bladed specula and dilators; it is circular in form, moved with great ease by a screw, and though it works very freely, is exceedingly firm.

I shall return to one or two other instruments, made by Mr. Coxeter, in my notice of next week.

47, Hans-place, S.W.

We hear that Mr. Stanley's funeral is fixed for Saturday, May 31. It will leave Mr. Stanley's residence in Brook-street, for Kensal-green Cemetery, about one o'clock.

On Tuesday evening, the rooms of the Royal Medical and Chirurgical Society were crowded for the purpose of hearing Mr. Syme read his case of Iliac Aneurism, treated on the pre-Hunterian plan. It requires, on the whole, higher qualities of mind to revive an operation which has not only been abandoned, but stigmatised as barbarous, than to invent one absolutely new. The world is generally on the side of one who invents a new thing, and brings the dead weight of prejudice against one who revives an old one. The Society was deeply interested by Mr. Symes' recital, and by his account of Sir A. Cooper's case of ligature of the aorta, which he gave in his speech; and accorded him the praise due to his boldness and skill.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, MONDAY, MAY 19, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Mr. GREEN, *President*, took the chair at Two o'clock, p.m.

Present—

Dr. Burrows.
Mr. Arnott.
Mr. Cooper.
Dr. Acland.
Dr. Bond.
Dr. Embleton.
Dr. Storrar.
Dr. Alexander Wood.
Dr. Andrew Wood.
Mr. Watt.
Mr. Syme.
Dr. Thomson.
Dr A. Smith.
Mr. Hargrave.
Dr. Leet.
Dr. Apjohn.
Dr. Corrigan.
Sir Charles Hastings.
Dr. Sharpey.
Mr. Lawrence.
Mr. Teale.
Dr. Christison.
Dr. Stokes.

Dr. Francis Hawkins, *Registrar*.

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr. LEET, seconded by Mr. SYME—"That the General Medical Council having by its recent finding declared the nature of the qualification conferred by the licence of the Apothecaries' Hall of Dublin to be 'a purely legal question,' instructions be now given to the solicitors of the Council to prepare, with the assistance of a Select Committee, a draft case for the opinion of counsel, in reference to the question asked by the Director-General of the Army Medical Department in his letter of the 22nd of June, 1861."

The motion having been put, was negatived.

Read the following letter from the Branch Council for Scotland, which was ordered by the Branch Council for England to be referred to the General Council. (See Minutes of English Branch Council, No. 15, for December 27, 1861, Sect. 5, page 6.):—

Scottish Branch of General Council of Medical Education and Registration.
28, Albany-street, Edinburgh, December 7, 1861.

SIR,—At a meeting of this Branch of the Medical Council held to-day, I was directed to write to the English Branch Council, to ascertain whether their attention has been called to the subjoined Regulations of the Royal College of Surgeons of England, viz.:—

"PROFESSIONAL EDUCATION.

"I.—Candidates who shall commence their Professional Education on or after October 1, 1862, will not be allowed to register the commencement of attendance on Lectures or Hospital Practice before they have passed an Examination in General Literature, in conformity with the Regulation of the Council in relation thereto.

"II.—The following will be considered as the commencement of Professional Education:—1. Attendance on the practice of an Hospital, Dispensary, or other public Institution, recognised by this College for that purpose. (a) 2. Instruction as the pupil of a member of one of the Royal College of Surgeons in the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow. (a) 3. Attendance on Lectures on Anatomy, Physiology, Chemistry, or Natural Philosophy, by lecturers recognised by this College."

I have to request that this letter may be submitted to the next meeting of the English Branch Council. I am Sir,

Your obedient Servant,
(Signed) WILLIAM ROBERTSON,
(Branch Registrar, Scotland.)

Dr. Hawkins, 32, Soho-square, London, W.

(*The Lancet*, Sept. 21, 1861, p. 275.)

2. Moved by Dr. THOMSON, seconded by Dr. SHARPEY—"That the regulations lately issued by the College of Surgeons of England for the qualification of candidates for their licence, not being in accordance with the recommendations of the Medical Council, the College of Surgeons be requested to reconsider the grounds on which they have departed from the recommendations of the Council, and to state to the Council in how far the regulations recently issued are to be regarded as merely temporary, and in how far the Council may expect the College, at an early period, to bring their regulations into conformity with the standard recommended by the Council.

(Amendment.)

Moved by Dr. CORRIGAN, seconded by Dr. STOKES—"That it be an instruction to the Executive Committee to obtain returns of the regulations relative to education and examination from the several Licensing Bodies mentioned in Schedule (A); to ascertain in what particulars the regulations of any of those Bodies may differ from the recommendations of the General Medical Council; to request from those corporate Bodies whose regulations so differ, such observations or explanations as they may deem fit to offer; and to submit the correspondence, with their report thereon, to the next meeting of the General Medical Council "—Carried.

Dr. ANDREW WOOD required that the names of the majority and minority should be entered on the Minutes.

Majority.	*Minority.*
The President.	Dr. Burrows.
Mr Arnott.	Dr. Storrar.
Mr. Cooper.	Dr. Alexander Wood.
Dr. Acland.	Dr. Andrew Wood.
Dr. Bond.	Mr. Watt.
Dr. Embleton.	Mr. Syme.
Dr. A. Smith.	Dr. Thomson.
Dr. Apjohn.	Mr. Hargrave.
Dr. Corrigan.	Sir Charles Hastings.
Mr. Lawrence.	Dr. Sharpey.
Mr. Teale.	Dr. Christison.
Dr. Stokes.	

3. Moved by Dr. STORRAR, seconded by Dr. CORRIGAN—"That the draft case, respecting the Educational Clauses of the Medical Act, as returned from the solicitors, be approved, and submitted to counsel."—Agreed to.

4. Moved by Dr. STORRAR, seconded by Dr. ALEXANDER WOOD—"That the counsel to whom the case shall be referred, be the Solicitor-General and Mr. Selwyn."—Agreed to.

5. Moved by Dr STOKES, seconded by Mr. HARGRAVE—"That the several reports of the Medical Acts' Amendments' Committees of 1860, 1861, and the present year, be referred to the Executive Committee, with instructions to consult Parliamentary Solicitors, with the view of preparing a draft Bill, to be transmitted to the respective Branch Councils for their consideration and observations. That such draft Bill, with any amendments proposed, be re-transmitted by the respective Branch Councils to the Executive Committee, in time to enable the Executive Committee to have a draft Bill ready for being submitted to the General Medical Council at its next Meeting."—Agreed to.

6. Moved by Dr. ALEXANDER WOOD, seconded by Dr. STORRAR—"That in all cases where returns are required by the Council from the Bodies in Schedule (A) to the Act, the Registrar of the Council be directed to give notice to the several Bodies at least one month before such returns have to be rendered."—Agreed to.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, TUESDAY, MAY 20, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Mr. GREEN, *President*, took the Chair at Two o'clock p m.

(*Present*—as before.)

The Minutes of the last meeting were read and confirmed.

Returns, received in compliance with the 23rd Recommendation of the Medical Council, were presented from the University of Edinburgh, by Mr. Syme; and from the University of Glasgow, by Dr. Thomson.

1. Moved by Dr. STORRAR, seconded by Mr. SYME—"That a Committee of the whole Council meet to-morrow at One o'clock to consider the proposed application to Parliament, and the measures to be taken, as to the publication of the Pharmacopoeia."—Agreed to.

2. Moved by Dr. STORRAR, seconded by Dr. SHARPEY—"That inasmuch as persons deriving qualifications to practise physic from the Royal College of Physicians of England, are legally entitled to practise Surgery, it is the duty of the said College to take steps to secure that such qualifications shall not be conferred on persons whose attainments in Surgery have not been duly ascertained."

(Amendment.)

Moved by Mr. SYME, seconded by Dr. ALEXANDER WOOD—"That the Council are fully satisfied, by the statement of Dr. Burrows, that the College of Physicians are taking proper steps for ascertaining that their Licentiates are qualified to exercise all the powers of practice conferred upon them."—Negatived. The original motion was then put, and negatived.

Read the following Memorial from the Gloucestershire Medical and Surgical Association:—

To the General Council of Medical Education and Registration of the United Kingdom.

The Memorial of the Gloucestershire Medical and Surgical Association respectfully sheweth,

That the Medical Act has failed in its object to protect the Medical Profession and the public from the improper assumption of Medical titles by unqualified persons.

That Clauses XV. and XL. particularly require alteration so as the more fully to carry out the object of the Medical Act, and your memorialists therefore pray the General Council to apply to Parliament, early next Session, to amend the Medical Act; and they would recommend the following amendments, as proposed by the National Medical Registration Association, to the serious consideration of the General Council, viz.:—

Clause XV.—After the words "respectively obtained," insert, "And any person who shall falsely pretend to be, or who shall take or use any title implying that he is registered under this Act, shall, upon summary conviction for any such offence, pay a sum not exceeding £20."

Clause XL.—"Any person who is unable to prove to the satisfaction of the Medical Council that he is qualified to register under the Medical Act, and who shall pretend to be, or take or use the name, style, or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, Medical Practitioner, Surgical Practitioner, General Practitioner, or Apothecary, or who shall take or use any other name, style, title, or addition or description, implying that he is a Member of the Medical Profession, or who shall in any way follow, practise, or pursue the science or calling of Medicine or Surgery, shall, upon a summary conviction for every such offence, pay a sum not exceeding £20."

Signed, on behalf of the Gloucestershire Medical and
Surgical Association,
JAMES CORNWALL, *President*.
Cheltenham, July 18, 1861. JOHN P. WILTON, *Honorary Secretary*.

3. Moved by Dr. CORRIGAN, seconded by Dr. A. SMITH—"That the Memorial of the Gloucestershire Medical and Surgical Association be referred, along with the Reports of the Medical Acts' Amendments' Committee, to the Executive Committee."—(*Vide* Minutes, May 16, 1862.)—Agreed to.

Read the following letter, which had been received from the Colonial Office (in reference to the complaint of Mr. McNiece, a registered Practitioner under the Medical Act—*vide* Minutes, June 29, 1861), and of which the Registrar stated that a copy had been sent to Mr. McNiece.

Downing-street, September 13, 1861.

SIR,—I am directed by the Duke of Newcastle to state that he has referred to the Government of Canada the complaint of Mr. McNiece, that he is required by the law of Canada to pass an examination before receiving a licence to practise medicine, being entitled to such practice independently of any examination, by an Imperial Statute of 1858.

I learn that the Canadian Government consider themselves precluded, by the terms of their local statutes, from issuing this licence, nor have the Imperial Government any means of compelling them to do so, or of obtaining an alteration of the local law.

The Governor points out, however, that if the Imperial Statute has given Mr. McNiece the power to practise without reference to the Provincial Act, he wants no Provincial licence to enable him to do so.

I am, Sir, your obedient servant.
FREDERICK ROGERS.

Read the following letter from Samuel Gower, Esq., M.R.C.S. Eng., of Natal, South Africa:—

Pietermaritzburg, Natal, S. Africa, October 31, 1861.

SIR,—I. There are doubts entertained here as to the operation of the Medical Act in British Colonies. According to the highest legal authority here it only compels the registration of naval and military Surgical and Medical practitioners everywhere, and gives to civilian colonial practitioners the privilege, upon registration under it, of practising (as registered) throughout the Queen's dominions without leave obtained from the Governor, but does not compel them to register, making registration in the case of civilian practitioners optional.

(a) "Attention being paid in either of these cases to Practical Pharmacy."

II.—Up to the present date the practice in Natal has been to ask permission of His Excellency the Lieutenant-Governor, which was at first granted upon a supervision of diplomas and licences by the Colonial Secretary; but for the past five years after submitting such testimonials to a Medical Board, of which (appointed by H. E. the Lieutenant-Governor of this colony) I have acted as one of the members, and generally as chairman.

III.—The question which arises, supposing the views taken in the first paragraph to be correct, is whether an Act of Colonial Legislature, placing the colony under "The Medical Act" of 1858, should be applied for with the proviso that Medical men now practising with the permission of the Lieutenant-Governor, should by reason of such permission be included among those who shall be entitled to register, or otherwise remain free to continue to practise according to the terms of such permission.

IV.—The bill for regulating practice here, of which I send a copy, has proved of small avail in checking unlicensed practice, and the sanction of the Home Government having been withheld, it ceased to be law after the expiration of two years: the usage of asking leave of the Lieutenant-Governor to practise continues, but otherwise than thus we are without law as to matters Medical and Surgical.

V.—The extension in its full force of the Medical Act of 1858 to the colonies, if the colonies are exempt from its jurisdiction, seems most desirable, whether effected by the Home Legislature or by Colonial Legislation.

VI.—Any information or suggestion on this subject would be thankfully received by many members of the Profession here, as there are doubts upon the subject as to whether members are at all under the protection of the Medical Act, and if and wherein not, how to become placed under it.

VII.—It forms an item for consideration whether registration should not be compulsory in the case of Medical men holding civilian Government appointments, if not on all colonial Practitioners.

I have the honour to be, Sir,
Your obedient servant,
Samuel Gower,
Registered M.R.C.S.E., etc., District Surgeon
to the City and County of Pietermaritzburg,
and Surgeon to the Burg Volunteer Rifle
Corps, etc.

To the Secretary of the Council of the Board of Medical Registration.

Read the following letter from A. F. Anderson, M.D. Penang.

Penang, July 10, 1861.

Sir,—I beg to ask the Medical Council whether the "Medical Act" of 1858 extends to the East Indian settlements, as well as to the colonies and Great Britain, or not?

The want of a protection for qualified Medical men has been felt very much in the Straits settlements. There are several parties, both here and in Singapore, who practise medicine, and style themselves "Medical Practitioners, Physicians, or Surgeon-Accoucheurs," though possessing no diploma whatsoever. They are half-castes, almost without exception, and are resorted to by the natives and Chinese, who know of no distinction between qualified and unqualified Medical men; as here the only requisite to enable one to practise, is the possession of a few bottles of medicine. Such people, by their ignorant and entirely empirical practice, do very much to deprive the natives of any confidence in our Medical Act, which, as far as I have seen (and that has not been a little), is of great importance in a practical point of view, not to speak of other, and perhaps more weighty, considerations.

I know that in the Dutch colonies (where I have travelled a good deal) there are very stringent rules as to the admission of Medical Practitioners; and the consequence is, that there is far more confidence in European medicine and surgery than with us; besides which, the natives, etc., are drawn into closer relations and more real dependence on Europeans than ever obtains in our settlements.

I have had some correspondence on this subject with the Medical men of Singapore, and it is the prevalent feeling there and elsewhere that there ought to be some means taken to put a stop to the irregular practice above alluded to, at the same time having a branch registration for the East.

Should the Medical Council take this question into consideration, it would of course be the best authority to show how any protective measures were to be carried out; and may I take the liberty of requesting information of anything that may be decided on?

By bringing the above before the notice of the Medical Council, you will greatly oblige, Sir, your obedient servant,

A. F. Anderson, M.D.

To the Secretary of the Medical Council, London.

4. Moved by Dr. Alexander Wood, seconded by Sir Chas. Hastings—"That the communications from Practitioners in the colonies, which have been addressed to the Council, be referred to a Committee to consider and report."—Agreed to.

Names of Committee.

Dr. Alexander Wood, Chairman.	Dr. Embleton.
Sir Charles Hastings.	Mr. Cooper.

5. Moved by Mr. Syme, seconded by Mr. Hargrave—"That the Council adopt the following resolutions:—

"1. That the Council has resolved that no licence to practise Medicine or Surgery shall be conferred upon any one who has not completed four years of Professional study.

"2. That the Council has also resolved that apprenticeship or pupilage shall not constitute the commencement of this Professional study.

"3. That the College of Surgeons of England has lately issued regulations to the candidates for their diploma, which allow apprenticeship or pupilage to constitute the commencement of Professional study; and also allow another year to be constituted by attendance upon a recognised Hospital, so as to limit the period of study at a Medical School to two years and three months, or fifteen months in all.

"4. That the Council having declined to notice this departure from their requirements, and thus recognised an independent power of action in one of the Licensing Bodies, it is therefore unnecessary to take any further step for interpreting the Educational Clauses of the Medical Act."—The motion was put, and negatived.

Confirmed Joseph Henry

FOREIGN CORRESPONDENCE.

◆

FRANCE.

Paris, May 17.

M. TROUSSEAU ON BRETONNEAU.

According to my promise, I to-day send you a short account of M. Trousseau's funeral oration over the grave of Bretonneau. He said that the first labours of Bretonneau in the Hospital of Tours, and in which M. Velpeau took a very active part, were directed to the investigation of diphtheria and typhoid fever, and that during the time when he (M. Trousseau) was Bretonneau's pupil, he began to develope his great doctrine of specific diseases, to which he was, as it were, irresistibly led by his discoveries in the pathology of the two diseases just named. In 1826 he began a work on diphtheria, which was only a precursor of more important philosophical works, which he intended to publish in course of time, but which he left unfinished, confiding to his pupils the task of terminating what he had commenced. With a rare ardour of conception and a sort of intuitive genius, Bretonneau wanted to apply to the whole pathology that which he had discovered concerning diphtheria and fever; he wished to prove the specific nature of all diseases, to show that if they were only observed with sufficient care they could and should be ranged in distinct classes; and his great knowledge of natural history led him to take the same road on which the illustrious Pinel had lost himself. Between Pinel and Bretonneau there was, however, this difference, that the former, after having once determined the nosological class, enclosed all subordinate species in a circle of iron, and inflicted upon them a narrow and stereotyped treatment; while Bretonneau, when he had laid down his morbid species, did not think that this should at all regulate therapeutics. He believed that each morbid seed caused a special disease, as every seed in natural history gives rise to a determined species; and as every animal or vegetable species has a special origin and development, in the same manner every species of diseases should receive a specific treatment.

Bretonneau possessed a very profound knowledge of the physiology and pathology of plants, and made many experiments in this branch of natural history, which became exceedingly useful to him in their application to the physiology and pathology of man. At the time when M. Trousseau became his pupil, he began a long series of experiments on animals, the results of which allowed him to constitute human pathology on new bases, and to found, by way of experiment, the great and fertile theory of the specific nature of diseases. But, being guided by the instinct of the Practitioner who wished to found therapeutics on an equally broad base, he commenced, and continued for a considerable number of years, ingenious experiments on the action of medicines, which made therapeutics that which it is now-a-days. In therapeutics he founded the doctrine of specific medication, as he had in pathology constituted the theory of specific diseases; and from that time the aim of the Practitioner was clearly traced. Given a disease, local or general, we have to find empirically and experimentally the specific remedy or remedies. At the same time, after long and laborious researches on plants and animals, he founded in therapeutics the great theory of substitution, which is just as fertile as the untruthful doctrines of homœopathy are sterile and ridiculous.

GERMANY.

Berlin, May 16.

ON THE RELATIONS OF OZONE TO PHYSIOLOGY AND PATHOLOGY.

Dr. Lichtenstein, who has for several years occupied himself with the study of ozone and its relations to physiology and pathology, has recently given us some of the results of his investigations of this interesting subject, which go far to prove that the perspiration by the skin and the lungs contains a certain amount of ozone in health as well as in disease. The ozonoscopes used by this gentleman resemble those employed by Schönbein, with slight modifications in the proportion of the several ingredients, viz., iodide of potassium, amylum, distilled water, and the paper. For showing the quantity of ozone secreted by the skin, ozonoscopes are, by means of threads, fixed to different parts of the surface of the body. Metallic wires are not suitable for such purposes, on account of their electro-motor properties. The part best suited for ozonoscopy is the anterior surface of the chest and the abdomen. The paper is left on the skin for twenty-four hours, after which it is taken off and examined. In order to show the ozone contained in the air expired by the lungs, the ozonoscope is enveloped by a piece of non-vulcanized india-rubber, which is placed before the mouth or nostrils, and fixed behind the ears. This apparatus is not troublesome to wear, and it is quite sufficient to leave it on for a couple of hours, or even less, in order to arrive at certain conclusions. After the paper is taken off, it is immersed in chilled water, when in most instances various shades of blue colour are perceived, which should then be compared with Schönbein's ozonometric scale. If the paper has been ozonised, iodide of potassium is decomposed, and iodine allowed to combine with amylum.

The quantity of ozone shown to exist in the perspiration, varied greatly in sick and healthy persons, even if the attending circumstances of those experimented upon were very similar. Sometimes no trace of ozone could be discovered, while in other instances the amount of this substance was very large. Dr. Lichtenstein found that this was altogether independent of the quantity of ozone contained in the atmosphere. The perspiration of females mostly contained much more ozone than that of males, and that of irritable persons more than that of phlegmatic ones. The amount of ozone discovered was not at all proportionate to the quantity of perspiration; for in some cases more ozone was found if the skin was dry, and in others more if it was moist. It is easily intelligible why this should be so, if we consider that the salines contained in the perspiration, such as chloride of sodium and ammonium, have no effect upon non-ozonised ozonoscopes, nor do they show any considerable affinity to ozone itself. The same may be said of the organic acids found in the perspiration, such as lactic, butyric, and acetic acid, and the pathological productions, as sugar, bile, etc., which are sometimes contained in it. Chlorine, which, when uncombined with electro-positive substances, would alter the condition of the ozonoscope, is not secreted by the skin, and carbonate of ammonia, which is able to destroy ozone as soon as formed, is only contained in the perspiration of patients suffering from severe diseases. In women the quantity of ozone is considerably diminished before and during menstruation. If the amount of ozone is very much augmented, this seems to indicate an increase of the general metamorphosis of matter. Dr. Lichtenstein is hopeful that ozonoscopic observations will eventually prove of great service for the diagnosis, prognosis, and treatment of disease; but time alone can show whether there is any real foundation for such expectations.

Results of the Revaccination of the Prussian Army in 1861.—During 1861 there were 64,985 soldiers vaccinated or revaccinated, and of this number 53,979 individuals exhibited plain marks of prior vaccination, and 7204 indistinct marks, while in 3802 no traces of this were visible. The vaccination now performed was regular in its course in 41,494; irregular in 7482; unsuccessful in 16,009; total, 64,985. The unsuccessful cases vaccinated again, furnished 5658 additional examples of successful vaccination, making 47,152 or 72 per cent. of those vaccinated. Among the soldiers who had been now or on former occasions successfully revaccinated, there appeared during the year four cases of varicella and ten of varioloid, but no case of variola. In the entire army there appeared during 1861 56 cases of this class of diseases, viz., 7 of varicella, 45 of varioloid, and 4 of true variola. Of these, 25 cases (2 of varicella, 21 of varioloid, and 2 of variola) occurred in soldiers who had not been revaccinated; 17 (viz., 1 of varicella, 14 of varioloid, and 2 of variola) in soldiers revaccinated without result; and 14 (viz., 4 of varicella, and 10 of variola) in cases in which revaccination had succeeded. The great bulk of these cases were of a mild or even trivial character; but 4 of them ended fatally,—viz., a case of variola occurring in a soldier who had not been revaccinated; 1 of varioloid, revaccination having been performed without success; together with a case of varioloid and another of variola occurring in recruits who had not been revaccinated.—*Berlin Med. Zeit.*, No. 35.

GENERAL CORRESPONDENCE.

REPLY TO PROFESSOR SCHAUFFHAUSEN'S OBSERVATIONS ON THE DIURNAL REVOLUTION OF THE PULSE IN MAN.

Letter from Dr. Knox.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your Number for the 3rd instant contains some observations by your foreign correspondent, transmitted from Bonn, and dated March 31, detailing some of the proceedings which took place at a meeting of the Society of the Lower Rhine. I shall confine my reply to what Professor Schauffhausen said of my theory of the diurnal revolution of the human pulse, a theory which I fancied had been confirmed by all observers since the time I first made it public in 1816, or rather in 1814, inasmuch as the theory was introduced into my Thesis presented in the autumn of that year to the University. Professor Schauffhausen thinks on the contrary that physiologists are by no means agreed as to that theory, which, subsequently to the publication of my views, was supported, and, I may say, confirmed to the letter by the most carefully made observations of Dr. Guy, Dr. Graves, M. Quetelet (than whom there could not be a more exact observer), and many others whose names I forget. In the course of his observations, the names of Autenreith, Keill, Robinson, and Pelissier are mentioned as those who maintained that, contrary to my views, the pulse rises towards evening, and is quickest at that time of day. Cullen and Double are alluded to as supporting the theory that the pulse increases twice during the twenty-four hours, in which case the daily revolution of the pulse would be double instead of single. On the other hand, Professor Schauffhausen thinks that there is a continual increase in the rate of the pulsation from morning until evening, and he grounds his views upon numerous observations made on one of his own students, and repeated six times a day for 131 consecutive days. I invite Professor Schauffhausen to repeat his observations on twenty or thirty individuals, all in good health, and next to observe the condition of the pulse in the diseased, and I feel confident that he will be compelled to admit that his view is an erroneous one.

In conclusion, permit me to add that my observations were undertaken not merely to determine the rate of increase and of decrease in the human pulsation, but also the history of the differential pulse, and the excitability or vital power of the heart at various times of the day. These observations led to the discovery of the diurnal revolution of the pulse, a theory which I fancied till now had been as well established as any physiological theory can well be. This revolution is not confined to the rate of increase and decrease in the number of the pulsations, but extends to the excitability of the heart, that is, its power of being roused or acted on by food, drink, and various stimulants of all kinds. The evening exacerbation is a morbid phenomenon mistaken by Cullen for a healthy one.

I am, &c.
R. Knox.

THE AWARD IN THE CONTROVERSY BETWEEN DR. STEWART AND MR. I. B. BROWN.

Letter from Dr. James Risdon Bennett.

[To the Editor of the Medical Times and Gazette.]

Sir,—Sir Charles Locock and myself having made our award on the controversy between Dr. Stewart and Mr. I. B. Brown, which we agreed to investigate on the condition that both parties should be bound by our decision; we accompanied that award by the expression of our opinion that it was undesirable that any further publicity should be given to the unhappy dispute.

Finding, however, that in the *Lancet* of May 10, under the head of "Notices to Correspondents," there has appeared a very imperfect and unfair version of our judgment, we think it due to ourselves, as well as to the parties to the dispute, that our award should now be published *in extenso*. I beg therefore to enclose you a copy of the award, and request the favour of its insertion, together with this note, in the forthcoming number of your Journal. On behalf of Sir C. Locock and myself,

I am, &c.

JAMES RISDON BENNETT.

15, Finsbury-square, May 28.

We, the undersigned, having consented to investigate and give our joint opinion on a controversy between Dr. Alexander Patrick Stewart and Mr. Isaac Baker Brown, connected with their attendance upon a child of Lord ——, in April, 1861, have met twice and gone through carefully all the correspondence and other documents which have been transmitted to us. We did not find it necessary or desirable to have any personal examination of the respective parties themselves, believing that it would have tended more to embarrass than assist our decision.

We consider that we are not called upon at all to interfere with or comment upon the quarrel between Dr. Stewart and his relations, Lord and Lady ——, but to confine ourselves to the injuries of which the respective parties complain as between themselves.

Mr. Brown declares that he had found in the course of last autumn that some Medical men had declined to meet him on account of accusations which Dr. Stewart had made of his unprofessional conduct when he had met him at Lord —— in April, 1861, in attending a child with scarlatina.

On being applied to, Dr. Stewart justified his accusations by repeating certain words which he affirmed Mr. Brown had used on that occasion, viz., "Your daughter has not twelve hours to live unless some prompt measures are taken," which words Dr. Stewart maintains bore the imputation that the child had fallen into danger through his neglect, the consequences of which Mr. Brown would, if possible, repair. Dr. Stewart also declares that both Lord and Lady —— understood the words in that or an equivalent sense.

In a correspondence which ensued between Lord ——, Dr. Stewart, and Mr. Brown, the accuracy of these words or expressions was denied by Lord ——, and not admitted by Mr. Brown; and at the close of the correspondence Dr. Stewart insists very strongly on the unjust and injurious treatment he himself had experienced in having been virtually charged by Lord —— and Mr. Brown with falsehood, calumny, and ungentlemanlike conduct.

The question then is divided into two parts: whether Mr. Brown's Professional conduct when attending Lord —— child justified Dr. Stewart in giving such a report of it to others as to induce them to decline meeting Mr. Brown in consultation; and, secondly, whether Dr. Stewart can be fairly charged with falsehood, calumny, and ungentlemanlike conduct?

Our opinion, however, is more easily formed by considering the two questions together, as they so entirely relate to the same circumstances.

In respect to Dr. Stewart's veracity, we do not for a moment question it. The exact words used on the night of April 27 were more likely to have been accurately remembered by him a few days afterwards than by either Lord —— or Mr. Brown six or seven months afterwards; and in a letter written by Lady —— on May 3, only six days afterwards, she quotes Mr. Brown's remarks in terms which fully confirm Dr. Stewart's version of the words—"That unless immediate measures were taken he (Mr. Brown) did not think she had twelve hours to live." It is to our view evident, then, that words were used to that effect.

Dr. Stewart states that he makes no complaint of Mr. Brown having deprived him of the confidence of Lord and Lady ——, for he considers the very fact of their sending for Mr. Brown at all proved that that confidence had already gone; nor does he complain of Mr. Brown depriving him of the patient, as he himself insisted on giving up the patient, and being relieved from all further responsibility; but he complains that the phrase in question indicated that the child had been brought to such a state of imminent peril by his previous neglect or wrong treatment.

To come to the fact as related by Dr. Stewart himself. After seeing the patient Dr. Stewart and Mr. Brown retired to another room to talk over the case, Mr. Brown's first words were:—"That child will kick;" showing at once, that whether right or wrong, he considered the child in imminent danger; Dr. Stewart replied that, though the case of course was serious, he did not think it so bad as that. That Dr. Stewart must have thought the case very serious was evident from his having ordered half a glass of wine every hour, and having prepared Lady —— to expect that it was likely that it might be necessary to administer nourishment by the means of enemata, implying that the child might be unable to swallow. Mr. Brown having his own notions of the best treatment of scarlatina as published by him several years before, of course proposed his own treatment to be followed, having equally, of course, the most confidence in it. Dr. Stewart also had his own notions, the result of his own extensive experience, and had, up to that time, carried them out as far as he was concerned, though it appears they had not been efficiently carried out during his absence. Dr. Stewart, however, did not object to the change of treatment, but he declined to have any further responsibility, on account of his feeling that the very fact of Mr. Brown having been summoned proved that the parents had not sufficient confidence in him.

We are not called upon to give any opinion as to which treatment was the best,—both might have been equally good,—but it is evident by what conversation took place when the two gentlemen were alone, that Mr. Brown *bonâ fide* thought the child in much greater danger than Dr. Stewart did, and proposed his own peculiar plans as those in which alone he had any hopes of the child's recovery.

If Dr. Stewart objected to the plans, the time for stating his objections would have been when he and Mr. Brown were alone together.

On returning to the room where Lord and Lady —— were, it would appear that Mr. Brown announced his own impressions strongly as a reason for the treatment he wished at once to adopt. We must assume that though after an interval of seven months, Lord —— and Mr. Brown may have forgotten the exact words, yet words to that effect were really used. But we cannot see that such a phrase, even the identical words stated by Dr. Stewart, necessarily implied that Dr. Stewart had previously neglected the child, or treated her incorrectly. We see no reason to believe that Mr. Brown meant to imply either the one or the other.

Dr. Stewart describes the overwhelming astonishment and dismay which the announcement of Mr. Brown produced in the parents, and explains that the reason why he did not at once protest against Mr. Brown's unfavourable prognosis was "out of regard to the feelings of Lord and Lady ——." It may be inquired whether it would not have been more comforting and cheering to the afflicted parents if Dr. Stewart had at once stated that he had a more favourable view of the case, and that he had already told Mr. Brown so in the next room?

We acquit Mr. Brown of any idea of blaming Dr. Stewart's previous treatment by the expressions he used, even if we should admit that such expressions were indiscreet (a). If there were any neglect it was on the part of the parents in not having carried out Dr. Stewart's directions. Whether Mr. Brown was right or wrong in the view he took, we must presume that he acted *bonâ fide*, because he had stated the same view in a very colloquial phrase in the next room. We acquit Dr. Stewart of any want of strict veracity. Any difference of statements on other matters may fairly have arisen without any want of truth on either side, for how few persons describe the same event or the same conversation in the same aspect.

We think that it is incumbent on Mr. Brown to write an assurance that he disclaims any impeachment of Dr. Stewart's veracity.

We also are of opinion that Dr. Stewart is bound to assure any of his friends or colleagues to whom he has made any representations on the subject, that we, the referees, think that he has no sufficient reason to accuse Mr. Brown of unprofessional conduct, and that he has no right, after the event, to comment injuriously upon any behaviour which he allowed to pass at the time without objection.

We are decidedly of opinion that it will be far wiser and better that nothing connected with this unhappy misunderstanding should be made public by forwarding any notice of it to any of the journals. At present the knowledge of it is limited to a very small circle, and it should not proceed further.

CHARLES LOCOCK,

London, April 30. JAS. RISDON BENNETT.

(a) It may probably seem, to most persons, superfluous to say that by this paragraph we intend decidedly to imply that in our opinion the expressions used by Mr. Brown were indiscreet. The passage, however, has been criticised as equivocal.—C. L., J. R. B.

REPORTS OF SOCIETIES.

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OBSTETRICAL SOCIETY OF LONDON.

Wednesday, May 7.

Dr. Tyler Smith, President, in the Chair.

A Paper, by Mr. Robert Ellis, was read, entitled

A PRACTICAL INQUIRY INTO THE PROPERTIES OF NITRATE OF SILVER; WITH A DESCRIPTION OF A NEW INSTRUMENT FOR ITS USE IN UTERINE DISEASES.

The object of this paper was—1st, to prove that nitrate of silver is of the nature of a proper escharotic; 2nd, to define its physiological action as such; and, 3rd, to draw the attention of obstetrists to the value of the instrument with perforated caustic invented by the author nearly ten years since. In reference to the first point, the most opposite opinions are held by different writers: some maintaining that this substance is not an escharotic, but possesses simply stimulant and astringent properties; while others assert that it is really capable of destroying structure and vitality in the living body, and of producing a slough. The author is of the latter opinion, and considers that, to use the words of Liebig, "when nitrate of silver is applied to skin or muscular fibre it combines with them to form compounds so stable that they cannot be decomposed by other powerful chemical agents. Parts of the body united to salts of silver no longer belong to the living organism, and the neighbouring living structures throw them off in the form of an eschar." In practice, and especially in obstetric practice, having regard to the soft and delicate structures to which lunar caustic is applied, the writer conceives it to be very important to have this point properly defined; and regrets the error of comparing this escharotic with other substances simply stimulant or vesicant in their action. The physiological action of nitrate of silver as an escharotic may be thus defined: that it destroys life and structure to the depth of its penetrative power, but that its power of penetration is extremely limited. This may be illustrated by the experiment of dropping fluid albumen into a strong solution of nitrate of silver. The albumen instantly combining with the silver forms a dense, white, semi-solid substance; but on section it is seen that the penetration of the caustic has been very limited, the centre of the mass being unaffected by it. The same phenomenon occurs whenever lunar caustic is employed in surgery—a limited depth of structure only is killed. To this fact, and to the abundant presence of the chlorides in the structures of the living body, are we to look for an explanation of the apparently feeble escharotic action of this substance. The existence of the chlorides limits the action of the silver salt by the chemical affinity they possess for it. The peculiar structures of the os and cervix uteri afford a very large surface to the action of lunar caustic, and it is well ascertained that a considerable eschar may be thrown off by them, if this substance be very firmly applied and pressed down into the soft tissues around. In order to determine this question, a variety of experiments were made on the web of a frog, and the action of the caustic watched under the microscope. The most conclusive evidence was obtained that a death and destruction of tissue followed the use of nitrate of silver (as a minute crystal placed on the web), the eschar dropping out of the web at the end of from seventy to eighty hours, and leaving a clean round hole in it. No such result followed the application of a minute portion of cantharidine. The third division of this paper had reference to the various forms of nitrate of silver for Surgical use, and especially to those introduced by the author some years ago. The varieties of "tough nitrate of silver" were described, and specimens exhibited. The methods of conferring this cohesive property on fused nitrate of silver were described to be—1st, the addition of a little chloride of silver; 2nd, that of nitrate of lead; 3rd, of nitrate of potash. The writer had long ago suggested the admixture of a few fibres of asbestos as another valuable method of attaining this object. Without any exception, the forms of tough nitrate of silver failed to justify their claim to this denomination after being once or twice used. The substance then becomes penetrated by moisture, and its cohesive properties are thereby reduced at once to that of the ordinary fused lunar caustic. With the author's instrument and perforated caustic, the breaking of the latter was no longer possible. This instrument was first shown by the author at a meeting of the Western Medical Society more than eight years ago. The instrument was very simple, consisting of a short socket for the caustic, down which a platinum pin (passing through the caustic) was held and retained firmly by a small nut. It was thus impossible to break off the stick of nitrate of silver, or to leave it behind to produce misery and excoriation to the patient. The handle was a large porcupine quill, the smoothness and elasticity of which constituted it one of the most admirable materials for this purpose, the cover was perforated at the end, by which contrivance the caustic was always kept dry and clean, its moisture evaporating through the aperture. The perforated caustic was used by the writer in the form of cylinders and also of bullets. The latter form was most useful in patulous conditions of the cervix. The simple method by which the central perforation was cast when the caustic was made was then shown in the moulds constructed by the writer. The economy of this invention was proved by the fact that it admitted of the caustic being used up to the last fragment. The security with which this instrument can be used, and the facility with which the cervical canal can be cauterised by it to its highest point, constituted its most valuable features as applied to obstetric purposes.

At the close of this paper, Mr. Robert Ellis exhibited specimens of this instrument, with the caustic secured to it. There were also shown the moulds in which the cylinders and bullets were cast, together with some pure specimens of perforated caustic prepared by Mr. Squire.

THE PATHOLOGICAL SOCIETY.

Tuesday, May 7.

Dr. Copland, President, in the Chair.

Mr. Maunder exhibited a

MEMBRANOUS BAG SAID TO HAVE BEEN PASSED FROM THE BLADDER OF A WOMAN.

The patient declared it had come away from her bladder per urethra. A young married woman became the subject of retroversion of the uterus, and consequent retention of urine. A Surgeon evacuated the bladder with a female catheter, leaving the instrument *in situ;* the top of this latter slipped off, and the catheter, 5¾ inches in length, passed into the bladder, and resisted all attempts at removal. On the third day the patient was brought to the London Hospital, with retention of urine and acute cystitis, when Mr. Maunder enlarged the anterior half of the urethra laterally, and removed the foreign body. During the progress of the case the above sac was said to have been passed.

A commission was appointed to determine the nature of the membrane.

Mr. Maunder also exhibited a portion of

MALIGNANT DISEASE OF THE LYMPHATIC GLANDS OF THE AXILLA,

from a male, aged 30. The disease had involved the axillary artery, destroying its wall, leading to the formation of a false aneurism. Profuse hæmorrhage, and death from exhaustion two hours after the axillary artery had been ligatured by Mr. Maunder.

Mr. Henry Thompson exhibited, for Mr. Cadge, of Norwich,

PORTIONS OF PROSTATE REMOVED IN LITHOTOMY.

The patient was a gentleman, aged 62, who had for some time been the subject of urinary symptoms, together with hæmorrhoids, a large stone having been detected in the bladder. The ordinary lateral operation was performed. Two calculi of nearly the same size, and weighing together nearly four ounces, were removed. With each calculus a prostatic outgrowth of considerable size came away. The patient recovered well. Mr. Cadge adverted to the occasional occurrence of the extraction of portions of the prostate in lithotomy operations. It had occurred, he said, several times in his own practice, and in none had any ill consequences followed. Sometimes the portion of prostate came away between the handles of the forceps in front of the hinge; at others between the blades just in front of the calculus.

A letter from Dr. Keith, of Aberdeen, was read, in which that experienced lithotomist stated that the accident under consideration had occurred in his practice about twelve times. He agreed with Mr. Cadge in thinking that it was not attended by any special risk to the patient.

Mr. **Wm. Adams** exhibited, for Mr. **Obre**,

A SPECIMEN OF VERY EXTENSIVE DISEASE OF THE BODIES OF THE VERTEBRÆ.

It had been removed from the body of a girl, aged 13, who had died some years after the original disease. She had been extremely deformed, the curvature being so great that the cervical vertebræ looked downwards. The post-mortem showed that the bodies of six of the cervical and upper dorsal vertebræ had been wholly destroyed, and those of three others partially so. There was no abscess, and no evidence of the remains of any purulent accumulation. The laminæ and spinous processes were anchylosed together. Mr. Adams adverted to the interesting fact as one of general observation, that when carious disease affects the bodies of the cervical or upper dorsal vertebræ, abscesses but rarely occur; whilst if the lower dorsal or lumbar are involved, abscesses are usual. In this case, he stated, the cause of the child's death was not clear. She sank from debility, without any evidence of advance of disease.

Dr. **Wilks** asked if the supra-renal capsules had been examined. He said that it was not uncommon, in disease of the dorsal vertebræ, for the supra-renal capsules to become involved.

Mr. **Adams** replied, that in Mr. Obré's absence he was unable to give a definite answer to Dr. Wilks' question.

Dr. **Bristowe** brought forward a case of

PYÆMIA IN CONNEXION WITH ACUTE NECROSIS.

The patient, a boy, had been admitted into St. Thomas's Hospital with what subsequently proved to be periostitis of the right femur. His symptoms so closely resembled those of typhus fever, that he was transferred by the Surgeon to a Medical ward. On the following day, the abscess in connexion with the femur was discovered and opened. At the post-mortem, numerous purulent deposits were found in various organs. There was acute pericarditis, and small deposits of pus in the muscular structure of the heart. Dr. Bristowe stated that he brought forward this case as a specimen of a well-marked and interesting group of cases in which pyæmia supervenes in connexion with acute inflammation of a bone, without any external wound. He had seen seven or eight such cases. In most of these cases the pericardium and heart were involved, and the patients were usually young. He had collected the particulars of seven such cases which had come under his own notice.

Dr. **Wilks** stated that he could fully confirm the accuracy of Dr. Bristowe's statement. He had seen several remarkable illustrations of the pathological sequence referred to. They were a class of cases that had as yet been taken little note of by practical Surgeons.

Dr. **Crisp** exhibited a specimen of

SCIRRHOUS PANCREAS.

It had been removed from the body of an elderly gentleman, in whom disease of the pancreas had been diagnosed during life. The stools were repeatedly examined. No fatty matter had ever been discovered. Dr. Crisp believed that the importance of this symptom in reference to pancreatic disease had been much exaggerated. The specimen showed the organ greatly enlarged and very firm. Under the microscope the normal glandular structure was comparatively absent, being replaced by a large development of fibrous tissue. Drawings from the microscope were exhibited. There was no cancerous disease of any other organ.

Dr. **Bristowe** objected to the application of the epithet "scirrhous" to this specimen, as he did not think that it was an example of cancer, but rather of induration and hypertrophy consequent on obstruction of its ducts.

Dr. **Wilks** said that he thought it probably was a specimen of what he had been accustomed to call cirrhosis of the pancreas. He did not think it was at all like cancer.

Dr. **Crisp** replied that he had not intended to imply by the term scirrhous that the disease was actually cancerous.

Mr. **Holthouse** exhibited

A CAST AND SPECIMEN OF AN ENORMOUS PERINEAL TUMOUR.

He had been asked to see the patient, a woman of middle age, on the supposition that she suffered from hernia. She had previously been under the care of Sir B. Brodie and Mr. Lawrence. She died soon afterwards, and an opportunity was then afforded of making a post-mortem examination. On cutting into the abdomen in the middle line a large quantity of fluid escaped, and a cyst was opened, which communicated with the perineal tumour passing through the pelvic outlet by the side of, or rather behind, the rectum. The cyst was continuous with the cavity of the peritoneum. The perineal part of the cyst contained a coloured and somewhat glairy fluid. The tumour, as shown in the cast, hung between the thighs to a size of two adult heads. Mr. Holthouse was not able to give any history as to the early part of the case, and did not venture any definite opinion as to the original nature of the disease. The uterus and ovaries were healthy. As the external cyst did not contain any of the abdominal viscera, it could scarcely be considered as a hernia, although it was continuous with the peritoneum.

Some discussion followed, in which Dr. Schulhof, Dr. Bristowe, Mr. Adams, Mr. Hulke, and Mr. Spencer Wells took part.

The specimen was ultimately referred to the two latter gentlemen, in conjunction with Mr. Holthouse, for a report.

Dr. **Wilks** exhibited a specimen of

DILATATION OF THE BRONCHIAL TUBES.

This specimen presented a most extreme degree of the disease. The patient was aged 15 at the time of death, and was under the care of Dr. Pavy, in Guy's Hospital. The surface of the body was remarkably livid, and especially the face, so much so that her complaint had been styled *morbus cæruleus*. During the whole of her life she had suffered from bronchitis, dyspnœa, great congestion of the surface, and occasional dropsy. At last she died, and the lungs were found to have the tubes dilated towards the periphery into distinct sacs, and the upper lobe of the right lung wholly converted into cavities by dilation of the bronchial tubes, there being no remains of pulmonary tissue discoverable between them. The section presented the same appearance as would a number of tubes closely packed together and then cut across; most of these being of the size of the little finger. Dr. Wilks alluded to the two forms of dilatation of the bronchi. The one occurring in connexion with chronic pneumonia, where it is supposed that during the contraction of the tissue the tubes are pulled down, or that the latter give way under the force of inspiration at the time when the intervening structure is soft from inflammation; and the other, of which this case affords a good example, where there is no inflammation of the pulmonary tissue, the primary disease being in the tubes themselves. In this case, probably, owing to the obstruction in the tubes, portions of lung become collapsed, and then the tubes expand under the force of inspiration, the process being analogous to what is supposed to occur in the modern theory of emphysema, that a part of the lung being collapsed, another expands in an equal degree to take its place, only instead of the tissue of the lung itself undergoing this process the tubes themselves dilated, and thus as the child grew the whole lobe became simply one mass of tubes.

Dr. **Wilks** also exhibited a specimen of

MALFORMATION OF THE HEART.

This specimen came from a child two years of age, who had been under the notice of Mr. Stedman, at the Royal Infirmary for Children, ever since birth. During the whole of this time there had been great lividity of the surface of the body, and it was clear that the heart was malformed. On post-mortem examination, the change which was found to have occurred was one of the more usual kinds. The pulmonary orifice was much narrowed by adhesion and thickening of the valves. The septum ventriculorum remained open, and the aorta thus came off from both ventricles, the right being much hypertrophied. The foramen ovale was also slightly patent, and the ductus arteriosus was still open by a very narrow channel. The ascending aorta and arch were much dilated. The bronchial arteries not examined. The case afforded a good example in proof that the older notions respecting malformation of the heart were erroneous, that these consisted in an arrest of development of those parts of the heart which were open in the fœtal state; whereas it is clear that the patency of the parts is dependent on an obstruction elsewhere, as in the pulmonary orifice, and a necessary consequence of it; the disease in the first place being due probably to an intra-uterine endocarditis. The mother of the child had had acute rheumatism, and two lesser attacks whilst pregnant. It may be remarked that the lividity of this child was much less than that of the girl just mentioned with the dilated bronchial tubes,—a fact which corroborates what others have also observed, that cyanosis is by no means a necessary symptom of malformed heart, the most extreme cases of lividity occurring mostly in connexion with bronchitis or other affections which cause an obstruction through the lungs.

OBITUARY.

EDWARD STANLEY, F.R.S.

Mr. Stanley had been ailing for some days, so much so that he had excused himself from fulfilling an engagement he had made for Saturday; but on the afternoon of that day, feeling himself much better, he resolved upon being present as usual at the operations at St. Bartholomew's. After remaining some time in the theatre, conversing freely with various friends, he left to assist at a consultation in Henry Ward, where he had just completed the examination of a patient, and was in the act of walking to another part of the room, when he suddenly staggered and fell against one of the beds. He was immediately supported by those around, and carried to an adjoining bed, when he appeared for a moment to recover himself, but almost immediately relapsed into the deep stupor of confirmed apoplexy. To his friends and colleagues who were present with him at the moment of his seizure, or who hastened to the ward in the hope of being of some assistance, it was from the first but too evident that the attack was of a fatal character. The fact of his illness, which soon became known throughout the establishment, created the deepest anxiety for the result; for it would be difficult to point to any one who, throughout a long and intimate connexion with St. Bartholomew's, had rendered himself more generally respected by the humbler officials, or more affectionately esteemed by his colleagues.

Mr Stanley at an early age evinced a strong liking for the study of Surgery, and chiefly through this craving for the Profession his friends were induced to apprentice him, in 1808, to Mr. Ramsden, then Surgeon to St. Bartholomew's Hospital. Without a thought of future celebrity, he commenced his studies in the earnest methodical manner which throughout his life continued to characterise all his Professional researches. Devoting himself to pathology and anatomy, he soon attracted the notice of Mr. Abernethy by the assiduity with which he employed himself upon the reconstruction of the Museum of Morbid Anatomy, which was indebted to his industry for a large accession of preparations, especially in the series which illustrate diseases of the bones and joints.

On the death of Mr. Ramsden in 1813, he was transferred to Mr. Abernethy for the remainder of his term of apprenticeship. In the following year he became a Member of the Royal College of Surgeons.

Having been appointed Demonstrator of Anatomy, and having held this office for some years conjointly with that of Honorary Assistant - Surgeon to the Hospital, to which he was elected in 1816, he joined Mr. Abernethy, in 1826, in lecturing upon Anatomy and Physiology. He continued to deliver these lectures until the rapid advance of physiology and the introduction of microscopic researches had so extended the range of these subjects, that it became necessary to re-arrange them as separate courses, when he was succeeded on his retirement, in 1843, by Mr. Paget. Five years previously he had been elected Surgeon to the Hospital, and he continued in that office until 1861, a period of twenty-three years, when, to the regret of those associated with him at St. Bartholomew's, he most honourably retired, but was at once elected to the complimentary office of Honorary Consulting Surgeon.

No one who visited with him the wards under his charge could fail to be impressed by the regularity of his attendance, by the patience with which he investigated difficult cases, or by the pains he took to render the means placed at his disposal subservient to his duty as teacher of Clinical Surgery. In this department he was, indeed, unrivalled, whether in his instruction spoken by the bed-side, or in the more formal, but practical lectures which he gave on cases of interest occurring in his wards. Often slow to arrive at an opinion, he was always prepared to give it and with decision. His conclusion could safely be relied upon, and when spoken was usually illustrated by reference to cases which had come under his notice, and which he possessed a happy facility for retaining in his memory and for relating in a clear, concise, and, for those who were learners from his remarks, impressive manner. His experience in great and critical difficulties, such as must from time to time arise in an operating theatre, was of acknowledged value; and his calm judgment and willing advice were fully appreciated.

Amongst those who profited by his clinical teaching his fame was, perhaps, greater than with those who knew him only by his literary works. Such of those as refer to cases or to isolated subjects in Surgery have always been marked for their excellent and practical rules for guidance in operations or in treatment, they are also of value in that he did not shrink from recording with the successful other cases of a less satisfactory character which passed from under his care. His treatise on "Diseases of the Bones" was his chief literary production; and in clearness of detail and in careful composition correctly reflects the orderly method of his researches. He was also the author of a "Manual of Practical Anatomy," and of a memoir "On the Mode of Performing the Lateral Operation of Lithotomy."

Entering the Profession a comparative stranger, and for advancement relying only upon his own efforts, his career marks how the highest honours may be attained by stedfast perseverance, by strict discharge of duties, and by making such duties a labour of love; for, indeed, never was Mr. Stanley more himself than when making the—with him—daily rounds at St. Bartholomew's Hospital, no one could show greater pleasure at the well-doing of his patients, no one could feel more acutely the fatal results which none of his care could avert from others. In addition to his being a fellow of the Royal Society he had been twice President of the College of Surgeons, and in 1843 was appointed to the Presidency of the Medico-Chirurgical Society. He was for thirty years a member of the Council of the College of Surgeons; and in 1844 was elected on the Court of Examiners. He took a leading part in arranging the recent modifications in the various examinations, which he was most anxious to have placed on a footing with the advancing requirements of the public and the Profession. He was Hunterian Orator in 1839, and in 1858 was appointed Surgeon Extraordinary to the Queen.

Mr. Stanley was sixty-nine years of age. He leaves a widow, three daughters, and a son in holy orders.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22nd inst., viz.:—

Richard Dawson, M.B. Lond., Brighton; William Waddell Ballard, L.S.A. Tonbridge; Joseph James Henry Bartlett, Ladbroke-square, Notting-hill; John Quick Costin, Kimbolton, Hunts, and Caleb Gargery, Birmingham, Students of University College; Thomas Martin, M.D., St. Andrew's, and L.S.A., Little Hulton, Lancashire; George Newton, Ashton-under-Lyne; John Watson, Manchester, and Edward Thomas Newbold, Macclesfield, of the Manchester School; Charles Phineas Langford, Hingham Norfolk, of the Middlesex Hospital; Charles Bennett, L.S.A., Shiffnall, Shropshire, Charing-cross Hospital; William Murdoch, Rotherhithe, of Guy's Hospital; James Hayward, Trowbridge, Wiltshire, of St. Thomas's Hospital; James Badger Downes, Handsworth, Staffordshire; Edward Robert Barker, Beaumaris, and Robert Jones, M.D. St. Andrew's, Llanrwst, North Wales.

At the same Meeting of the Court, Mr. Edward Philanforrest, of H.M.S. *Royal Adelaide*, Devonport, passed his examination for Naval Surgeon; this gentleman had previously been admitted a Member of the College, his diploma bearing date October 26, 1855.

The following gentlemen were admitted members of the College on the 23rd inst., under the old regulations:—

William Adye, M.D., Edin., Bradford-on-Avon; William Laib, Brackfield-lodge, Victoria-park; John Evan Lomax, Pengboul, Radnorshire; Joseph Young, L.S.A., Sandwich, Kent, and Thomas Davidson, B.A. Oxon., Shaftesbury-house, Bayswater.

Erratum.—The name of Walter George Sheppard, of Dorchester, was inadvertently omitted last week as having been admitted a member on the 20th inst.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of

Medicine, and received Certificates to Practise, on Thursday, May 22, 1862:—

Bath Charles Smart, Manchester; James Ebenezer Trevor, St. Mary's Hospital: Thomas Dry, Guy's Hospital; Woodfield Eagles, Aylesbury; William Talbot Climdening, Adelaide, Australia.

The following gentlemen also on the same day passed their First Examination:—

A. George Medwin, Guy's Hospital; Thomas Osmond, St. Bartholomew's Hospital.

The names of the following gentlemen should have been inserted in the list of successful candidates at the recent Examination in Arts on the 25th and 26th of April:—

Mr. George Mason and Mr. Wm. Webster.

APPOINTMENTS.

Berwick.—George Berwick, L.R.C.P. Edin. (exam.), L.R.C.S. Edin., has been re-elected Medical Officer for the West District of the Sunderland Union.

Burton.—William Burton, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., and L.M. L.S.A. Lond., has been appointed Medical Officer for the New Leake District, Boston Union, Lincolnshire, *vice* George Moss, M.R.C.S. Eng., L.S.A. Lond., deceased.

Burton.—William Edward Burton, L.R.C.S. Irel., L.M., T.C.D., has been elected Medical Officer for District No. 1, and the Limehouse establishment of the Stepney Union, Middlesex, *vice* Frederick John Robinson, F.R.C.S. Eng., resigned.

Jaap.—John Jaap, M.D. Univ. Glasg., M.R.C.S. Eng., has been elected Medical Officer to the Workhouse and the Eastchurch District of the Sheppey Union, *vice* John Wrixon, M.R.C.S. Eng., L.S.A. Lond., resigned.

Jones.—Thomas Jones, M.R.C.S. Eng., has been elected Assistant House-Surgeon to the Chester General Infirmary, *vice* Dr. W. W. Duggan, resigned.

O'Kelly.—William O'Kelly, L.R.C.S. and L.M. Edin., L.M. Cumb Hosp., Dub., has been elected Honorary Surgeon to the Chester General Infirmary, *vice* Essex Bowen, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., resigned.

Porter.—Henry Porter, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed one of the Public Vaccinators for Peterborough, *vice* Mr. William George Porter (in practice prior to 1815), who has retired from active practice.

Robinson.—William Robinson, M.D. Univ. Durh., M.R.C.S. Eng., L.S.A. Lond., has been appointed one of the Public Vaccinators for Gateshead.

Shrimshire.—John Truscott Shrimshire, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Blakeney District of the Walsingham Union, Norfolk, *vice* Mr. Joseph Chamberlaine, M.R.C.S. Eng., L.S.A. Lond., resigned

DEATHS.

Aitkin.—May 17, William Nicol Aitkin, of Penpont, Dumfriesshire, formerly of Laggan, Glencairn, L.R.C.S. Edin., late Colonial Surgeon, Sierra Leone.

Blake.—May 25, George Augustus Blake, of New-terrace, Camberwell-park, M.R.C.S. Eng., L.S.A. Lond., aged 33.

Greening.—May 20, John Greening, of Lowesmoor-villa, Worcester, M.R.C.S. Eng., L.S.A. Lond., Surgeon to the Worcester Dispensary for forty years.

Griffiths.—February 5, at Richmond, New South Wales, Richard Griffiths, M.D., aged 52.

Johnstone.—May 13, William Smellie Johnstone, of Port Ellen, Islay, Argyleshire, M.D. Univ. Edin., L.R.C.S. Edin.

Morgan.—May 12, at the Haverfordwest Union Workhouse, John Morgan, formerly of St. David's, Pembrokeshire, M.R.C.S. Eng., aged 56.

Moss.—May 23, Joseph William Moss, of Hill grove House, Wells, Somersetshire, M.D., F.R.S., Justice of the Peace, aged 59.

Moss.—Recently, George Moss, of Stickney, Lincolnshire, M.R.C.S. Eng., L.S.A. Lond.

Palmer.—May 17, at Withington, near Hereford, John Sherbourne Palmer, of Weobley, Herefordshire, L.R.C.P. Edin., M.R.C.S. Eng., formerly Assistant-Surgeon R.N., aged 59.

Paternoster.—May 24, at Great Yarmouth, Norfolk, George William Paternoster, of the Old Kent-road, M.R.C.S. Eng., aged 39.

Prytherch.—May 21, Thomas Prytherch, of Nantclwyd-house Ruthin, Denbighshire, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.M. Rot. Hosp. Dublin.

Stanley.—May 24, suddenly, at St. Bartholomew's Hospital, Edward Stanley, of Brook-street Grosvenor-square, F.R.C.S. Eng., F.R.S., Surgeon-Extraordinary to H.M. the Queen, Senior Consulting-Surgeon to St. Bartholomew's Hospital, aged 69.

Wark.—March 3, at Magill, Australia, David Wark, M.D., aged 55.

Young.—May 20, Peter Young, of Holt-hill, Tranmere, Cheshire, late of Neston, L.S.A. Lond., aged 61.

Royal Medical Benevolent College.—Election, May 22, 1862. **Pensioners.**—*Successful Candidates.*—George King, 9281; Elizabeth Jenner, 9090; Jane Carter, 5884. *Unsuccessful Candidates.*—Mary Mutlow, 3355; Grace Pidcock, 1989; Rebecca Scott, 1188; William Baker, 560. **Foundation Scholars.**—*Successful Candidates.*—Theophilus G. Vawdrey, 7508; Archibald William Menzies, 7032; Donald McPhee Lee, 6786; George Hatch, 6503; John Crouch, 4915. *Unsuccessful Candidates.*—Ernest Charles Tracey, 4608; Francis George Wride, 4319; Matthew Lee Smith, 3856; George Henry Heald, 2392; Francis Johnson, 1955; Thomas G. F. R. Hobbes, 1811; Edward Barnett Nugent, 1632; Francis Beauchamp Johnson, 1623; John Cullwick Turton, 1394; Charles Hopkins, 1343; John Wharton Dinham, 938; George Lyle Carter, 721; Charles Edward Ruddock, 666; William Henry Potts, 631; Charles H. L. Yell, 383; Luke Cotes Heslop, 342; Herbert Limmer Potter, 339; Samuel Leigh, 306; John Berry, 186; J. G. De Ségur Clements, 184; William Henry Merry, 179; Alfred Hill, 70.

The Manchester Murders.—Nothing respecting the Manchester murders, of any Medico-legal interest, has transpired during the past week. The announcement of the result of Professor Taylor's analysis is looked for with considerable anxiety.

Conversazione at University College.—On Wednesday evening the Professors of University College gave one of their pleasant soirées, which was attended as usual by a numerous and brilliant company. Among the visitors we noticed the President of the College of Physicians, Mr. Ferguson, Dr. Quain, Dr. J. Ogle, and many other distinguished members of the Profession. The fine library of the College was filled with interesting objects of science and art, one of the most attractive of the latter being Hogarth's picture of "The Life Academy;" but the largest and most constant crowd gathered round Professor Czermak, who most obligingly gave demonstrations of the use of the laryngoscope.

Prize Questions.—The Lyons Imperial Society of Medicine offers two prizes of 300 francs each for the best essays on the following subjects:—1. Contagion. To especially treat of the part it plays in the production and propagation of febrile, eruptive and inflammatory diseases (pyrexia, exanthemata, cholera, angina), considering the agents, if such exist, and the different modes of transmission of these diseases. A critical examination of contagionist doctrines to be entered into with respect to their truth and to the advantages or inconveniences they may give rise to in Medical practice and in the feelings of populations. 2. The diseases contracted in consequence of inhabiting newly-built houses. Develope their characteristics and direct causes, and illustrate with cases. State with precision the signs which indicate that a house may be inhabited without danger after its building has been entirely completed. State whether the law has any regulations at its command capable of repressing abuses in this matter, and if not, indicate those which Public Hygiene prescribes. Essays to be forwarded to the Secretary, M. Diday, before August 15, 1863.

Homicide or Suicide?—On Saturday last, a man named John Lemon was brought before the sitting magistrate at Bow-street, charged with having caused the death of a woman with whom he cohabited. A Surgeon's assistant deposed that he had been called to the woman, whom he found dying. She gasped four times and expired. He observed a large wound on her right temple, which appeared to have been inflicted by a sharp instrument. He thought she was dying from the effects of poison. Her mouth emitted no smell, but there was foaming at the lips, and the pupils were dilated. The prisoner brought in a bottle containing about half a-pint of solution of cyanide of potassium, which he said he had found in the woman's hands. It appeared from further evidence that there had been a quarrel between the prisoner and the deceased on the previous night. Spots of blood were found scattered about the room, and a flat iron stained with blood hung upon a nail in the wall. The prisoner told the policeman who apprehended him that he was a "smasher," and lived by trading in base coin. He used cyanide of potassium in his trade. A post-mortem examination was ordered, and the prisoner was remanded for a week.

The Northern Outfall Sewer.—On Saturday, May 24, this great engineering work, estimated to cost nearly three-quarters of a million of money, and in the construction of which some three years will have been spent, was submitted to the inspection of the council and members of the Institute of Civil Engineers, and several military and scientific men of eminence, on the invitation of Mr. Bazalgette, the engineer to the Metropolitan Board of Works. The company, some seventy or eighty in number, assembled first at the house of the Institute, in Great George-street, Westminster. Besides the principal English engineers a number of foreigners, distinguished in engineering science, were present. The whole company made a minute inspection of the works, walking for that purpose through miles of sewers with lighted candles or travelling to and fro in ballast trucks.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 24, 1862.

BIRTHS.

Births of Boys, 951; Girls, 968; Total, 1919.
Average of 10 corresponding weeks, 1852–61, 1679·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	633	576	1209
Average of the ten years 1852–61	555·5	520·0	1075·5
Average corrected to increased population..	..	..	1183
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	..	8	8	6	12	5
North ..	618,210	..	5	14	5	8	16	1
Central ..	378,058	1	15	7	2	4	2	..
East	571,158	1	17	9	1	15	24	5
South ..	773,175	3	9	19	2	9	15	6
Total.. ..	2,803,989	5	46	57	13	42	69	17

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

The Editor wishes to impress on contributors the necessity of sending their communications as early in the week as possible. Papers frequently arrive so late that it is impossible to give them the careful revision they should have.

Paddington.—The St. Mary's Hospital dinner will take place on June 28, at Willis's Rooms.

Delta.—The best thing that the authorities of St. Thomas's can do is frankly to admit that they were mistaken, and go in heartily for the best country Hospital that can be built, with a small town establishment for out-patients and the few in-patients that cannot be moved. The latter should be nearer Lambeth.

A Friend of the Royal Medical Benevolent College.—Read an invaluable little half-crown book by Dr. Guy, published by Parker, "The Evils of England." Neither money nor time can be unlimited; if either be wasted, it cannot be replaced. Almsgiving is as much a subject of scientific investigation as is any other branch of politics or social economy.

Medicus (Brighton).—With all respect for your notions, we cannot publish the letter.

The Medical Officers of Health, Vestry Clerks, etc., will greatly oblige a New York Physician if they will supply him with any *copies of their Reports* and other sanitary documents which they may be able to spare. The Reports may be sent to the care of J. Hutchinson, Esq., 4, Finsbury-circus, E.C.

E. F. G.—The extract and pills of seaweed are made by Rew, of Regent-street, and, as we are informed, by Curtis, of Baker-street. We have tested Rew's extract, and think it not very nauseous; it has been pronounced to be "not nastier than laver," which, as is well known, is sold as a delicacy by the leading dealers in *comestibles* at the West End. Boiled seaweed seems to be almost the only food accessible to the poor in some of the distressed districts of Ireland.

E. B.—Dr. Parkin's book goes to prove that animal effluvia are innocuous, and that emanations from the earth are the causes of pestilence. It is quite true that some peculiar element or condition seems requisite for producing the full effects of sewer poisoning,—*i.e.*, typhoid, diarrhœa, and diphtherite. There are many country houses in which the cesspools under privies have not been emptied for thirty years. Some of these places diffuse a horrible odour, especially in hot moist weather; and if many instances can be adduced in which they have *not* caused disease, many others can be adduced in which they have.

Neo.—Every patient has a right to do what he conceives to be best for the health of those for whose care he is responsible. Mr. —— had a full right to call in Dr. ——; but it was his duty to have done so in the manner which professional custom and good feeling indicate. Dr. —— was evidently put into a false position; patients, unfortunately, do not always tell the exact truth. Treat the matter coolly; you are well rid of a cantankerous patient.

The Glasgow Faculty of Medicine deserves well of the Profession for its efforts to prevent the contagion of the Scottish compulsory certificate for Registration system from spreading to Ireland. Should Ireland fall now, our own turn will not be far postponed. The Scottish Practitioners complain with justice that services which they might render with alacrity from the honourable desire to promote the public good, are now unjustly extorted under penal threats. Should the 31st section of Sir R. Peel's "Births and Deaths Registration Bill" pass (we quote from a circular issued by the Glasgow Faculty), "every Medical man in Ireland will find himself forced, under an odious system of coercion, to give an important portion of his time and knowledge, gratuitously, for the public benefit; every Medical man in Ireland will find himself constantly in fear and terror of the constabulary force, who are to be appointed spies and informers on his actions, and at whose mercy he will continually stand; the duty of the force being to hand over to the criminal officers of the Crown for prosecution any one who refuses, from principle, or who may neglect to comply with the law. This state of matters is wholly unknown in England, the inhabitants of which country, to their honour be it said, would not for a moment submit to see imposed on their Medical advisers so gross a violation of constitutional law and right, and personal degradation."

Erratum.—In the article on the "Surgical Instruments at the International Exhibition," at p. 541, for "cauliculus" read "canaliculus."

Royal Medical Benevolent College.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Every Medical man in the Kingdom may with advantage study the important points raised in your "Leader" of last week: they embrace the radical defects of the College.

"It is contrary to the spirit of the times" to restrict ladies and gentlemen within the limits of almshouses and to subject them to vexatious regulations, under the cover of a mistaken benevolence.

"It is contrary to the spirit of the times," and also to common sense, to huddle together young and old, male and female, within the walls of one Institution.

"It is contrary to the spirit of the times" to designate the sons of Medical men "Exhibitioners" of a Benevolent College, seeing that they must pay the whole cost of their education. £43 10s. per annum is the charge for boys of all ages, who could be educated at excellent schools at lower charges. Your readers may not be aware that the Royal Naval School—without the claim of benevolence—gives a sound professional education for £15, £25, and £30 per annum; and also a free education to those who need it. Let the "Epsom College" do the same, and it will be supported by four-fifths of the Medical Profession, instead of only one-sixth, as at present.

The Medical Benevolent Fund would be able to provide for the Pensioners of the College, while the sums already subscribed to new almshouses could be devoted to the purchase of annuities. Additional almshouses will only increase the difficulties of the management of the College and leave a heavy burden to future generations. An Act of Parliament would remove every obstacle, and "Epsom College" would stand conspicuous among the educational Institutions of this country, a monument of Mr. Propert's untiring energies and benevolence.

I am, &c. W. B. Kesteven, F.R.C.S.

Upper Holloway, May 27.

On an apparent Contradiction between the Laws of Optics and those of Vision.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Permit me through your columns to call attention to a remarkable optical illusion produced by concave glasses.

According to the laws of optics, if we view a distant object through, say a three-inch concave lens, we ought to see a diminished, apparent ("virtual") image of the object situate exactly three inches from the lens. But such is not the fact; the diminished image appears, instead of near the lens, much more distant than even the object itself really is. If the concave glass be a long focussed one (without any sensible diminishing power), such as that used by the ordinary run of short-sighted persons, then the objects appear at their natural distances. I was at first rather perplexed at this apparent want of harmony between the laws of optics and those of vision; but a little reflection led me to refer the seeming increased distance of objects viewed through diminishing lenses to the natural tendency the mind has to connect diminished size with increased distance. Now, that this is the real explanation of this optical illusion is proved by viewing any object, as the flame of a candle, in such a way as to see it at the same time through a deep concave glass and without this latter; then the (diminished) image of the flame appears closer to the eye than the flame really is; in a word, the eye, then, refers the rays of light to their proper points of divergence. In fact, by alternately viewing the flame and its image, then the image alone, this latter can be made to appear closer or further off the eye at will. But after a time our acquired knowledge of the actual position of the flame will impair the illusion of its increased distance. To see the apparent increase of distance produced by a concave glass a tube may be applied with advantage with one end to the eye, the other containing the concave glass; in this way objects are seen through the glass alone, and thus the illusion is not disturbed by their being likewise seen without the glass. I am, &c.

May 26. J. Z. Laurence.

English and Foreign Lenses.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having worn spectacles for near sight for several years, and happening lately to break one of the glasses, I had it replaced by the same optician of whom I originally purchased the spectacles. I observed that the rim of the new glass was much thicker than that of the old one, and the optician informed me that the former was of English make, the latter being Paris make (he had not any Paris ones in his shop). I have worn them now upwards of a fortnight, and have not perceived the slightest difference between them, either as regards vision or their effect upon the eyes; still the letter of Mr. Laurence has made me anxious to know whether the continued wearing of two glasses of different makes would be detrimental to the eyes. Craving space in a corner of your Journal for the above letter, I am, &c.

Hull, May 23. Inquirer.

TOWLE'S CHLORODYNE.
FROM IMPROVED FORMULA OF DR. OGDEN.
REGISTERED.

Dose, 5 to 20 drops.

IMPORTANT LETTERS, PUBLISHED BY PERMISSION.

From Dr. C. KIDD, Author of standard works on Chloroform :—"Sir,—I think if you would advertise your 'Chlorodyne' more than you do, you would help to beat the other *secret* compounds out of the market. Of the value of Chlorodyne given internally, I have no doubt ; it appears to me in that form an anodyne *sui generis* that no other anodyne can approach. I have resolutely opposed the use of *secret* compounds of Chlorodyne, and in every way I can encourage the 'Chlorodyne' (if we must have it at all) that is made by you, as you state that its composition is known. Many Medical men think with me and recommend your compound, but will never prescribe a *secret* remedy. (Signed) CHARLES KIDD, M.D., and Surgeon, Sackville-street, Piccadilly, London, April, 1862."

From R. T. WHITEHEAD, Esq., M.R.C.S. Eng., Surgeon to the 7th Royal Lancashire Rifles Militia :—"I thank you for the specimens of Chlorodyne you have sent me. Ever since the introduction of this compound to the Profession I have used it largely in spasmodic and painful affections, some cases of bronchitis and neuralgia as a diaphoretic, sedative, and stimulant. The only objection I have had to it has been its uncompromising property of not being readily combinable in ordinary prescriptions. This quality I am glad to find in your preparation, when ordered with a little syrup or mucilage, an advantage it possesses over all similar preparations. It has also the merit of not being a secret remedy, a point that ought alone to recommend it to the notice of the Profession. (Signed) R. TRAFFORD WHITEHEAD, Brunswick House, Ardwick, Manchester."

Sold in ½oz. bottles, 1s., 1oz. 1s. 6d., 2oz. 2s. 6d., 4oz. 4s. Prepared by A. P. TOWLE, Chemist, &c., Ardwick, Manchester. May be had from Barclay and Son, Farringdon-street ; or through any Wholesale House.

Pulvis Jacobi ver, Newbery's,

is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746,
And is Preſcribed, with the greateſt ſucceſs, "by the higheſt authorities," for Fevers, Ague, Cerebral Congeſtion, Rheumatiſm, Chills, Influenza, &c. &c.

FRAS. NEWBERY & SONS, 45, ST. PAUL'S CHURCHYARD.

Prices for Diſpenſing—1 oz., 9s.; ¼ oz., 3s. 4d.

CHLORODYNE *Ver.*, *viz.* DR. J. COLLIS BROWNE'S.

THE ORIGINAL AND ONLY GENUINE.

DR. J. COLLIS BROWNE, M.R.C.S.L. (Ex-Army Medical Staff), after many years of study and experiment, succeeded in discovering in 1846 a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT ; for this new Remedial Agent he was obliged to find a name, and coined the appellate CHLORODYNE, as specifically indicating this remedy,—a word unheard of and unknown until 1856, when he introduced it for public use through myself, J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London, TO WHOM HE CONFIDED THE RECIPE AND ITS MODE OF MANUFACTURE, NEVER HAVING DIVULGED OR PUBLISHED THE SECRET OF ITS FORMULA.

The Medical Profession are therefore CAUTIONED to reject the announcements of certain persons, who adopt the term and affix it to spurious compounds in imitation, *speciously* pretending that they are competent and capable of preparing it properly and uniformly, well knowing they have no authority to do so, not being in possession of Dr. BROWNE's formula.

The *only Authorised Formula is in my sole Possession*, and I give an UNQUALIFIED DENIAL that it has ever been published. The fictitious and pretended analyses of Chlorodyne only deceive, and are altogether different from Dr. Browne's invaluable preparation.

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The extraordinary success attending the use of Chlorodyne has given rise to a series of imitations ; it is, therefore, doubly incumbent on Physicians and Surgeons when prescribing this preparation to write "*Chlorodyne. Dr. J. C. B.'s.*"

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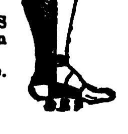

Beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE-SUPPORTERS. A new description of BELT invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c.

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ORIGINAL LECTURES.

◆

ON THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

A LECTURE DELIVERED AT

The Grosvenor Place School of Medicine,

By Mr. WM. ADAMS, F.R.C.S.

Surgeon to the Royal Orthopædic and Great Northern Hospitals; Lecturer on Surgery at the Grosvenor-place School of Medicine; late Demonstrator of Morbid Anatomy at St. Thomas's Hospital, etc.

(Concluded from page 528.)

Next let us consider the treatment necessary in the cases which I have arranged in the

SECOND CLASS.—CASES DEPENDING UPON CONSTITUTIONAL AND LOCAL CAUSES IN ABOUT EQUAL DEGREES.

In this class of cases the spinal curvature generally occurs between the ages of twelve and sixteen years. Hereditary tendency is not usually traceable, but exists in some instances. Muscular debility in quickly growing girls is generally considered to be the cause of the spinal curvature in these cases, and undoubtedly in many instances muscular debility does exist, and must be regarded as a very important predisposing cause. These are the cases in which we see *weak spines* gradually passing into and becoming cases of *confirmed lateral curvature*; but even in these instances there is also generally evidence of some constitutional debility, which may be either traceable to hereditary causes, or have been induced by illness, such as scarlet fever, etc. And co-existing with these conditions we may also trace, in most instances, as the direct producing cause of the spinal curvature, some local cause acting mechanically so as to disturb the equilibrium of the spinal column. In many cases, however, included in this class, on account of the age at which the spinal curvature commences, perhaps even in half, or nearly half, of all those which come under our observation, there is no evidence whatever of muscular debility, and in very many instances the girls are well-nourished and muscular, presenting every appearance of good health. I have seen many cases in girls who are decidedly muscular, and of a robust, healthy appearance. In many of these instances, also, local causes sufficient to account for the spinal curvature cannot be traced, and therefore no satisfactory explanation of its occurrence can be given. It would seem as if some special liability to spinal curvature existed, though only in some instances can any hereditary tendency be traced.

When a local cause exists, this will generally be found to depend upon *the long continuance of some bad position* frequently acquired as a habit, such as *standing upon one leg, the long continuance of the sitting and stooping position* during education, *the habit of sitting cross-legged*, and also *excessive horse exercise*, which in delicate girls sometimes leads to spinal curvature in the lumbar region; or the position may be rendered necessary by some occupation, such as *needlework, envelope and book-folding, flower making, ironing, nursing children, carrying heavy weights, etc.*

The local cause may also sometimes depend upon *inequality in the length of the legs*, produced by various conditions; but as this cause operates to produce spinal curvature independently of constitutional causes or muscular debility, we shall consider its effects in the third class of cases, which depend only upon mechanical causes. Essentially in the class of cases we are now considering, and which generally occur in growing girls between the ages of twelve and sixteen years, constitutional and local causes combine in about equal proportions to produce the spinal curvature.

The treatment of the cases included in this class must therefore, in most instances, be both constitutional and local. Every effort must be made to strengthen and improve the general health of the patient, and for this purpose the exhibition of cod-liver oil, iron and lime, as previously mentioned, together with nutritious diet with wine or beer, amounting, in fact, to what is called *high living*, where this can be borne, change of air either to the country or the sea-side, and other means, will generally be advisable,—but *local treatment*, having direct reference to the spinal curvature, is at least of equal importance with the constitutional treatment. With this view, I believe these cases require to be treated by partial recumbency, gymnastic exercises and mechanical support combined in various proportions, acccrding to the severity and the situation of the curvature, and the general condition of the patient as to muscular debility or otherwise.

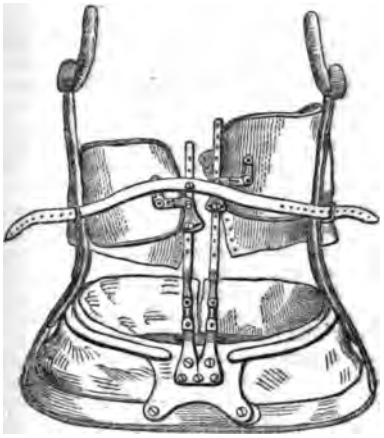
Exact rules as to the combination of these different methods of treatment can hardly be laid down, so various are conditions presented by these cases; but, speaking generally, I recommend the recumbent position in proportion as the spinal curvature predominates in the lumbar region, because in this region the curvature is less amenable either to mechanical or gymnastic treatment; and also because the structural changes which take place at an early period,—in fact, as soon as the spinal curvature has actually formed in the intervertebral cartilages and the oblique articulating processes,—can only be arrested and the damage repaired by the reparative powers of nature during the period of active growth, when all the mechanical conditions tending either to the production or increase of the spinal curvature are effectually removed; and I know of no means by which this can be accomplished except by the recumbent position. Theoretically, therefore, complete recumbency, by which I mean lying down for a period of from one to two or three years, would be the best treatment in these cases; and practically, no doubt, it has often been found to answer exceedingly well. The advocates of such a system will no doubt be able to point to numerous cases in which the treatment has been perfectly successful; but all Practitioners know that by many patients complete recumbency for a lengthened period cannot be borne, and that under its influence the general health gives way. A compromise must therefore be made, and there can be no doubt that with the assistance of the improved spinal instruments now in use the patient may be allowed to take a fair amount of walking exercise, whilst the spine is so effectually supported that the unequal distribution of the superincumbent weight—the direct cause of the increase of the curvature—is to a great extent prevented.

With regard to the combination of gymnastics with partial recumbency and mechanical support in the treatment of these cases, in which the spinal curvature predominates in the lumbar region, I believe the gymnastics should be conducted as much as possible whilst the patient is in the horizontal position, and this can be accomplished by the use of the exercising-plane which I have already described. The patient may use this exercising-plane for a quarter or half an hour three times a-day; it is also frequently employed as a reclining board, so that a double object is effected.

Then, with regard to *gymnastic exercises, as a general principle of treatment* in the class of cases we are now considering, viz.,—those which occur in growing girls between the ages of twelve and sixteen years,—I recommend their adoption, in proportion to the evidence of general muscular debility, in the cases which I have described as *weak spines*, or weak spines passing into the condition of confirmed curvature; and when the spine is disposed to curve in the dorsal and upper lumbar regions, and assume the form which I have described as that of a long single curve. If these cases are submitted to treatment at a sufficiently early period, gymnastics may be chiefly, if not entirely, relied upon; but, as I regard gymnastics as a preventive rather than curative method of treatment, I always combine them with partial recumbency, *i.e.*, lying down in the reclining-chair four or six hours a-day, which I consider to be a direct curative means. If the case, instead of being one of *weak spine*, or weak spine passing into confirmed curvature, be one of confirmed curvature, and in which some of the anatomical deviations which I have already described undoubtedly exist, such as the posterior projection of the angles of the ribs in the dorsal region, or of the transverse processes in the lumbar region, on one side, with a corresponding depression of the other, with or without lateral deviation of the apices of the spinous processes, etc., then we must combine *mechanical support by means of a spinal instrument.*

The extent to which we can rely upon *mechanical treatment* as curative, when carried out by means of spinal instruments capable of giving a firm support to the spine, as well as exerting a certain amount of active force or pressure which can be regulated from time to time by the Surgeon, and applied with more or less accuracy to the portion of the spinal column which is the precise seat of the curvature, must vary very much in different cases, and depend upon the situation, form, and extent of the curvature, as well as the length of time it has existed; but, speaking generally, mechanical treatment may be most certainly relied upon when the curvature predominates either in the middle, or in the middle and lower portions, of the dorsal region, where we can most directly act upon the spinal column through the medium of the ribs.

Fig. 2.

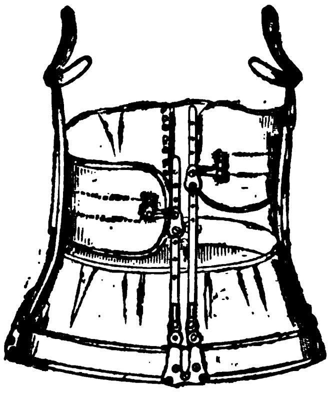


The Eagland Spinal Instrument, with the addition of Rotation-plates.

A great variety of spinal instruments, constructed upon very different principles, have been and are still employed by various authorities on spinal curvature; but those which I have found most efficient in the cases we are now considering are of two forms: one, a modification of the Eagland spinal support, adapted for slight cases in young and delicate girls; and the other, a much stronger instrument, with more complicated mechanism, used in the more severe cases, and for stronger girls above fourteen years of age.

The light instrument, which is a modification of the Eagland spinal support, is represented in Fig. 2. The pelvic belt is strengthened by being made to clasp in front, and the arm-pieces attached to the crutches are raised in front to resist the posterior pressure. One or two steel plates are attached to separate levers which move by a lateral cog-wheel action connected with the pelvic belt, and these levers are also connected with the crutches by means of a transverse leather strap.

Fig. 3.



Spinal Instrument with Rotation-plates.

The stronger instrument, which I always speak of as my *rotation-plate instrument*, is represented in Fig. 3. The pelvic belt is of a circular form, and made of strong flat steel; the crutches are proportionably stout, and move in an antero-posterior direction by cog-wheels connected with the pelvic belt. One or two lateral steel plates are attached to separate levers, the dorsal plate being made to move in several directions for the purpose of accurate adaptation, and especially having a horizontal circular cog-wheel, by means of which it can be moved in the direction of horizontal rotation, the force being directed against the ribs in the same plane, but in the opposite direction to that in which the ribs have deviated from their normal position, in consequence of the rotation-movement of the bodies of the vertebræ, which, I believe, always takes place in cases of confirmed lateral curvature, and which I have especially described as "*the internal curvature*," as distinguished from "*the external curvature*," or lateral deviation of the apices of the spinous processes. The lumbar plate does not require the same mechanism, as the force exerted by it cannot usefully be directed against the lower ribs. The levers are moveable in the antero-posterior, as well as in the lateral direction, by two cog-wheels connected with the pelvic belt, and they are also connected with the crutches by means of leather straps. This instrument requires careful and frequent adjustment by the Surgeon. As a general rule, I do not recommend the instrument to be worn at night, though in some cases, accompanied with more than ordinary spinal pain, advantage is occasionally derived from so doing.

The cases included in the class we are now considering,—viz., those which generally occur in growing girls between the ages of twelve and sixteen, and depend upon constitutional and local causes in about equal degrees,—are generally the most curable we meet with in practice, and I have no hesitation in expressing my conviction that if they are submitted to treatment before any very obvious external deformity has occurred, they are generally curable within one or two years; though in some instances, especially if an hereditary tendency to spinal curvature exists, and the girl is of feeble constitutional power, a longer period may be required; whilst in the more advanced stages, the curvature can certainly be arrested and diminished by treatment continued over four or five years, and in some instances it is necessary that the spinal instrument should be worn till the growth of the patient is complete,—say up to twenty years of age,—and the general health and strength are sufficiently established to remove our fears of increase of the spinal curvature.

Finally, with regard to the treatment best adapted to the cases which I have arranged in the

THIRD CLASS.—CASES ESSENTIALLY DEPENDING UPON LOCAL CAUSES, ACTING MECHANICALLY SO AS TO DISTURB THE EQUILIBRIUM OF THE SPINAL COLUMN.

Lateral curvature in these cases may occur at any period of life, though most apt to form in a severe degree previous to the completion of growth. These cases are essentially unconnected with any constitutional or hereditary predisposition, and frequently co-exist with the full natural amount of muscular strength.

The local causes which directly produce spinal curvature in these cases are very frequently the same as those already enumerated as contributing to the production of curvature in conjunction with constitutional causes, more especially the long continuance of some bad position in the cases arranged in the second class, acquired as a mere habit, or rendered necessary by some occupation; or the local cause may depend upon inequality in the length of the legs, sometimes arising from congenital defects, such as congenital dislocation of one hip-joint, etc., or from contraction of the hip or knee-joint following disease, and a variety of other affections.

Boys are much more liable to spinal curvature arising from these local causes than from the constitutional causes enumerated in the other classes described.

The treatment of the spinal curvature in the class of cases we are considering, must be especially local,—acquired bad habits must be discontinued; occupations which tend to produce the curvature must be given up; and inequality in the length of the legs compensated for by raising the boot on the shortened leg. In most cases the use of a spinal instrument may be recommended either with the view of curing the curvature or when it arises from removable causes, or of preventing its increase when the curvature has advanced to an incurable degree, and the cause producing it is incapable of removal.

St. Thomas's Hospital.—An influential meeting, of upwards of eighty past and present students of the Hospital, was held at the Bridge House Hotel, London-bridge, on Wednesday, the 28th ult., for the purpose of presenting a testimonial to Mr. Teniswood, upon his resignation of the office of artist and librarian. Dr. Clapton was called to the chair, and, in opening the proceedings, briefly alluded to the high esteem in which Mr. Teniswood had always been held by all connected with the Hospital; the able and satisfactory manner in which he had performed his duties, and the heartfelt pleasure he (Dr. Clapton) had in assisting in the present movement. A farewell address was then read by Mr. J. F. Deck, followed by the formal presentation of the testimonial, which consisted of a handsome tea and coffee service, and salver, of the value of upwards of eighty guineas, bearing the following inscription:—"To George Francis Teniswood, Esq., for the last fifteen years Artist and Librarian to St. Thomas's Hospital; this salver and tea service are presented, on his resignation, by the past and present students of the Hospital, in token of their great personal regard and of their high appreciation of his valuable services." Mr. Teniswood having expressed his gratitude with much feeling and eloquence, a vote of thanks was passed to the chairman, and the company, after partaking of some refreshments, separated.

ORIGINAL COMMUNICATIONS.

◆

OBSERVATIONS ON TUMOURS IN THE LARYNX AND NOSTRILS.

By PROFESSOR CZERMAK.

THREE years ago I published (a) the first diagnosis of a laryngeal polypus made by means of the laryngeal mirror; and since then I have so often made similar laryngoscopical discoveries, that in my pamphlet on the Laryngeal Mirror (Leipsic: Engelmann, 1860. London: New Sydenham Society, 1861), I was able to enunciate the proposition, "that such pathological alterations occur much more frequently than has been hitherto believed."

With the rapidly-spreading use, however, of the laryngeal mirror, the cases of new formations in the larynx multiplied to such a degree (b) that some of the leading authorities "could not repress a fear that laryngoscopy at present overrates the frequency of new formations in the larynx, and describes every swelling that exists there as a new formation." "Were the number of these new formations so considerable as seems to be shown by the laryngoscope, we cannot comprehend how they should have hitherto so completely escaped observation, even in their later stages, when increasing in size they cause danger of strangulation." (c)

Though unable to answer for the assertions of other observers, who have confirmed the facts I have pointed out,—though not wishing to deny the possibility of diagnostic errors by hasty and insufficient laryngoscopical examinations,—and in spite of the contradiction in which my above-quoted proposition finds itself with the previous experience of Surgeons and Pathological Anatomists, I must maintain its absolute validity against all objections.

If we were to eliminate as doubtful or inaccurate a great part of those observations made on laryngeal polypi, which have been recorded since I introduced the laryngoscope, still there would remain a sufficient mass of unimpeachable and rigidly demonstrated observations.

Whether the reason of the contradiction existing between laryngoscopical facts and clinical and pathologico-anatomical experience relating to the rare growth of new formations depends on the neglect of the larynx in dissection, or on some other unknown circumstances, I cannot determine. On the other hand, I shall content myself with producing a striking illustration in proof of the real existence of this discrepancy.

Since I left Pesth for Prague, during the short period of hardly a year and a-half, among the comparatively small number of laryngeal diseases which I have had the opportunity of examining in this place, I have already found four new cases of laryngeal polypi, although the rich pathologico-anatomical Museum of Prague, formed by thousands of dissections during more than twenty years, can show only two or three new formations in the larynx.

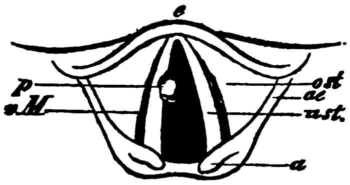
The following are the four cases newly observed by me:—

Case 1.—On December 4, 1860, I examined J. L., a tradesman, aged 35, sent to me by Dr. Goschler. For three years he had laboured under a serious hoarseness, and had already employed a variety of remedies without success. Neither the history of the case, nor the ordinary examinations of the patient, threw any light upon the nature of his disease. Examination by the mirror on the contrary immediately showed, as the cause of all the morbid symptoms, the existence of a large irregular nodulated polypus, of a whitish colour, which was attached to the right side, and projected a width of several lines into the opening of the otherwise healthy larynx. The relative largeness of the polypus and the width of its base did not allow me, in this case, to determine with any certainty whether it sprang from the true or the false vocal cord, or from between the two on the right side, but the former seemed to me most probable.

Case 2.—On November 7, 1861, there came to me Herr J. B., a monk of this place, a previously healthy, powerful man, aged 32, who had for two years laboured under a hoarseness which hindered his preaching, and which none of the innumerable remedies he had employed had alleviated. He stated that he had never before been ill, but that two years ago he was first seized by a momentary smarting and tickling in the larynx quite suddenly after exerting the voice. From that time the hoarseness rapidly developed itself, and increased to complete aphonia, but gradually changed to a mere muffling sound. Inspection with the mirror showed, in the otherwise perfectly normal larynx, a roundish nodulated polypus as large as a green pea, attached by a narrowed base to the edge of the right lower vocal cord, about the anterior end of its middle third, as is seen in Fig. 1.

This new formation is, as to size, position, and nature, exactly analogous with the first which I had observed in Pesth on January 2, 1859. Compare the printed sketch Fig. 1 with the wood engraving Fig. 15, page 52 of my pamphlet on the laryngeal mirror.

FIG. 1.



ost. False vocal cord. *ust*. True vocal cord. *vM*. Ventricle of Morgagni. *a*. Arytenoid cartilage. *e*. Epiglottis. *ae*. Ary-epiglottic ligament. *p*. Polypus sprouting upwards from the margin of the right true vocal cord.

This little polypus hangs at the level of the open glottis, so that it is easily nipped between the borders of the vocal cords when the glottis is straightened for the production of sound. The voice is then very hoarse or altogether fails. But a stronger expiration generally frees the polypus from its imprisonment or altogether prevents this by flinging it upwards, while the vocal cords approximate themselves without impediment. The polypus then lies on the tightened sounding glottis, and injures its vibrations,—a state of things which perfectly explains the constant muffling of the voice. By these observations on the mode and manner in which the polypus interfered with the formation of a clear voice, one can easily understand, on simple mechanical grounds, how the malady of the patient, which had amounted to aphonia, could by the longer existence, and directly through the increasing size of the polypus, improve to a mere muffling, with only momentarily occurring abolitions of the voice.

At first, namely, the polypus growing upwards at the level of the glottis must have been continually nipped between the edges of the vocal cords, and with its increasing volume their approximation, so necessary to the formation of a sounding chink, must have soon been wholly prevented—aphonia; but by the further increase and growing pedicle of the polypus its *embrace* by the glottis became more and more rare, because the narrowed base of the foreign body allowed it more frequently to be flung upwards over the clear space of the glottis, and permitted the normal narrowing of the latter,—amelioration of the aphonia, but nevertheless occasional failure of the constantly muffled voice.

Partly for the sake of not losing time myself in repeated observations of the polypus, and yet that all its varying conditions might be remarked as soon as they occurred, partly in order to prepare the intelligent patient for a future operative proceeding, I advised him (for I had already published similar cases in my pamphlet on the laryngeal mirror, page 30) to make himself familiar with the use of my apparatus for laryngoscopical self-observation and demonstration. The patient received with readiness and good-will this counsel and the instruction which I gave him; and, to his great delight, had, after a few days of persevering application, attained sufficient dexterity to himself see his polypus and to show it to strangers.

At my request he had the courtesy to demonstrate his polypus, by means of my apparatus, to a great number of my colleagues at the meeting of the Society of Physicians on December 11.

Case 3.—On December 2, 1861, Professor Blazina sent to me a tradesman's clerk, aged 26, who had been hoarse for about a year and a-half. The voice of this otherwise healthy patient struck one by its thick utterance, and by its frequent changes from a hoarse crow to a rough bass or a tuneless hiss.

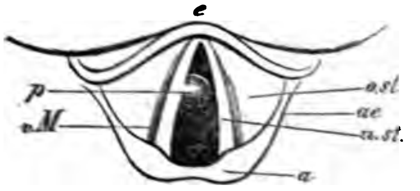
(a) *Vide Wiener Med. Wochenschr.*, January 8, 1859.

(b) *Vide* several other cases of laryngeal polypi observed by me in Paris in the spring and autumn of 1860, *Gazette des Hopitaux*, and Lewin's communications in the *Allgem. Med. Cent. Zeit.*, October 12 and January 4, 1862.

(c) *Vide Deutsche Klinik*, No. 2, 1862.

Laryngoscopical observation immediately showed the existence of a perfectly globular polypus, about the size of a pea, with a smooth, tense surface, and of a dark bluish-red colour. Its point of attachment was again between the first and second thirds of the right lower vocal cord. (See Fig. 2.)

FIG. 2.



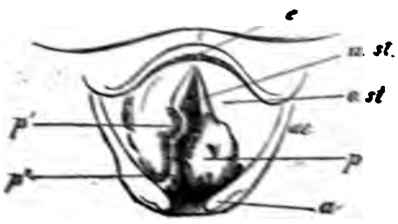
e. Epiglottis. o.st. False vocal cord. u.st. True vocal cord. v.M. Ventricle of Morgagni. a. Arytenoid cartilage. ae. Ary-epiglottic ligament. p. Polypus attached to the edge of the true vocal cord.

The embrace of the polypus by the glottis, and its resting on the vibrating glottis when an unusually forcible expiration had flung it upwards and freed it from its imprisonment, could be easily observed in this as in the former case, and fully explained the above-mentioned abnormal and irregular phenomena of the voice-sounds.

As regards the nature of the new formation, it was distinguishable at the first glance from the previously-described polypus, but was, on the contrary, exactly analogous with that stalked outgrowth which I have described in my pamphlet under Case 18, and sketched in Fig. 27, p. 68.

CASE 4.—W. St., a shopkeeper at Sedlec, in Bohemia, aged 25, previously perfectly healthy, stated that at Easter, 1860, he had, without any assignable cause, lost his voice during the night. None of the various remedies he had employed had produced any favourable effect. He had also in vain tried the "cure" at Gleichenberg. At length it occurred to him to have himself examined by means of the laryngoscope, and he came to me for that purpose. An examination, made on January 14, 1862, immediately showed the existence of several very important irregular nodulated growths of a whitish colour in the larynx (Fig. 3); one of these was attached to the margin of the left false vocal cord (p) by a tolerably broad base; while a second (p') sprouted upwards from the margin of the right false vocal cord, and the third (p'') from the right true vocal cord. The left true vocal cord alone, so far as it remained uncovered and could be seen, was normal. As to the nature of this large new formation, I believe that I can confidently pronounce it to be an epithelioma: for it essentially resembled in appearance and character that colossal new formation which I had observed in Pesth, on October 6, 1859, in the larynx of a shoemaker, aged 23 (See Case 19, Fig. 28, p. 69 of my pamphlet on the Laryngeal Mirror), and which had been later determined with certainty to be an epithelioma by the microscopical examination of a small portion which had been coughed up.

FIG. 3.



e. Epiglottis. a. Arytenoid cartilage. ae. Ary-epiglottic ligament. o.s. False vocal cord. u.s. True vocal cord. p. New formation (epithelioma) upon the left false vocal cord. p'. Ditto upon the right false vocal cord. p''. Ditto upon the right true vocal cord.

On January 18, I exhibited the patient at a meeting of the Society of Physicians in Prague, and demonstrated the new formation in the larynx by means of the laryngoscope.

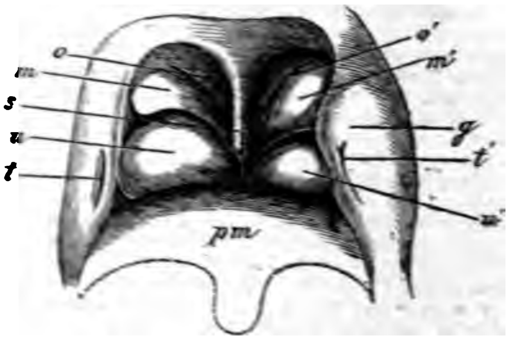
The patient returned home a few days afterwards, taking with him one of my self-observing apparatus, the management of which he quickly understood, and in the use of which I successfully instructed him, so that he might observe the future progress of his malady, and prepare himself for its removal by operation. It cannot be doubted by any one that in these four cases we had to do with not so-called "swellings," but true new formations in the larynx, and I therefore repeat that the fact of the greater frequency of new formations in the larynx, first declared by myself and confirmed by the observations of Von Lewin and others, must be admitted as universally, as it has been hitherto universally held that these pathological formations are amongst the rarest of morbid alterations in the larynx.

If the use of the laryngoscope has already furnished trustworthy contributions to the knowledge of the morbid anatomy of the larynx, we may also fully expect that the treatment and cure of laryngeal affections will continue to be advanced by its future cultivation and improvement: with regard to this subject I cannot refrain from again referring to the local treatment, by means of the laryngeal mirror, first invented by myself, and I beg attention to a new mode of proceeding, which I communicated to the *Wiener Med. Wochenschrift*, No. 1, 1862.

I will take leave to add to this communication a case in which essential aid to diagnosis was derived from the employment of that new, and as yet little cultivated, branch of laryngoscopical exploration which I introduced under the name of Rhinoscopy. On October 10, 1861, my honoured friend Dr. Neudörfer sent for me to the Imperial Garrison Hospital of this place, to examine by the rhinoscope a youth deaf on the left side. On examining the naso-pharyngeal cavity with the finger, one could distinctly feel some swollen bodies, round which the finger could be passed, and which felt like polypi; but the attachments and relations of which could not be clearly made out. Removal by strangulation naturally suggested itself, but it was determined first to examine the patient by the rhinoscope,—a praiseworthy precaution, which should never be omitted in such cases.

On making the inspection, both by artificial light and sunlight, which was perfectly accomplished without any difficulty, the following very interesting appearances presented themselves (*Vide* Fig. 4):—

FIG. 4.



Rhinoscopic view of the posterior nares and Eustachian tubes.

On the left—the deaf—side (the right side of the image in the mirror) there was seen a swelling of the pituitary membrane, of about the thickness of the finger, gradually diminishing above and below (g), together with a little irregular, puckered-in, scarlike dimple, which marked the end of the Eustachian tube (t'). On the right side, the mouth of the tube and its neighbourhood were normal (t). In the nasal fossæ, the thick swollen ends of the posterior extremities of the middle (m, m') and lower (u, u') spongy bones projected outwards on both sides. The upper spongy bodies (o, o') alone were normal, and their sharp lower margin, together with the upper limits of the superior nasal passages, could be quite clearly traced far forwards into the nostrils.

I have once before seen and described a similar swelling in the neighbourhood of the mouth of the Eustachian tube (*Vide Wiener Med. Wochenschrift*, No. 17, 1860), but I have never before met with such a colossal enlargement of the posterior ends of the spongy bones as was present in this case.

Of the polypus, which so enticingly deceived the exploring finger, no trace could be found: an important negative result of the examination which could scarcely have been attained so quickly and certainly, perhaps not at all, without the aid of the rhinoscope.

[This paper has already appeared, in a German dress, in Virchow's Archiv, Vol. xxiii.]

Note.—I have had already since my arrival in London, an opportunity of detecting a small polypus in a private patient rising from the middle of the edge of the right true vocal cord, similar to the one described in Case 3, but smaller.

London.

NEW KNIVES FOR CLEFT PALATE.

Devised by PHILIP CRAMPTON SMYLY, M.B., T.C.D., L.R.C.S.I., L.K.Q.C.P.I.

Surgeon to the Meath Hospital and County of Dublin Infirmary, Member of the Surgical Society of Ireland, etc.

THE operations for the relief of cleft palate are surrounded by so many difficulties, that any improvement, however small, is of the utmost importance. The shortening the time even a few minutes is a great boon to the patient, as chloroform cannot be administered without great danger.

Several knives have been devised for the division of the muscular fibres which act upon the soft palate. Mr. Fergusson at first employed the rectangular knife of Warren. Subsequently, one bent on the edge, as effecting in one cut what the other did in several. The peculiarity of his practice consisted in dividing the levator palate, and any fibres of the tensor that are inserted into the velum, by incision from behind. Mr. Pollock has devised a knife by which the muscles of the velum can be divided from the front. It is thrust through the soft palate immediately internal to the hamular process, and by describing a curve along the edge of the palate bone, cuts off all fibres of the levator and tensor muscles.

Mr. Collis, when comparing the various modes of paralysing these muscles, remarks, "The mode of dividing these muscles by Fergusson is founded upon accurate anatomical knowledge, and is tolerably easy and certain in the hands of a thorough anatomist. Mr. Pollock's plan of dividing from the front is more easily and rapidly executed. Dieffenbach's incisions were not founded on anatomical data, and were not, therefore, so generally successful as regarded their object. Roux's incisions were even more at random, and in a worse direction, and must in many cases have left an awkward and permanent gap between the soft and hard palates." "Now, for the purpose of dividing the levator by the smallest possible incision, the point selected by Mr. Fergusson is the best—the belly of the muscle is divided before it expands upon the velum. It is very difficult to reach the muscle at this point; it is above the palate and to its outer side, and it requires some nerve to use the sharp-pointed knife which he employs with sufficient boldness, for the carotid is at no great distance behind, and a trifling error might do serious mischief; besides there is a difficulty not noticed anywhere, namely, during the involuntary motions of the pharynx, the point of the knife is liable to catch in the membrane, and so to increase the spasm of the muscles. Having experienced this, I would recommend the knife to be slightly probe-pointed; by this means it will be impossible for it to get outside the pharynx and wound any vessel of importance; with a knife bent on the edge, at a right angle, and probe-pointed, the section is easily and rapidly made. It is introduced with the cutting edge downwards, until the angle is beyond the velum; by a slight rotation of the handle, the point is turned right or left, and made to rest on the upper surface of the velum, pointing obliquely upwards, and slightly outwards, then by drawing it forwards and slightly outwards, the levator is cut across against the pterygoid plate, and the flap falls paralysed. The movement is easy of execution with a little practice, and perfectly safe. Comparing it with Mr. Pollock's mode, I should say that his would readily succeed with an expert person who could use both right and left hand equally well. My knife has, however, the advantage that the muscles at both sides can be divided with the right hand, and without removing the knife from the mouth; it also does not interfere with the velum at all; the incision is removed to a greater distance, and is smaller in extent."

When operating for cleft palate some time ago, I employed Mr. Collis's knife. The muscles seemed to me to hang before the edge of the knife, and I did not effect a complete division on the right side. It struck me at the time, if I could fix the muscles the division could be accomplished more easily and effectually. I found that by pressing the first finger against the velum, in front of the hamular process, the structures of the soft palate could be easily fixed. With my finger resting on the velum of the subject, and the mouth filled with my hand, I found it impossible to introduce Mr. Collis's knife. It then occurred to me that the nostril was the direct road to the upper surface of the palate. I had a small sickle-shaped knife made, with a long, fine, round handle, this I passed along the floor of the nose, the point turned upwards, until I felt the back with my finger in the mouth, the point was then turned downwards; by withdrawing the knife until the point touched the margin of the palate bone, the cutting edge passed between my finger and the hamular process, dividing every muscular fibre which could act on the soft palate. The requisite incision was much shorter than that made by either Mr. Fergusson's or Mr. Collis's knives.

I have devised a second knife, with which the separation of the greater part, if not the whole, of the soft parts and periosteum, necessary to be separated from the hard palate, may be accomplished through the nostril, thus leaving the mouth free for the operator to see what his knife is doing. The blade is rectangular, in a line with the handle of the knife, the lower and internal edges are sharp. It is introduced through the nostril, into which the cleft opens, passed backwards to the end of the palate bone, by drawing the knife forward an incision is made the whole length of the ridge, the separation from the surface of the hard palate is then effected with the lower cutting edge. The finger of the left hand may be introduced into the mouth, and by pressing on the back of the knife assist in the separation of the periosteum.

My colleague, Mr. Collis, employed this knife a few days ago in a case of complete fissure through hard and soft palate and maxillary bone; the hare-lip had been previously operated upon. He expressed himself much pleased with the way my knife did its work. More than half an hour was saved in the first part of the operation.

Since the above was written, I have employed both my knives in a case of fissure through both hard and soft palate. The fissure of the hard was not complete; the division of the muscles was most satisfactory, and the hæmorrhage was very slight indeed in comparison with my former case.

CASE OF POISONING BY ANILINE.

By SAMUEL KNAGGS, Esq., M.R.C.S., etc.

JAMES K., aged 39 years, a healthy person, of fair average strength, has been employed for about six weeks in some chemical works in Huddersfield. Before this he never had any illness, but the fumes to which his new occupation exposed him, made him feel rather unwell.

On May 6 he went to his work, not feeling particularly vigorous. About noon he was directed to empty four carboys of the nitrate of benzole into a still; and by mistake the last one contained aniline, which is made from the nitrate of benzole. On lifting this carboy, it struck against the edge of the still, and broke: the whole contents poured over him, and into the ground beneath. None got into his mouth, but the fumes were very freely inhaled. Being anxious to conceal this accident from the knowledge of his employer, he worked hard to remove all traces of it; but in about an hour he was compelled to desist, for "he broke out into a sweat, and felt quite giddy and weak in the head and stomach." He then sat down for half-an-hour, and walked into the open air and had some tea.

Afterwards he returned to the still and tried again to scrape up the spilt aniline, but the fume was too much for him. He felt very ill and unable to work; but he stayed till about five o'clock, when he walked across the road to his home, and went to bed immediately, "feeling very bad in his head and chest."

He gradually got worse, and about nine o'clock a Medical man saw him. At 11 p.m. I received an urgent message, begging me to come immediately, as he was dying. On entering his cottage I found him in bed apparently at the last gasp. His face and whole body was of a livid, leaden hue; the lips, gums, tongue, and eyes of a corpse-like bluish pallor; he was taking a gasping breath, as I thought, for about the last time. I poured instantly two ounces of brandy down his throat, and then used cold affusion liberally with very good effect. After this I had his chest, legs, and thighs, covered with mustard plasters, and for three hours he took ʒss. of brandy every quarter of an hour, and at the seventh minute a strong dose of ammonia and chloric ether; whilst with every third or fourth inspiration I made him inhale strong ammonia. During all this period there was no convulsion; he was perfectly sensible, and able to give a correct account of his feelings, and of the accident. His pulse was extremely small and irregular; but it became fuller under the use of these means, and reached 130. He complained only of the pain in the head and chest, and latterly of the mustard. At the end of three hours the sinapisms were removed, and though the mustard was very good the skin was not at all reddened. I then left him for the night, ordering ℥ss of brandy to be given him every half-hour, to alternate as before with the ammonia and chloric ether, and to inhale ammonia frequently. This plan was pursued throughout the night, and by the next morning his livid hue was fading, and he soon got quite well again. The legs, however, being blistered and painful from the mustard, kept him in bed for some days.

Huddersfield.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

◆

HOSPITAL FOR SICK CHILDREN.

CLINICAL LECTURE ON SCARLATINA AND ITS SEQUELÆ.

By T. HILLIER, M.D., Physician to the Hospital.

(Continued from page 560.)

Attack.—The onset of scarlatina is, as a rule, very sudden, frequently occurring without any previous warning. In this respect it differs from typhoid fever and measles. Occasionally there is a sore-throat for several days previously. At the commencement the skin becomes hot; the pulse quickened; there is more or less soreness of the throat, and very often vomiting. There are not usually rigors, much headache, or much pain in the limbs. In some severe cases there are convulsions, and the nervous system appears thoroughly overwhelmed with the poison; there is great depression, a tendency to drowsiness, cold extremities, pupils large and sluggish, pulse quick and weak. From this condition there may be no rallying, and the patient may die in a state of coma within twenty-four or thirty-six hours.

In ordinary cases the rash appears at the end of twenty-four hours, it may be at the end of twelve; MM. Rilliet and Barthez say that in four out of twenty-four cases it was the first symptom. In rare cases it may be delayed till the third, fourth, seventh, or Trousseau says, even the eighth day. It appears first at the root of the neck, upper part of chest, loins, and arms, and soon spreads to the face, abdomen, and legs. It begins in minute red points, very slightly elevated, and disappearing on pressure. They are frequently so numerous as to run into each other, and produce a uniform scarlet blush; sometimes there is a little redness surrounding each hair follicle, which is slightly elevated. When the rash is diffused, and would be commonly described as uniform, there will be often seen, on close inspection, a difference of tint in different parts, some large patches being much more coloured than others, and if the large brighter-coloured patches be examined with a lens there will be found some points of deeper colour than others, causing a fine mottling. The nearest approach to a uniform colouring may generally be seen on the forehead and cheeks.

When the rash is punctiform, many of the points are elevated with a slight depression on the centre, and the redness may be confined to these papular spots or may coalesce with the redness of adjoining papules. These elevated spots are commonly best seen on the chest and abdomen, and the outer surface of the thighs and arms. As the rash declines the summit of these papules remains red and elevated after the other portions of skin have become pale. The skin for a time remains of a slightly yellow colour when the redness has disappeared. Ecchymoses are not uncommonly seen near the axilla and the pubes, especially when the rash is very vivid and the case somewhat virulent. The duration of the rash seems in many cases to depend on its intensity; but sometimes, when the rash is not vivid and only punctiform, it continues without change for a number of days.

Miliary vesicles, of varying sizes, with semi-transparent or turbid contents, frequently make their appearance on the elevated papules, especially near the top of the chest and on the abdomen, near the decline of the rash.

The rash varies very much in amount; it may be very scanty, only present near the flexures of the joints, and may be very evanescent. In some cases there is no rash. During the height of the rash the skin of the hands and face is often somewhat swollen. The rash may reach its maximum on the 2nd or 3rd day of the fever, or go on increasing in intensity to the 5th day; it usually begins to decline on the 5th or 6th day, and has quite disappeared by the 8th, 9th, or 10th day; it has been seen to last till the 16th day. The fever does not, as in small-pox, abate on the outbreak of the eruption. Sometimes between the 5th and 10th days, before the rash has disappeared, there is a return of febrile disturbance followed by a more vivid colour in the rash. The *pulse* in scarlet fever usually rises at once and continues frequent till the 5th day when there is often a fall. If the pulse rises much on or after that day, there is usually some local lesion about the throat to account for it. The pulse may, however, in less serious cases keep up its frequency without increase, and fall towards the 10th day. The pulse of children in scarlatina commonly rises to 120, except in very mild cases; it not infrequently rises to 130, 140, or 150; when it goes beyond this, death most commonly ensues. The skin in this disease is dry and hot, the temperature rises almost invariably above 100° Fahr., very often to 103° or 104°, and rarely to 105°. Mr. Sydney Ringer, recently Registrar to this Hospital, has made a number of very careful observations on the temperature in scarlatina, and has just submitted a paper on the subject to the Royal Medical and Chirurgical Society. He finds that on the 5th day there is very usually a decided fall of temperature; if it do not fall on that day, the fall does not take place until the 10th, 15th, or 20th day. In 7 cases it fell on the 5th day; in 4 on the 10th; in 2 on the 15th; in 1 on the 20th; in 2 on the 4th; in 1 on the 6th. In two other cases the temperature fell so gradually that it was impossible to say exactly on which day it reached its normal point. In cases where the temperature continues high till the 10th, 15th, or 20th day, it generally falls to some extent on each 5th day, but it may rise again between the 5th and 10th, and 10th and 15th, as high or higher than it did during the first five days. In some cases the variation of temperature was slight in each separate day; in other cases it fell during the morning and rose towards the afternoon. The former condition, *i.e.*, the one in which the daily range of temperature was small, was generally found in the severer cases and at the beginning of other cases; the latter condition, *i.e.*, the one in which a great range of temperature during each day occurred in milder cases, and towards the end of severer ones. The hour of the day at which the maximum temperature is reached is more commonly in the afternoon between 2 and 8, but it may be any time between 9 a.m. and 11 p.m. If the temperature, after a complete fall on the 5th day, rises to any considerable extent, it is usually dependent on the commencement of some local complication, it may be albuminuria, hæmaturia, pericarditis, pleurisy, endocarditis, urticaria, inflammation of throat, or rheumatism. The elevation of temperature caused by these complications is maintained for several days and generally ceases on the 10th, 15th, 20th, 25th, or 30th day from the commencement of the primary disease; sometimes it ceases on the 5th, 10th, or 15th day of the secondary disease. These facts appear to indicate that there is a periodicity established in the system consisting commonly of cycles of five days in each. Mr. Ringer thinks the cycles exist in health. The highest temperature may be attained either on the 1st, 2nd, 3rd, or 4th days, or even as late as the 6th day. Subsequently to the great fall on the 5th, 10th, or 15th day, the temperature usually remains higher than in health for a variable period, in some cases for fourteen or fifteen days. These slighter elevations also formed cycles of five days, and were coincident with a continuance of the lesions produced by the disease; it may be in the throat, glands of neck, or elsewhere.

The *throat* exhibits at first a bright red colour with minute papular elevations on the soft palate; the tonsils, uvula, and soft palate usually become swollen, and in scarlatina anginosa the colour is more dusky, and patches of exudation are commonly seen on the tonsils of a dirty white, yellowish, or ash colour. The patches are soft, and may be readily detached with a blunt instrument; they are much less tenacious and adherent than the false membrane of diphtheria.

The lymphatic glands and the cellular tissue below the angles of the jaws commonly swell, and are often tender to the touch. The swelling may become so hard and painful as to prevent the patient from opening his mouth. There is frequently swelling of the inguinal, and sometimes of the axillary lymphatic glands. These swellings may remain for several weeks. The mucous membrane of the nose, and sometimes of the lachrymal sacs and conjunctivæ, share in the inflammation; there is at first a thin glairy discharge from the nostrils, which soon dries into a crust, much obstructing the entry of air, and causing the patient to breathe with open mouth. The discharge from the nostril frequently excoriates the orifice of the nares, and has a very offensive odour.

The tongue in this disease is commonly coated at first with a whitish or lemon coloured fur, more or less thick, showing prominent papillæ through it, and with a red tip and edges. On the third or fourth day the fur usually disappears, leaving the tongue of a bright scarlet colour, with large papillæ, and it may be swollen. In cases that are running an unfavourable course, the tongue often becomes dry and brownish about the fifth day. The inflammation often extends up the Eustachian tubes into the tympana. The bowels are usually constipated; diarrhœa is not, however, infrequent, and is sometimes, especially in delicate children of a scrofulous diathesis, very intractable. The diarrhœa is often ascribed to the acrid discharges from the throat being swallowed; this may be the cause, or very probably the mucous membrane of the intestines participates in the unhealthy action going on in the pharynx. The tonsils, pharynx, and the nares frequently become ulcerated, as well as the tongue and angles of the mouth, and the sores thus set up constitute some of the most troublesome sequelæ of the affection. The lymphatic glands become enlarged and often suppurate. The swelling of the neck is sometimes enormous, extending up on to the face and down over the clavicles; it may be confined to one side, but in the worst cases it completely surrounds the front of the neck. The swelling is commonly very hard; the skin sometimes retains its natural aspect; in other cases it becomes glased and very white, or it may be of a pinkish-red tint. This extreme swelling may be caused by the effusion of serum into the tissues generally with enlargement and vascularity of the lymphatic glands; at a later period pus may be produced, either in one large abscess or in several small distinct abscesses. The cases where pus is at once formed commonly run a more favourable course than those in which this does not occur. Sloughing at times occurs, and may involve not only the skin but much of the subjacent textures, the cellular tissue, the muscles, and, in some cases, the blood-vessels so as to cause fatal hæmorrhage. The tissue of the salivary glands commonly resists the sloughing process, though pus may infiltrate the cellular tissue uniting the lobules of the glands.

Desquamation occurs in the great majority of cases of this disease. Of the cases of which I have accurate notes, two had no desquamation during three weeks that they were under observation, whilst two others who left the Hospital on the fourteenth and sixteenth days of the disease respectively also showed no signs of desquamation up to the period of their discharge. The date of commencement has varied in the cases of which I have notes from the sixth to the twenty-fifth day:—2 on the sixth, 3 on the seventh, 3 on the eighth, 4 on the ninth, 1 on the tenth, 2 on the eleventh, 2 on the twelfth, 1 on the twenty-first, and 1 on the twenty-fifth days. The desquamation may be so slight as only to cause a mere harshness of the skin, and to exhibit, on close inspection, a few minute branny scales here and there; or it may be so abundant as to give rise to large flakes of cuticle, and to cover the sheets almost with handfuls of the same. On the hands and feet, when the cuticle is thick, the flakes are usually larger than elsewhere. It very often begins near the clavicle, and sometimes on the forehead, near the elbows, and at others in the groin. Desquamation may be extended over many weeks, especially on the hands and feet, a series of exfoliations taking place. In the cases where I have noted its termination, it ended once on the seventeenth day, twice on the twenty-fifth, once on the twenty-ninth days respectively. In other cases that respectively left the Hospital on the sixteenth days, between the twentieth and twenty-fifth days, between the twenty-fifth and thirtieth days, between the thirty-fifth and fortieth, between the forty-first and forty-fifth, and between the forty-fifth and fiftieth days, desquamation was still going on either upon the hands or feet, or upon both hands and feet. If the desquamation be carefully noted at its commencement, it will be seen sometimes to begin from the rupture of miliary vesicles, and to spread from these spots as centres; at other times it begins around the papular elevations, and spreads from these to the surrounding skin, or it may not be extended beyond them.

Albuminuria occurs very commonly during desquamation, occasionally during the continuance of rash. Of twenty-six of my cases where the urine has been carefully examined, it occurred in thirteen; out of forty-six cases of which Dr. West kindly lent me the notes, it had been observed in thirty-four. A good many of these were, however, cases which came under notice specially for the symptoms caused by albuminuria, so that the proportion is probably higher than it would be if the notes had comprised all the cases of scarlatinal disease which came under treatment in the same period. I have once found albuminuria on the second day, twice on the fifth day, three times on the ninth, once on the eleventh, once on the twelfth day, once on the eighteenth, once on the twentieth, twice on the twenty-third, and once on the twenty-eighth day. Once it appeared on the eleventh for two or three days, and reappeared again on the twentieth.

I shall postpone the consideration of the dropsy which often accompanies albuminuria until I speak of the sequelæ in my next lecture.

You are aware that scarlatina is usually described under several different heads:—*Scarlatina simplex*, *S. anginosa* (some of the forms of which have been described as cynanche maligna), *S. maligna*, *scarlatina without eruption*, *and irregular or abortive scarlatina.* These different terms are useful in giving a complete portrait of the disease in all its features; but it must not be supposed that there is any abrupt line of demarcation between the different types, for it is impossible to decide in many instances whether a case should be called a mild attack of scarlatina anginosa or a severe attack of scarlatina simplex, or whether some cases should be called scarlatina anginosa or scarlatina maligna. As, however, these are clinical lectures, I shall not occupy your time by an abstract description of the different types, but I shall now proceed to read you the notes of a few illustrative cases selected from those which have come under my notice during the past twelve months.

The following may be taken as a case of scarlatina simplex without complications. A delicate girl, M. P., aged 7 years, was in her usual health, when, on September 21, she suddenly complained of a sore-throat. In other respects she did not seem ill. The next day (22nd) she ate a good breakfast and dinner, and about two o'clock complained of some irritation on the chest; when stripped, it was found that the skin of that part was covered with bright red points. The same evening she took very little to eat, was very hot and thirsty, and during the night was very restless, but not delirious. On the 23rd, that is, the third from the complaint of sore throat, she was brought to the Hospital. She did not look very ill, or complain of any pain. The skin of the trunk was above the normal temperature. A slight punctiform scarlet rash was visible on the trunk and legs; none seen on arms or face. Tongue furred with yellowish white fur posteriorly, rather red in front. The fauces were red, not swollen. The glands at both angles of lower jaw slightly enlarged. Pulse 130, rather irregular. Heart and lung sounds healthy. Appetite good. On the 24th, the child feels quite well. Very slight punctiform rash still on trunk. Tongue cleaner. No enlargement of glands of neck. On the 25th the rash had disappeared. Skin of normal temperature. Appetite good; pulse between 80 and 90. From this time convalescence proceeded without interruption. On October 2, being the thirteenth day, she was allowed to get up and dress; and on the 4th was discharged. No desquamation occurred whilst in Hospital, nor was there any albumen in the urine, though it was examined daily. There is nothing remarkable in this case, but it is a good illustration of a very mild attack of the disease. In a case of this kind, nothing is required beyond keeping the patient in bed, regulating the diet, and giving a few warm baths during convalescence. It is very important, in the very mildest case, that the patient should not leave his bed, unless well wrapped in flannel, for ten or twelve days, although, as in this instance, he may seem quite well from the fourth or fifth day. Such cases as these, when neglected, often lead to albuminuria and dropsy, with the other accompaniments, which I shall speak of in the next lecture. Another case, similar to this (C. H., No. IX.), but with the throat a little more involved. The following may be taken as an illustration of scarlatina anginosa, with some tendency towards the malignant type. (M. C., No. I.) The commencement of the case was not accompanied with any alarming symptoms,—merely chills, followed by moderate fever and slight headache. The second day there was sore-throat; and on the third day the rash was first seen. During the second night there was delirium. On the fourth day, oppression and drowsiness, with bilious vomiting. Rash now well out, with a few ecchymoses on chest. Throat red and swollen; glands of neck not swollen until the sixth day. Pulse 148. On the fifth day the child was worse; vomiting continued; rash still out, accompanied with miliary vesicles. Lips and tongue dry. From this time the symptoms gradually increased in severity; delirium at night, with stupor and restlessness alternating during the day; throat became worse; urine passed under her; alæ of nose much excoriated; glands of neck much swollen. Death occurred on the eighth day.

Another case, somewhat between severe scarlatina simplex and favourable scarlatina anginosa, may now be quoted. (E. K., No. XI.)

The case presented nothing very remarkable up till the eleventh day, when the physical signs of endocarditis, and a day or two later of pericarditis presented themselves, almost unattended with symptoms, except an irregularity of pulse.

She gradually got well, having severe ear-ache with deafness on one side for four or five days, from the twenty-sixth to the thirtieth day; which subsided under simple treatment. The heart's sounds returned to their normal character, and she was discharged on the forty-eighth day well, except that the heart's action was somewhat heaving; the impulse was greater than normal, and the apex beat was felt one and a-half inch below and rather to the outer side of the nipple.

Whilst referring to the heart's sounds, I may mention that it is not uncommon, during the convalescence from scarlatina, to find an irregularity in the rhythm of the heart's action, sometimes causing a complete intermission of the pulse. This generally disappears in a few days.

In three cases I have noted a soft systolic murmur at the apex of the heart, and in two at the base, for several days, twice accompanied by a decided and rapid rise of temperature and febrile exacerbation. The case of S. P., No. XII., is a good example of this kind. This girl has passed through a mild phase of the disease up till the eighth day, when the temperature rises from 99° on the previous night to 104° on the next night. At the same time she does not seem so well, and there is a distinct systolic murmur audible at the heart's apex, which was certainly not present two days before. The pulse had risen from 100 to 136. Some leeches were applied to the heart, and ten grains of bicarbonate of potash administered every three hours. The next day there was swelling (not palpably glandular) at the left side of neck, and pain on movement. The murmur at the apex was inaudible, but a distinct murmur was heard at the third left cartilage. Pulse still 144. The child improved from day to day after this, and the temperature sank until it had reached its normal height on the fifteenth day from the commencement of the attack. The basic murmur disappeared on the seventeenth day, when the pulse was 84, good and regular. Four days later, though the patient seemed, on the whole, better, the pulse was 88, weak and irregular. From this time, however, she rapidly recovered, and was discharged well on the twenty-ninth day. In this case there would seem to have been a certain amount of endocarditis; and in the preceding case both endocarditis and pericarditis. I have also seen notes of three other cases of systolic murmur at the apex occurring, two on the seventh and one on the eighth day; one disappeared and two remained permanent. In one of these cases there was decided rheumatism in the joints; in the other there was not. Is it not likely that disease of the heart, which cannot be traced to congenital defect or to rheumatism, may not uncommonly owe its origin to a previous attack of scarlatina? Unless the heart had been carefully auscultated in these cases, the endocarditis would not have been discovered, and in one case, indeed, there was nothing in the symptoms except irregularity of the pulse to direct attention to the heart. Dr. West and others have pointed out that measles and typhoid fever may also be followed by endocarditis. The mere irregularity of the pulse cannot be regarded as an indication of any cardiac inflammation; it may be the result of disordered innervation, or of an altered condition of the blood. It is not an uncommon symptom in children during convalescence from other acute diseases.

I will now read you the notes of a case of scarlatina without eruption. (Ellen M.)

This seems to have been a case with all the other essential features of the disease, and although closely watched for eruption from the first, yet without any rash presenting itself. It is not at all uncommon to have a child brought here suffering from albuminuria (or even hæmaturia) and acute dropsy, which have come on about a fortnight after a slight feverish attack, with sore-throat, and swollen glands in the neck. On inquiry, the mother states that there has been scarlatina in the house, or in other members of the family, but that this child has had no redness of the skin, though for two or three days it seemed to be suffering very much in the same way as those who had undoubted scarlatina. In these cases we have not had the advantage of a careful Medical scrutiny, and in some instances the parent's report is not to be trusted; but in others the mother is evidently a very intelligent observant woman, who is in the habit of noticing carefully the condition of her child's skin, and may be thoroughly relied on. There may or may not be desquamation.

Between these cases without any eruption and those with the most highly developed rash, there is to be seen every possible grade; the rash may be confined to a few patches near the elbows and knees, or on the trunk and arms; it may be very evanescent, disappearing at the end of a few hours.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

NEURALGIA IN THE BROW AND TEMPLE CAUSED BY A SCAR.

(Under the care of Mr. HULKE.)

In April, 1859, a woman, aged 46, whilst frying fish received a scald of the face from the melted grease splashing. The cicatrization of the wound, which resulted from the detachment of a large slough, was attended with neuralgia, which, till she came under my care at the Royal London Ophthalmic Hospital, had continued to increase in severity. When I first saw her, in the summer after the accident, the situation of the wound was occupied by a tight, red scar which extended from the root of the nose, past the inner canthus, above the eyebrow, outwards over the external angular process of the frontal bone, and downwards to the zygoma. The eye was red and irritable, exposure to light distressed it and provoked lachrymation; the internal tunics were congested; and sight was very dim. The pain was plunging, it shot from the supra-orbital notch along the supra-orbital branches of the fifth, and was much aggravated when the skin, to which they are distributed, was touched. For several weeks it had been so severe that she had had but little sleep. Her worn appearance and depression confirmed the truth of her account.

The topical application of aconite and belladonna, and the internal exhibition of quinine in large doses, and of carbonate of iron having no effect on the neuralgia, though steadily persevered with during several weeks, on August 23 I exposed the supra-orbital nerve where it leaves the orbit, and cut out about a quarter of an inch of two large branches into which it divided. The wound was closed with a couple of wire stitches and a compress. During the two following days the intensity of the pain increased, and there was great inflammatory swelling around the wound. On the 30th the inflammation had subsided, and with it the tic had disappeared.

September 16, she continued free from pain; the former redness of the scar was much diminished, and the congestion of the eye was gone. On the 22nd of this month, slight shooting pain returned in the course of the infra-trochlear and malar branches of the fifth cranial nerve. At first the local use of aconite together with large doses of muriate of ammonia, afforded relief, but in the middle of October the tic again became very severe in the regions supplied by the nerves just mentioned. At this time I found that slight sensibility had returned in the skin, supplied by the two branches of the supra-orbital nerve which had

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Medical Times and Gazette.

SATURDAY, JUNE 7.

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THE LATE MR. WAKLEY.

"Died, on the 16th of May, at Madeira, Thomas Wakley, Esq., M.R.C.S., Coroner for Middlesex, and late M.P. for Finsbury, in the 67th year of his age." So runs the announcement of the decease of a man whose history during nearly forty years has been almost identified with that of the Medical Profession. He was son of Henry Wakley, a respectable freeholder, and born in 1795 at Membury, near Chard, in Somersetshire. From his earliest years he was distinguished as a clever and venturesome child, and at ten years of age attempted to run away to sea. His destiny was otherwise ordered. He was apprenticed to a Surgeon at Taunton, studied in the Borough, passed the College of Surgeons in 1817, and was for a short time an assistant at Henley-on-Thames. He married early in life a Miss Goodchild, daughter of an opulent merchant in Southwark; and amidst all the turmoil and scandal of a life spent in controversy and litigation, it is not a little to his praise that not a breath ever sullied his domestic reputation, and that he was the model of an affectionate husband and father. Whether he ever attempted to practise in good earnest we know not, but he soon found occupation more congenial to an active and combative disposition.

In the year 1823 he established the *Lancet*, with the avowed purpose of opening up the "vast and unexplored field of Hospital practice," of attacking abuses and monopolies, and of enabling students of Medicine to obtain better and more copious instruction and more of the treatment due to gentlemen than was commonly accorded to them by the close and selfish Corporation of the College of Surgeons of that day. That he carried on this warfare with indomitable skill and pertinacity is indisputable. If we want proof of his success, we need only look around at the altered state of things which forty years have brought. Mr. Wakley was pre-eminently gifted with the powers requisite for this self-imposed conflict. Of good stature, handsome mien, and thoroughly English mould, he possessed immense physical power, an eye and brow indicative of sagacity and penetration, and above all, the most seductive power of speech. His earlier written articles may well be taken as a model by any one who desires a pure, unaffected, English style. There is a simplicity, an apparent candour and common-sense logic which are irresistible; and as for his public speaking, it combined the attraction of a musical voice, a winning persuasiveness, and a matchless flow of clear, logical, well-balanced sentences, delivered with an earnestness which would rivet the attention of the most fastidious auditory. The purpose of the *Lancet* was admirable. It no longer permitted the public teaching of one of the most important branches of human knowledge to be conducted secretly, slovenly, and as a close monopoly. The publication of lectures, delivered publicly by public Professors, at once exposed and destroyed the pretences of weak, incompetent, and careless teachers. The students at Medical schools in that day too often, "like hungry sheep, looked up but were not fed" with wholesome clinical instruction. The patients were too often submitted to treatment which Sir A. Cooper called "infamous," but which was not discontinued till the *Lancet* let in the light of public opinion upon it. There can be no doubt that operations at that day were sometimes performed in a careless manner, which is still sometimes seen now, but which publicity acts upon as does the bright sun upon mildew. The Hospital records, case-books, and reports were a nullity. Here were abundant materials for a reformer. It is not for us to say that the task might have been better done by gentler hands; perhaps it might; but it was not wonderful that the men in power did not like the changes they were threatened with, and that they tried to put down their assailant; nor yet that he retorted with the most unscrupulous and implacable ridicule and sarcasm, and every device which should make them odious and contemptible. One of his great weapons was the use of nicknames, and strange as they would seem in this polished generation, it was a regular thing to discomfit an Hospital Surgeon by calling him a Bat, or Owl, or Reptile, and by holding him up to the most unmitigated contempt in public and private. But it must be remembered that political controversy of all kinds was then carried on with a bitterness and envenomed feeling which is unknown under the milder epoch of Palmerston and Derby; in those days of duels, politicians lightly regarded the life or honour of their antagonists. But bad as Hospital systems and Hospital Surgeons may have been, and sordid as may have been their instincts in perpetuating abuses for their private emolument, yet it must be remembered that the reform of abuses is a trade, and one not without its profits, and that it is sometimes as much the interest of the reformer to nurse a grievance and make the most of it, as it is of the monopolist to keep it up for his own private benefit. The *Lancet* never made allowances for human frailty or imperfection in those who were attacked. It was inevitable that the hostility to corrupt institutions to which Mr. Wakley had devoted his life, and the uncompromising style of his warfare should lead to squabbles and law-suits without end. And in these the rare ability and courage and endurance of the man, became objects not only of curiosity, but of wonder, and we may say of terror to those who felt that their turn might come. His conduct of his own suits was such as to extort the applause of the most jealous lawyers; and in all the great legal battles which he fought he was either victorious, or, if defeated, left his antagonist mercilessly crippled, and with little reason to brag of a victory. From his experience and success in public speaking, it was natural that he should look for public employment; and the office of Coroner,—that happy anomaly in our system,—was, as it were, made to his hand. In his first contest for the Coronership of Middlesex, in 1830, he was unsuccessful, though by a very narrow minority; but he showed that in legal acumen, and business-like skill, he was more than a match for a myriad of attorneys, whilst in eloquence, presence, and dignity, they could no more approach him than rooks are like the eagle. Opinions are free, and therefore we may be allowed to say that the question whether Medical men or legal men should fill the office of Coroner, is one on which some difference of opinion is allowable. The best lawyers do not compete for the office; it usually falls like offal to the legal jackal,—if zoologists will permit us to designate an attorney under the similitude of such a conscientious and self-denying animal. Nor of attorneys does it usually attract the best. To say, then, that because Mr. Wakley, a man of transcendant ability, was infinitely superior to a horde of attorneys, therefore any Medical man is better than any lawyer, is absurd. Yet a fast-class Doctor would hold the office with infinite credit, and be more useful than a lawyer; and we hope the Medical succession will neither be interrupted, nor continued in such a way as to provoke invidious comparisons. Mr. Wakley had wonderful tact in putting his cases to the jury; if he were sometimes more witness than judge, it must be confessed that his dicta on sanitary and allied subjects were often valuable for their shrewdness and practical sagacity, and gained public currency on his authority. When first appointed, he was suspected of lording it somewhat over Medical witnesses; but in this he was checkmated by a remarkable man—Herbert Mayo—whose memory is vividly impressed upon all who are old enough to have known him. Fully the equal of Mr. Wakley in astuteness and audacity, and more than his match in education and polish, having, too, a temper that rebelled against the incessant attacks of the *Lancet* upon the body to which he belonged, he had always been singled out by the *Lancet* for incessant and remorseless personal ridicule. But when summoned to attend an inquest at the Middlesex Hospital, he snubbed the coroner, and when attacked personally, sent him a challenge. Strange doings these would be thought now; but it is the times and not the men whom we blame for that coarser and more personal style of controversy which was one of the vices of the age.

It was strictly in accordance with his natural disposition and the attitude he maintained towards the institutions of his own Profession, that Mr. Wakley should be a Radical Reformer; and the passing of the Reform Bill opened the way to a Parliamentary career, which his popularity and his oratorical powers soon made easy to him. He was thrice elected for Finsbury, and sat in the House of Commons for eighteen years. His natural abilities, tempered with the tact and moderation which he had the good sense to exhibit, soon made him a favourite in the House, and he was always listened to with respect. How highly Sir R. Peel esteemed his Parliamentary character was shown on more than one occasion. By his exertions the Medical Witnesses Act was passed, which secured due reward and prompt payment to such of our brethren as attend the Coroner's Court. We may fairly say that he supported most measures of public utility, and if his political creed was an extreme one, of course he must be expected to act upon it. Time, however, slowly sapped that strong constitution, which had yielded neither to fatigue, nor anxiety, nor to an amount of political excitement which would have maddened any ordinary man.

The House of Commons was given up after eighteen years of such unremitting and conscientious attendance as might well be a model to politicians of any school. The services of a Deputy were more frequently required for the duties of the Coronership; rumours began to prevail of lung disease, and at last the Coroner held his last inquest, and to the visible grief of all that circle (for they are a peculiar circle) who form the jurymen and *habitués* of the Coroner's Court, he announced his retirement to a warmer climate, whence he hoped to return in the summer, thoroughly reinstated in health and vigour. But when any man goes to Madeira for his health, he cannot well escape some misgivings as to the result,—and there was one little thing which our invalid did before his departure, which casts an ineffable gleam of tenderness over the history of his dying days. He took an affectionate farewell of one with whom the battle of life had often brought him into personal collision, and expressed the hope that past differences were forgotten, and that he was leaving his native shore not carrying with him the load of an unreconciled enmity. For years, indeed, his tone, if we may be permitted to judge by his writings, had become more kindly and cordial, and even conservative. But in estimating this change in his character, it is fair to say, that not only did he come to be in harmony with institutions as they are, but that the institutions had come to be in harmony with his earlier ideas. If the present generation cannot understand his inveterate hostility to some of the best Surgeons of their day, men honoured and respected in the Profession and out of it, just as little can they conceive that Hospital Surgeons should exhibit the blind and childish hostility to the Press which was their wont five-and-thirty years ago. Would the Medical Staff of St. Thomas's now threaten to expel a student whom they saw reporting for the Press? Would they now put out the gaslights at a lecture that no notes might be taken? No more than now would the Medical journalist persecute them with childish nicknames and odious personalities. If Mr. Wakley's failings were innate, at any rate they were well fostered by the temper of the times he lived in.

Everything that he did bore the stamp of power. He had at one time in his hands the making and unmaking of many a reputation, and it must be confessed that his *protégés* were sometimes strangely chosen and mercilessly abandoned. His system of favouritism and terrorism was, at one time, utterly inconsistent with the independence and dignity of a liberal profession. Like Fortune,

> "Sævo læta negotio
> Transmutat incertos honores
> Nunc mihi, nunc alii benigna,"

and no greater injury could be done to the class of consulting Practitioners than to make their popularity dependent on the good-will of a quasi-political journal. But, in thus taking solemn leave as Journalists of a man who has set his mark on the history of our time, of one from whom we have at times received injury (as we thought) undeserved, at another, gracefully-rendered courtesies (though it would be absurd not to notice blemishes in a public man—for who is perfect?) yet we will gratefully render to his memory our tribute for his many surpassing excellencies, and for the good he accomplished. There was many a distressed or injured or maligned person to whom his advocacy and help was ungrudgingly rendered. In estimating his character, great as was the work he did, we cannot help wishing that he had been able to effect more of the positive and constructive—less of the work of the mere reformer. He would have made an admirable lawyer or administrator. We could wish that he had expended his colossal energies in fighting his way to the higher places of our Profession, that he had exercised his acuteness in the exploration of disease and the suggestion of remedies, and his eloquence in clinical teaching. But he found other work, and did it as it was given him to do. Now that he is awaiting the last great Inquest of a most Just and Merciful Judge, we, in taking our leave of him, will let his generosity and eloquence, and true English pluck and manly bearing, his indomitable perseverance, his stedfast family affections, his long and successful fights for the rights of his Profession, linger in our memory as we say *Vale!*

THE QUEEN'S COLLEGES IN IRELAND.

In the recent debate on the Irish Queen's Colleges it was stated that they have already cost the country over £500,000, and as a final result have turned out 212 Graduates in Arts, and 98 Doctors in Medicine. As this statement met with no contradiction we must assume its truth, and infer that the average cost of production of Graduates is over £1600 a head, an expenditure on which we cannot but look with amazement not unmixed with alarm. We shall confine our remarks to that item of the account which concerns the hundred Doctors, as most likely to interest our readers.

Before the Colleges were founded, attempts had been made to establish Medical Schools in Cork and Belfast, which, chiefly in consequence of the scanty Hospital accommodation provided in these towns, had met with but a very partial success. In the original design of the Colleges there was no intention of including the study of Medicine or Surgery in the curriculum; but the ambition of provincial teachers, and the natural desire of the Presidents to secure at the outset as large a body of students as possible, led to such strong representations on the subject, that the Government of the day was induced to establish in the new University a Faculty of Medicine, and, to make the thing as complete as possible, a Faculty of Law. Theology and morals were excluded in deference to the animosity of well-balanced opposing sects.

The professions have been always popular in Ireland; next to the favourite idea of making his son a priest, the ambition of the small farmer and country shopkeeper is to make him a Doctor. The Celtic mind has always spurned the ordinary pursuits of trade or business, and yearned after more gentlemanly ways of living. The Queen's Colleges, therefore, in their amended form, were just what was wanted to crown the aspirations of the peasant farmer of Ireland. Sir Robert Peel's increased endowment of Maynooth had enabled him to bring up his first-born a priest without a penny of expense, and the generosity of the same statesman now puts it in his power at the public charge to make a second son a Doctor, a third, perhaps, a lawyer.

The cost of the Medical Department in the three Colleges and University for the ten years during which they have been in active existence may be stated as follows :—

Professors	£30,000
Examiners	6,000
Scholarships	6,000
Prizes	600
	£42,600

However well-intentioned the founders of the Colleges may have been, it must now be acknowledged that they committed a grievous mistake in establishing a system of education the result of which has been to import at an enormous public expense one hundred supernumeraries into an overstocked Profession; a Profession, too, which was at the time amply provided with schools and examining bodies to instruct students and admit them to practice.

It may be said that these Colleges have many students who never take their degree, but whose names nevertheless swell the College lists for the annual Parliamentary display when the question is brought before the notice of the House. Their story is easily told: the poor farmer who has his eldest son at Maynooth is importuned by his second to release him from the plough and make him a Doctor. His means would not allow him to send his son up to Dublin and pay his way there for four years; this consideration would formerly have summarily settled the question; not so now, he has at hand, perhaps within a few miles, a State-endowed College, a scholarship of £20 a-year, Professors whose fees amount to £7 or £8 a year, and a town in which he can board for a shilling a-day, and lodge for half-a-crown a-week. What arguments can he oppose to such representations? His own inclinations, moreover, lead him to snatch the glittering bait. If his son succeeds in getting the prize, the Government will then have to pay for the education and maintenance of another supernumerary Doctor, who enters the Profession to divide its scanty emoluments with those whose fathers have paid for their sons' position out of their own pockets; such a competition, to say the least, is unfair, if not demoralising. If, on the other hand, he fails, as a few must do, he still hankers after the Profession, drawing from the family resources what cannot be spared without privation; and having now no inducement to remain in Galway, but, on the contrary, a distaste for the place, leaves the College which has lured him on to his miserable fate, and works his way up to the Metropolis, where he finds himself in the midst of a large and strange population: friendless and disheartened, he struggles on to some miserable pittance, or drops down unheeded by friend or foe in the midst of the battle for life.

It is notorious that a complete Medical or Surgical education cannot be given in these provincial Colleges; and this reflects no discredit on those gentlemen who have undertaken the duties of Professors and Lecturers. No one knows better than they do that Medical and Surgical education derives its vigour, its very life and soul, from the clinical lectures and operation theatres of the Hospital, and that these indispensable adjuncts of instruction cannot be had except at the large centres of population. Other conditions, too, are required to keep alive the attention of the student, and make him know and appreciate his Profession. He must live in the midst of a Medical public; there must be respected traditions, and, as it were, a *genius loci*; he must be in daily contact with eminent Practitioners, such as can be found only in refined and luxurious communities. All these conditions forbid the idea of Medical Schools flourishing in these countries in any other localities than those which common sense and experience have long ago pointed out.

There are no persons, we believe, who have better reason to complain of the result than the Medical Professors themselves. Many of them were gentlemen who had excellent professional prospects; in an unlucky hour they were enticed by the glitter of professional titles, remunerative classes, and a large country practice, to leave their natural position, and now, at length, they have found out by a bitter experience how different the reality is from their anticipations; for practice they have to carry on an unequal struggle with those who had already established local connexions; the pupils' fees, instead of being a handsome supplement to their income, turns out to be a trifling per-centage on what must be considered, for men of their pretensions, a mere honorary stipend. Under these discouraging circumstances it must be admitted that they have discharged their duties in the most exemplary manner; and if failure has attended an ill-judged attempt to plant Medical education where it could not flourish, that failure can in no way be ascribed to any lack either of zeal or ability on their part.

If the Government had considered this question fairly, and in all its bearings, they would have refused to establish, as part of their Collegiate system, what has turned out such a bitter disappointment to all concerned, and have thereby saved a lavish and unprofitable expenditure of public money.

THE WEEK.

PROFESSOR OWEN'S LECTURES.

In Professor Owen's fourth lecture, delivered on the 23rd ult., he briefly recapitulated the points of the structure in the beak and feet of birds as described in his third lecture; and entered upon the principles of the classification of birds. Aves are vertebrate, oviparous, and biped; their anterior extremities are organised for flight; the integument plumose; the blood red and warm; the respiration and circulation double; the lungs fixed and perforated; and negative characters may be predicted on the absence of auricles, lips, teeth, epiglottis, diaphragm, fornix, corpus callosum, and scrotum. The well-defined circumscribed character of the class opposed more than usual difficulty in its natural division into orders. Birds merge more gradually into one another from the two extremes of existing avian organisation than do reptiles or mammals. Almost every ornithologist has his own system. Yet some of the ordinal groups do command more general assent than others. The binary division of the class by Scopoli was noticed; the ternary proposed by Nitsch; the quinary by Vigors; and the septenary by Kirby. In the following system the most natural groups are the 1st, 2nd, 4th, and 8th. The 5th, 6th, and 7th were defined by less well-marked characters from each other; the 3rd is an artificial group, and includes wingless birds, the affinities of most of which to wider and more natural groups can be demonstrated. The order *Cursores* may be divided into those with a long and slender beak, represented by the kiwis of New Zealand (*Apteryx*), with three front toes, and a short back toe like a spur, in which the nostrils open beneath the obtus tip of the mandible, and the wings are reduced to the merest rudiments; those with a long and large subcompressed bill bent towards the harder tip, with short legs feathered below the knee, and a back toe of ordinary size, which were represented two centuries ago by the dodo (*Didus*) of Mauritius, and by the solitaire (*Pezophaps*) of Rodriguez, allied to the doves (*Columbidæ*); those with a depressed beak of moderate length are either tridactyle, as the emeus of Australia (*Dromaius*), and the Nandûs of South America (*Rhea*), or didactyle, as the ostrich of Africa (*Struthio*), which is the largest of living birds; those with a compressed and deep bill continued backwards into a frontal plate, with legs of ordinary length, three front toes and one short back toe, are represented by the *Notornis* of New Zealand, which is allied to the coots (*Fulicæ*); those with a subcompressed bill continued backwards into a shield, which rises into a helmet-shaped prominence above the head, in some species with long legs and three front toes, without a back toe, are still more modified coots, and include the cassowaries of New Guinea, New Britain, and North Australia. Still more gigantic, however, were some Cursores, which have become extinct, as, *e.g.*, the *Dinornis* of New Zealand, and the *Æpyornis* of Madagascar, and some of the birds which left impressions on the triassic sandstones of Connecticut. The characters of the order *Volitores* were given in detail. They are composed of birds of which the skeleton is light and highly pneumatic; sternum with a simple manubrium, and a deep keel; in some entire, in most with two notches on each side; larynx trimuscular; intestinal cæca usually absent, or large; wings powerful, in some long and pointed; legs small and weak, with few exceptions not used in locomotion, with the back toe *i* short, sometimes wanting (*Ceyx*), the outer toe *ii* is reversible in some (*Trogon*), in others united to the mid-toe *iii*, as far as the penultimate joint. The gape is generally wide; the food, insects, taken on the wing. Many nidificate in holes of trees, or in the earth; the eggs are white and subspherical. They are monogamous. The head is large, and in most the beak is remarkable for its length or width, or both. The enumeration of the other orders and families was proceeded with in detail, according to the annexed table of classification:—

ORDER 1.—NATATORES.

Swimming Birds. Toes united by a membrane. Legs placed behind the equilibrium, and body covered with a thick coat of down beneath the feathers.

Families.	Examples.
Brevipennatæ	Penguin, Awk, Guillemot, Grebe.
Longipennatæ	Skimmer, Tern, Mew, Gull, Petrel, Albatross.
Totipalmatæ	Pelican, Gannet, Cormorant, Anhinga, Frigate Bird, Tropic Bird.
Lamellirostratæ	Duck, Goose, Swan, Flamingo.

ORDER 2.—GRALLATORES.

Wading Birds. Legs long, naked from above the distal extremity of the tibia downwards.

Families.	Examples.
Macrodactyli	Coot, Crane, Rail, Megapode, Screamer, Jacana.
Cultirostres	Boatbill, Adjutant, Heron, Ibis, Stork, Tantalus, Spoonbill.
Longirostres	Gambet, Avocet, Snipe, Ruff, Turnstone, Curlew, Sandpiper, Godwit.
Pressirostres	Oystercatcher, Thicknee, Plover, Lapwing, Bustard, Courser.

ORDER 3.—CURSORES.

Running Birds. Legs strong and powerful; wings rudimentary.

Examples.
Apteryx.
Didus, Pezophaps.
Ostrich, Emeu, Nandû.
Cassowary.
Notornis.
Dinornis, Palapteryx.

ORDER 4.—RASORES.

Scratching Birds. Feet strong, provided with obtuse claws for scratching up grains, etc. Upper mandible vaulted; nostrils pierced in a membranous space at the base, and covered by a cartilaginous scale.

Families.	Examples.
Gallinacei or *Clamatores*	Pea-fowl, Partridge, Quail, Pheasant, Ganga, Grouse, Pintado, Tinamû, Turkey, Curassow, Guan.
Columbacei or *Gemitores*	Dove, Goura, Vinago.

ORDER 5.—INSESSORES.

Perching Birds. Legs short and slender, with three toes before and one behind, the two external toes being united by a very short membrane. The brain arrives in this order at its greatest proportional size, and the organ of voice here attains its utmost complexity.

Families.	Examples.
Dentirostres	Manakin, Wren, Wagtail, Warbler, Thrush.
Conirostres	Paradise Bird, Crow, Starling, Bunting, Tit, Lark, Finch, Grosbeak.
Tenuirostres	Sunbird, Nuthatch, Creeper.
Fissirostres	Swallow, Martin.

ORDER 6.—VOLITORES.

Flying Birds. (Characters described above.)

Families.	Examples.
Cypselidæ	Swift.
Trochilidæ	Humming-bird.
Caprimulgidæ	Nightjar.
Trogonidæ	Trogon.
Prionitidæ	Mot-mot.
Meropidæ	Bee-eater.
Galbulidæ	Jacamar.
Coraciadæ	Roller.
Capitonidæ	Puff-bird.
Alcedinidæ	Kingfisher.
Bucerotidæ	Hornbill.

ORDER 7.—SCANSORES.

Climbing Birds. Toes arranged in pairs, two before and two behind.

Families.	Examples.
Ramphastidæ	Túcan.
Bucconidæ	Barbet.
Cuculidæ	Cuckoo.
Picidæ	Woodpecker.
Musophagidæ	Touraco, or Plantain-eater.
Coliidæ	Coly.
Psittacidæ	Parrot.

ORDER 8.—RAPTORES.

Rapacious Birds. Beak, strong, curved, sharp-edged, and sharp-pointed; legs short and robust, with three toes before and one behind, armed with long, strong, crooked talons.

Families.	Examples.
Nocturnes	Owl.
Diurnes	Hawk, Eagle, Vulture.

THE MANCHESTER MURDERS.

THE examination before the magistrates of Taylor and his wife, on the charge of murdering Mr. Meller and the three children of the male prisoner, was continued on Friday, the 30th ult. The Professional witnesses examined as to the cause of death of the children were Messrs. Winterbottom, M'Keand, and Heath, who were present at the post-mortem examinations; Mr. Fearnside Hudson, the analytical chemist, and Professor Taylor. The three former gentlemen deposed as to the healthy appearances presented by the various organs, and Mr. Hudson repeated the substance of his evidence previously detailed. Professor Taylor read a report in which he stated that he had examined the organs he had received, viz., the intestines and one kidney of one child, and a portion of the brain and the intestines of another. He had also examined the sponges. He had tested for chloroform, prussic acid, cyanide of potassium, opium, morphia, strychnia, etc., as well as for the more common irritant poisons, arsenic, corrosive sublimate, and antimony. He had failed in discovering the presence of any poison. He came to the conclusion from the Medical evidence that—

"The children did not die from any wounds, from the effects of mechanical violence, from drowning, hanging, or strangulation, or any mechanical suffocation, and the condition of the stomach and intestines proves that they did not die from starvation. The absence of poison from the stomachs, according to the evidence of Mr. Hudson, and its absence from the intestines, according to my experiments, prove that these children did not die from any ordinary poison (which would destroy life suddenly), administered by the mouth in a liquid or solid state. The state of the bodies seemed only consistent with the view that these children died either from the effects of a poisonous vapour, like that of chloroform entering the lungs, or from suffocation or smothering, *i.e.*, by the covering of the mouth and nostrils so as to prevent respiration. As the children are supposed to have died on or about the 15th of May, and this examination was not made until the 22nd of May, sufficient time had elapsed for the entire escape of any chloroform administered as vapour from the parts examined. A teaspoonful of vapour has been known to destroy life even in so short a space as two minutes, and the power of detecting it in the blood and viscera is limited to a very short period after death. The longest time after death at which I have ever been able to trace it has been twenty-four hours; after two days, in a case in which a person died of chloroform, no chloroform could be detected in the blood by Dr. Snow or myself."

On further examination by Mr. Holker, Dr. Taylor said:—

"I come to the conclusion that there were no appearances of death from natural causes. In a case of natural death, I should expect to find some causes. I have examined, in thirty years, about 400 cases, and have always found, in cases of natural death, some natural causes for death. I am unable to decide between chloroform or suffocation as being the cause of death, but I should say death has been caused by the vapour of chloroform or some forced stoppage of respiration. I have no reason to suppose these deaths were sudden, except from that of my own examination, and from the Medical evidence I have heard to-day. In cases of rapid suffocation I do not always expect to find congestion of the brain; these is no time for it. I analysed exceedingly carefully for chloroform. Chloroform is a vegetable vapour, and if taken in the form of vapour it adheres to the blood, and can, by the process we use, be separated from the blood at the temperature at which chloroform passes into vapour; and a slight particle, such as cannot be detected by the sight, can by that method be detected. It is often in cases of suffocation difficult to say from the small appearances whether death has been caused by an obstruction of respiration, or by a poisonous vapour. The appearances of the children in this case are exactly like those which came before the Profession thirty years ago, when dead bodies were taken to dissecting-rooms, and much alarm was created; but that led to many important discoveries. I cannot draw any distinction between the effects of chloroform and suffocation. In the case of chloroform it would be possible to detect it if the analysis of the viscera were made within twenty-four hours; but in the case of a boy who died in the Hospital from chloroform we could find no trace forty-eight hours afterwards. I come to the conclusion that the children died simultaneously from the Medical evidence which I have heard to-day; and I may state that the viscera presented the same appearances after death as if death had taken place about the same time. Cross-examined by Mr. Pope, Dr. Taylor said:—I cannot separate the possible effect of chloroform administered as vapour from the effects of suffocation. I think death has been caused by one or the other. I cannot account for the death in any other way. The appearances are only consistent, in my opinion, with poisoning by chloroform or suffocation. Of course I need hardly say there are other vapours besides chloroform that would destroy life; but these vapours could be detected by their odour much longer than chloroform. Death by inhaling charcoal would be a long process, but if a person's head were dipped in carbonic acid, death would be instantaneous. I wish to explain that poisons which operate only on the lungs leave scarcely any marked appearance on the body; in that respect they differ from poisons given down the throat. In the case of a child of 12 being suffocated, one would expect to find marks of resistance; but if the child were asleep or in bed when suffocated, I should not expect to find such marks.

"Mr. Holker: In a case where the mouth is closed and the chest compressed, would you expect to find congestion?

"The Witness: No; that is the way in which the act of burking was carried on. If the mouth is covered and the chest compressed at the same time, it very soon destroys life, and there is no trace of congestion.

"Mr. Holker: I believe you have attended to the evidence; in your opinion, were the post-mortem and other examinations conducted properly, and as they generally are?

"The Witness: Yes.

"Mr. Holker: And that remark applies to all the gentlemen?

"The Witness: Yes, it does. With regard to chloroform, in nineteen cases out of twenty the idea of poisoning by chloroform would never occur to a Medical man. If chloroform had been administered to the children in the shape of vapour, all traces of it would have been gone before the Medical men saw the bodies. Chloroform taken as a liquid is not so poisonous as in vapour.

"Mr. Ellison: Are you of opinion that everything has been done which science can suggest for the furtherance of the ends of justice?

"The Witness: From what I have heard to-day, I think so. I see nothing out of the ordinary course of procedure. I would say that a point which might be dwelt upon is the necessity, in cases where poisoning by chloroform is suspected, of putting all the articles immediately into a vessel with a stopper; but if these gentlemen had done so in this case, I have no doubt we should still be just in the same position we are at this moment.

"In reply to further questions, Professor Taylor said in cases of death by chloroform he should not always expect to find marked post-mortem appearances. In the numerous cases examined by Dr. Snow one-eighth of the cases presented quite natural appearances, as of healthy bodies, and in seven-eighths of the cases there was congestion of the lungs more or less. Children would be more susceptible of poisoning by vapour chloroform than older persons. The cases which Dr. Snow examined were cases which had died during the application of chloroform in the Hospitals in order to effect cures; and in those cases there would be longer time allowed for congestion than when it was administered with the intention of causing death. But few cases of the latter kind were known to the Medical Profession."

The only comment we shall make on the above evidence is that there was not the slightest ground for the chloroform hypothesis. With every feeling of respect for Professor Taylor, we must regret that he has not profited by experience. When will experts learn that the witness-box is no more the place for advancing unfounded scientific theories than for any other species of evidence which cannot be supported by fact?

DR. MARSHALL HALL AND A DECIMAL PHARMACOPŒIA.

In the *London and Edinburgh Monthly Journal of Medical Science* for January, 1849, appeared a paper by the late Dr. Marshall Hall, marked by the shrewd practical sense which distinguished most of the suggestions emanating from him. He advocates uniformity of dose—a principle which is adopted in the new "British Pharmacopœia"—and uniformity of weights on a decimal system, which we are sorry to find is not adopted. "Let one grain," he says, "be the *unit*, and let the greater weights be *ten, one hundred, one thousand*; a *decem, centum, mille*, progressive multiples of that unit. But especially let the officinal preparation of each energetic, and, therefore, dangerous remedy, solid or fluid, be such that the medium dose shall be one grain, or more frequently ten grains, or one unit or decem by weight. . . . . Let the number of grains, or the terms, decem, centum, mille, or millia, be written instead of those remains of antique darkness and mystery, ℈j, ʒj, ℥j." Why, we ask again, should the quantities of medicine be expressed differently from those of the materials used in other scientific pursuits? What is the use of retaining irregular subdivisions, eighths, twelfths, or sixteenths, when all the world yearns for decimals? Why should a powerful body like the Medical Council pen such a lamentably feeble sentence as this:—

> "The Committee were strongly impressed with the great advantages of a decimal system, both in Pharmacy and Physic; but they were not prepared to say what decimal system should be adopted; and, on the whole, they were of the opinion that the Legislature, and not the General Council, should take the lead in this matter."

Why should they not take the lead? They invent new weights, though they hesitate to arrange the old ones decimally. Any one who wishes to see the inconvenience of the old, irregular, arbitrary divisions of weights, may look at Celsus, or if that be too great a fatigue, let him read the following analysis of a vegetable drug by the learned Dr. Mead:—

> "I have also examined it by distillation, by which four ounces of it yielded,—of an acid water, one ounce, five drachms, one scruple, and two grains; of oil heavier than water, two drachms, one scruple, sixteen grains; of coal containing first salt, one ounce, two drachms, one scruple, eleven grains."

Why should we in the nineteenth century retain these cumbersome weights, and have the trouble of half-a-dozen sums in mental arithmetic every time we write a prescription or give the results of an analysis?

LUNATIC ASYLUMS.

We have lately received the last Annual Reports of the Scottish Commissioners of Lunacy, the Nottingham, Edinburgh, Devon, Wilts, North and East Riding of Yorkshire, Somerset, Sussex, and Clonmel Lunatic Asylums, and the Report of the Asylum for Idiots. Pamphlets of this kind, however instructive, are not, as a rule, pleasant reading. Yet, as it is one of the duties of the Medical Journalist to extract from nutritive, though uninviting, scientific *pabulum* such portions as shall neither disgust the palates nor destroy the digestion of his readers, we have looked through these Reports with the hope of obtaining something that may at least serve as an editorial *entremet*. Is insanity on the increase? The question is often answered in the affirmative, and yet there is good reason to doubt it. The last Report of the Scottish Commissioners of Lunacy shows a remarkable correspondence in the numbers placed in public and private asylums during the years 1858 to 1861 inclusive. The Commissioners, judging from the evidence before them, have come to the conclusion that the supposed increase of insanity is really due to the accumulation of the numbers of the insane, and not in any marked degree to a greater disposition in modern times to mental disease. The comparative care and tenderness with which lunatics are now treated, not only in public but in private asylums, is doubtless telling on their tenure of life, and whilst admissions are not on the whole markedly on the increase, the numbers of inmates of asylums must be augmented in proportion to the diminished death rate. A less pleasant reflection is afforded by the fact, that in spite of the improvements which have taken place in the treatment of insanity,—improvements which are probably not only more palpable but more real than the improvements in the treatment of any other disease,—yet the number of yearly recoveries in asylums remains permanently at less than half the number of admissions. In one large asylum—the Edinburgh—the number of recoveries for the year 1861 was in the ratio of 32·77 per cent. to the admissions; this proportion, however, although the report gives a different account, seems decidedly below the average. In 1861 there were 1650 patients admitted into the public and private asylums and lunatic wards of Scotland. The recoveries for the year amounted to 669; or were in the ratio of 40·5 per cent. to the fresh cases admitted. In some of the English asylums, *e.g.*, the North and East Riding, the Devon, and the Nottingham, a still higher percentage of recoveries obtains. Still the fact remains that if a man becomes mad the chances are against his ever being sane again. Another reflection which these reports suggest is, that we do not seem to be advancing much nearer a knowlege of the pathological cause of insanity. The details of post-mortem examinations, the particulars of which are given in one or two of the pamphlets before us, represent, doubtless, cerebral lesions of more or less grave character in the majority of cases of death; but these lesions are so varied, and in many cases so antagonistic to each other in their pathological significance, that most who study them will come to the conclusion that they are concomitants of the mental disease—perhaps effects resulting from the same producing cause—rather than the cause itself. In some cases no cerebral lesion could be discovered, in others there was congestion, inflammation or its effects; in others, on the contrary, anæmia or atrophy; but rarely are the marks of disease similar, still less often are they identical. The average mortality in asylums disposes, we venture to think, of the theory that insanity has for its cause serious cerebral lesion. Yet we would by no means depreciate the value of such careful registries of pathological appearances as those made by Dr. Skae, of Edinburgh, and Dr. Boyd, of the Somerset Asylum. If the pathological cause of insanity be a change in the solids at all, its recognition can only be arrived at by a careful examination and registration of post-mortem phenomena. Our readers are all familiar with the modern appliances for the treatment of insanity. We have all witnessed or read of the farms, gardens, bowling-greens, billiard-tables, concerts, balls, pictures, statues,—influences partly moral, partly physical, partly æsthetic,—by which we endeavour to restore the lost mental equilibrium. But probably few have any but a very vague idea of the absolute cost of maintaining a pauper lunatic. In Somerset Asylum patients are provided with food at 4s. 3½d. per week per head, or a fraction under 7½d. a-day. In the North and East Riding Asylum at 5½d. a-day, or 3s. 3d. a-week. In the Wiltshire Asylum at 7d. a-day, or 4s. 1d. a-week. These figures only represent the cost of provisions; they do not include wine, spirits, or drugs. The latter items vary at the asylums named from 3¼d. to 1¼d. per week. Whether the diet at these costs be such as to afford the best chance of recovery, we must leave alienist Physicians to decide. If insanity be essentially a disease of debility, the doctrine at present prevalent, we should think that the introduction of a more liberal scale might, in the long run, prove an economical measure for the ratepayers.

THE VACANT CORONERSHIP FOR THE WESTERN DIVISION OF MIDDLESEX.

The death of Mr. Wakley again forces upon public attention the question of the relative claims of Medicine and Law to qualify for the office of Coroner. We need scarcely enter here upon the patent and manifold reasons which decide in favour of the former. The Coroner's Court being a court of inquiry into the causes of death from violence or accident, it must be abundantly evident to every educated man that the president of the court should be a person versed in the phenomena and laws of life, and the *modus operandi* of the causes which terminate it. The name "Coroner," which the lawyers tell us is given "because he hath principally to do with pleas of the Crown, and such wherein the King is principally concerned," might suggest that the choice of the officer should rest with Government. Indirectly, in a few instances, it does so. The Lord Chief Justice of the Court of Queen's Bench is supreme Coroner over all England, and the puisne Judges of that Court are sovereign Coroners. There are besides certain Coroners who are appointed by charter or commission; such, for instance, are the Coroners of the Admiralty. But county and borough Coroners are elected by popular bodies; the former by the freeholders, the latter by the borough council. It would be useless to inquire into the causes which originally vested the election in the hands of the people; it is sufficient to say that the privilege dates back to the time of Edward I. We must accept the fact as we find it, although, in the present day, the incongruity of the mode of election with the character of the office in the case of the County Coronership is sufficiently striking. The very fact that in order to obtain a Coronership a man must be subjected to all the evils of a popular contest, is quite enough to prevent those who are best fitted for the office presenting themselves as candidates. Few men of science are adventurous enough to encounter public meetings, canvassing, addresses, to say nothing of vast pecuniary expense, and the being placed at the mercy of agents, jobbers, and all kinds of obscure ruffians attracted like vermin out of their holes by the scent of spoil. Originally, the Coroner was a gentleman of the county; after a time, the office became monopolised by the lawyers, whose education enabled them to deal successfully with the ordinary evidence advanced. The progress of science, however, year by year, gave greater prominence and weight to skilled testimony; Medical men were the chief witnesses in the Coroner's Court; and it became a matter of public necessity that their depositions should be taken, and that the jury should be directed by a person who was capable of forming an opinion as to the validity of the evidence advanced. Mr. Wakley was one of the first Medical men who succeeded in obtaining the office. As Coroner for West Middlesex, he unmistakeably demonstrated the advantages conferred by the possession of Medical knowledge. Although sometimes tempted to step out of his province, and to play the part of witness as well as judge, his general conduct of the cases which came before him for investigation was no less satisfactory to the Profession than to the public. From the time of his election Medical men have been constantly appointed in the various districts and boroughs of England, and there can be no doubt as to the benefits which have accrued to the public. We, therefore, feel ourselves bound to call the attention of our Medical brethren to the importance of appointing one of their own Profession to the office. The class of Medical men from whom the election should be made is that which has distinguished itself in those walks of Medical science which do not necessarily lead to large routine practice. We shall perhaps best indicate what we mean by mentioning the names of Dr. William Farr, Dr. Lankester, Dr. Gavin Milroy, Dr. Guy, Dr. Taylor, Dr. Letheby, and Dr. Challice, as instances of the class to which we refer. Such names would confer a dignity on the office of Coroner, and would reflect credit on the Profession from which they are taken. Suitable candidates might also doubtless be found amongst the retired Medical officers of the public services. Men of the stamp of the late Dr. McWilliam would make excellent Medical Coroners. At all events, the person who is chosen should have a scientific reputation which the public acknowledge, and a personal dignity and bearing which will command respect. He should possess facility of expression, a considerable amount of shrewdness, and high moral courage. It is for the Profession to select a man capable of intelligently and efficiently performing the duties of this office, and to recommend him to the freeholders of Middlesex. They have much of the power in their own hands, and we urge them to exert it on this occasion. Already the legal profession are on the "*qui-vive*," and every practitioner who has made a reputation in a Police Court is asserting a claim. Several Medical candidates are also spoken of, amongst them, Dr. Lankester, Mr. T. Wakley, and Dr. Challice are, we hear, actively in the field. Dr. Lankester's claims are considerable; he has been for many years before the world as a teacher and a man of science, and there can be no doubt he would efficiently discharge the duties. Dr. Challice has also obtained a high reputation in sanitary science and Medical politics, and has already acted as Deputy-Coroner. In ready eloquence, energy, and business habits, he curiously resembles the late Mr. Wakley. Mr. Thomas Wakley comes forward as the son of the late Coroner. Amongst these, and it may be other Medical candidates, the Profession must make its choice. We feel assured that they will not do so hastily, but that, having carefully weighed the merits of each, they will exert themselves in favour of that one who in their conscientious belief will best fill the onerous position.

DEGENERATION OF LONDONERS.

Dr. Waller Lewis, Medical officer of the London Post-office, finds that the candidates for employment have, on the whole, a very degenerate physique. The average girth of chest of 367 candidates in 1861, for the situation of letter-carrier, messenger, porter, or labourer, was only thirty-one and a-half inches; the lowest girth for the army is thirty-three. In a considerable number the expansion of the chest on inspiration was only one inch. The average strength was 289 lb.; the strongest raised 450 lb. The candidates varied in age from 17 to 37; the average height was 5 feet 6½ inches, and the average weight 9 stone 6 lb.

THE LUDGATE-HILL MURDERS.

The contents of the stomachs of the two children of Mr. Vyse have been analysed by Mr. Attfield, the Demonstrator of Practical Chemistry at St. Bartholomew's Hospital. The result of the analysis has been the discovery of strychnia in each of the stomachs. We hear that Mrs. Vyse is recovering from the injury she inflicted on herself. The external wound has healed rapidly by the first intention.

The Cancer Hospital.—The first festival of this charity, to commemorate the opening of the new building, was held at Willis's Rooms on the 2nd inst., John Abel Smith, Esq., in the chair. About 100 gentlemen interested in the welfare of the charity sat down to dinner; and in the course of the evening subscriptions and donations were received to the amount of £650. A debt of £3000 is still due. The report stated that 7000 persons died annually of cancer; and it is estimated that 30,000 patients must be always suffering from this dire disease.

St. Thomas's Hospital.—On Tuesday, the adjourned special meeting of the governors was held at the Hospital, London-bridge; Alderman Sir J. Musgrove, President, in the chair, supported by about seventy of the governors. The report of the grand committee on the question of securing accommodation until the rebuilding of the Hospital having been read, a long discussion ensued, in which the Earl of Leven, Mr. Tite, M.P., Mr. Alderman Salomons, M.P., Mr. Alderman Humphery, Mr. Alderman Copeland, Mr. Alderman Gabriel, and others took part. Resolutions were passed empowering the grand committee to take all necessary measures for securing without delay accommodation for the in-patients and out-patients in such place or places as they may deem suitable, also for the accommodation of the officers and servants, who will be displaced in July, and for the removal of the museum and library, and further authorising the committee to take the necessary steps to erect such building as may be required for the reception and accommodation of urgent cases, and for dispensary business, at a cost not exceeding £15,000. Thanks having been voted to the chairman and the committee, the Court separated.

Muzzling of Dogs in Paris.—A case of hydrophobia having occurred in one of the barracks, strict orders have been issued for a general muzzling of dogs, which has been found a complete preventive of this occurrence in Berlin. A terrible accident recently also befel the wife of the venerable M. Bully, formerly President of the Academy of Medicine. A furious dog fell upon her and bit her, inflicting very severe wounds. She was, however, almost convalescent, when one day she expired almost suddenly; no symptoms of hydrophobia having exhibited themselves, and nothing indicating that the animal was the subject of rabies.

NOTICES OF THE

SURGICAL, MEDICAL, AND OBSTETRICAL INSTRUMENTS IN THE INTERNATIONAL EXHIBITION OF 1862.

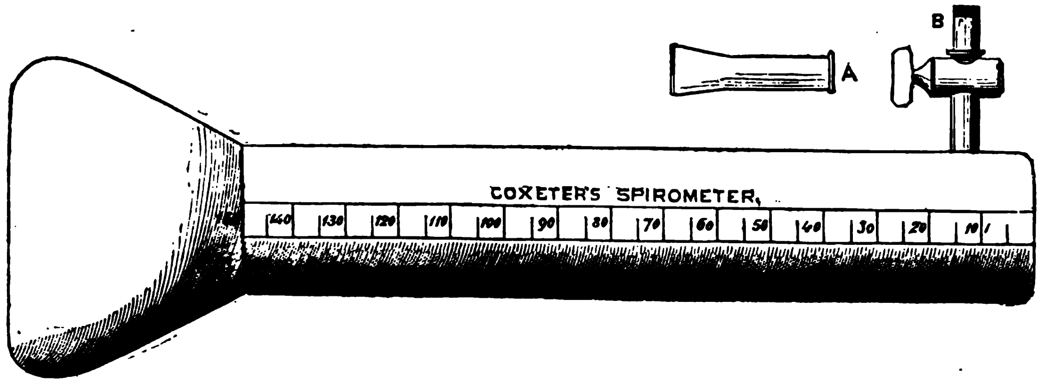
By JAMES REEVES TRAER, Esq., F.R.C.S., etc.

Superintendent of Class 17.

I AGAIN proceed to call attention to some new instruments exhibited by Mr. Coxeter. He shows an exceedingly simple spirometer, of which the adjoining figure (1) is a very fair illustration. The material employed is one of the improved vulcanised air-proof fabrics that do not adhere on being folded up. The measure is the cylindrical tube, the reservoir the large part, each containing 150 cubic inches of air.

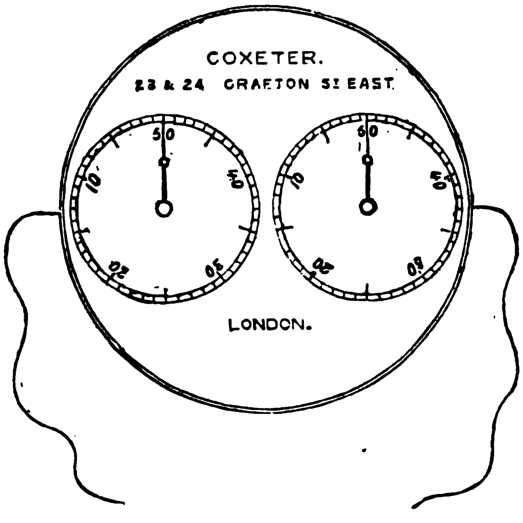
It is employed thus: The mouth-piece (A) is placed on the stop-cock (B), and the air is carefully pressed out of the instrument, the stop-cock is then turned so as to prevent the ingress of air until the patient is ready to breathe into it; it is then opened and inflation takes place. The mouth-piece is finally taken off, and placed transversely across the end of the cylinder, which is to be rolled up around it until the air-bag is distended; the index then shows the amount of air contained in the spirometer. As the fabric employed is not elastic, the instrument gives uniform results; and I am informed that it shows, when tested with that of Dr. Hutchinson, an identical registration of capacity.

FIG. 1.



Mr. Coxeter has also constructed a new stethometer (Fig. 2).

FIG. 2.



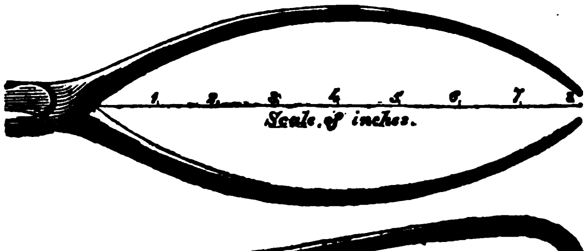
The beautiful instrument devised by Dr. Quain is capable of registering the movements of one side only during each respiration, but that Physician and others having suggested to Mr. Coxeter that it would be of great importance to have an instrument capable of showing the movements of both sides of the thorax at once, he has produced that to which I now allude. Each dial is divided into fifty parts, each of which is again sub-divided into five, so that the whole circle has 250 divisions. The silk cords which are attached laterally to the instrument are stretched round the chest with care, and the relative expansion of the two sides on inspiration, is minutely shown by the movement of the corresponding indices.

The stethodect (στηθος, breast; and δεικνυμι, to indicate), invented by Mr. Griffiths (a gentleman who is pursuing his studies at University College Hospital), is very ingenious and worthy of description. It consists of two costal blades, which are applied horizontally below the clavicles, and are jointed to the middle piece which rests on the sternum. The costal blades, by means of perpendicular armlets at their outer extremities, are made to move corresponding hands, which are supported by arms diverging from the sternal piece; so that the movements of the blades are communicated to the hands, and registered by them on graduated scales fixed at right angles to the central portion of the instrument. The stethodect thus records minute variations in the expansion of the two sides of the chest, and it has been found to be practically useful in the detection of consolidation of the apices of the lungs, even when early and of very slight extent.

Mr. Coxeter also shows the caustic-holder invented by Mr. Robert Ellis. As this instrument was described in the last number of the *Medical Times and Gazette*, in the report of the proceedings of the Obstetrical Society, I need do no more than allude to it here.

The obstetric forceps of Dr. Graily Hewitt are exhibited by Mr. Coxeter. They were first devised in consequence of great difficulty met with by Dr. Hewitt in applying the ordinary forceps to a much elongated fœtal head. Their peculiarity consists in the length of the curved part of their blades. The ordinary forceps, as used in this country, have a length of five and a-half to seven inches in that part of their blades which embraces the skull of the fœtus; and this was found by Dr. Graily Hewitt insufficient for the proper application of the instrument. He, therefore, had constructed by Mr. Coxeter a pair of forceps that has a length in its curve of eight inches, as seen in the adjoining figure (Fig. 3), and which is capable of dealing with the emergency already alluded to. Dr. Hewitt is of opinion that in all cases in which the head is engaged in the pelvic cavity his forceps are more likely to be useful than any others. The ordinary long forceps differ from the short, in the increased distance between the handle and the commencement of the curved parts of the

FIG. 3.

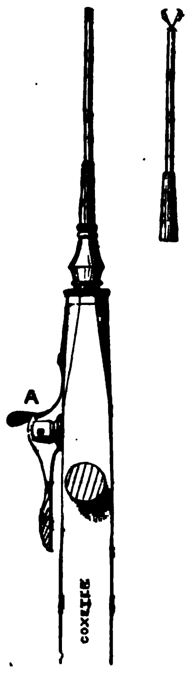


blades; so they are not more fitted, according to Dr. Hewitt, than the shorter instrument for dealing with cases in which the occipito-mental diameter of the fœtal head is much increased, to which condition the modified forceps now referred to are peculiarly suitable.

Dr. Arnott's urethrotome is also shown by Mr. Coxeter. In this instrument the incision is made by pressure, and not by moving the blade backwards or forwards. It may be described as a flat metallic tube, seven inches in length and nearly half-an-inch in breadth, to one end of which a deeply grooved director is attached, giving to the tube the appearance of having had a piece cut out of its side, just as a quill is cut in making a pen. The small portion which acts as a director is more than two inches in length, and towards the point is rounded and curved so as to facilitate its passage through a stricture. Two or three long steel rods, which together fill the tube, one of which has been sharpened for an inch at the end into a cutting blade, constitute the rest of the instrument. The following is the mode of its application:—The curved part is passed through the stricture, which arrests the broader portion; the knife is then pushed along the tube until the blade occupies the groove, out of which it is forced by the introduction of one or both of the other rods between it and the tube as far as the end of the groove. If this pressure alone is insufficient for effecting incision, a sawing motion can be given to the knife by retracting it a little before it is pushed forward into the groove. Dr. Arnott has varied his instrument so as to allow the incision to be extended and made in different parts of the stricture; and when cauterisation is the object of the Surgeon, a grooved wire, containing nitrate of silver, is substituted for the knife. I may add that the skilful maker of the instrument employs a convenient mode of encrusting wire with caustic. As I said in my notice of last week, this is not the time at which I am inclined to criticise the relative merits of dilatation and incision in the treatment of stricture of the urethra. I limit myself for the present to a mere description of the different instruments invented for this purpose that are to be seen in the Exhibition.

Mr. Coxeter has quite recently made an addition to the canula-forceps, as used for operations on the eye. It consists (Fig. 4) of a small spring which catches the ordinary lever-handle, after it has been depressed in order to protrude the canula and close the blades of the forceps. As it releases it again by very slight upward pressure of the same finger that is used when employing the ordinary instrument, it can hardly be said to complicate it; while its effect is to keep the blades perfectly in contact. This addition can of course be made to all instruments constructed on the principle of the sliding canula.

FIG. 4.



I must notice one other instrument made by Mr. Coxeter, viz., Dr. Priestley's pessary for retroversion and retroflexion of the uterus. It has the three important characteristics of lightness, simplicity, and cheapness; and although it is not easy to describe without the aid of an illustration, I will do my best to make its construction understood.

It consists, then, of a rod of gutta-percha about $\frac{3}{8}$th of an inch in thickness, bent into a loop similar in shape to a blade of the obstetric forceps, although of course of smaller size. The loop has two curves, the upper and shorter one having its convexity anteriorly, and the lower being curved in the opposite sense. The ends of the loop are united together, and to this part of the instrument are attached four short pieces of small india-rubber tubing, sewn to as many tapes, by means of which the pessary is held in position. In addition, the upper part of the loop is surmounted by a small caoutchouc bag, which is inflated when the pessary has been introduced, and which tends to keep the uterus *in situ* more securely. I am informed that in many cases Dr. Priestley's instrument has thoroughly fulfilled the purpose for which it was invented, and that it has been successful in some instances, when other appliances had failed to be of utility.

The following instruments will also be found in Mr. Coxeter's case:—Dr. Fuller's trachea-tube, which consists of two blades, so that it can be introduced like a wedge into the incision in the trachea; Mr. Clover's lithotomy scoop, which is curved on the stem at an angle of 45°, thus rendering manipulation deep in the bladder much more easy than with the ordinary instrument; and lastly, a double catheter, made by Mr. Coxeter, in which the tube through which the liquid enters the bladder is half the size of that by which it flows out, thus allowing a more free exit for detritus than the usual double catheter, the calibre of which is divided into two equal parts.

47, Hans-place, S.W.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

WEDNESDAY, MAY 21, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

The Council met as a Committee of the whole Council, at One o'clock.

Mr. GREEN, *President*, in the chair.

The Solicitor, Mr. Ouvry, having been called in, reported that, by direction of the Council, he yesterday attended at the Home Office, and had an interview with Mr. Thring, to whom the Home Secretary had referred the application of the Council for consideration and report. That he had entered fully into the question with Mr. Thring, who promised to report on the matter forthwith.

1. Moved by Dr. CHRISTISON, seconded by Dr. A. SMITH—"That the manuscript of the Pharmacopœia having been put before the Council by the Chairman of the Pharmacopœia Committee, the Council adopt the work as the 'British Pharmacopœia,' which the Council was directed by the Medical Act, Sect. 54, to cause to be published."—Agreed to.

2. Moved by Dr. CHRISTISON, seconded by Dr. STORRAR—"1. That it be delegated to the Executive Committee of the General Medical Council to take such measures as may seem to them expedient with reference to the Bill which it is anticipated the Home Secretary will introduce into Parliament on the representation of the General Medical Council, with full power to assent to such Bill either in the form suggested by the Council, or with any modifications which the Home Secretary or Parliament may require." "2. That, in case the proposed Bill be passed into a law, it be delegated to the Executive Committee to take all such steps as may be necessary for the publication of the 'British Pharmacopœia,' and for that purpose to enter into all such contracts in the name, or on behalf, of the General Medical Council, as may be necessary or expedient; and that in the exercise of the powers delegated to the Executive Committee by this resolution, it be an instruction to that Committee to confer with the Pharmacopœia Committee."—Agreed to.

MINUTES OF MEETING, WEDNESDAY, MAY 21, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Mr. GREEN, *President*, took the Chair at Two o'clock p.m.

Present—

Dr. Burrows.
Mr. Arnott.
Mr. Cooper.
Dr. Acland.
Dr. Bond.
Dr. Embleton.
Dr. Storrar.
Dr. Alexander Wood.
Dr. Andrew Wood.
Mr. Watt.
Mr. Syme.
Dr. Thomson.
Dr. A. Smith.
Mr. Hargrave.
Dr. Apjohn.
Dr. Corrigan.
Sir Charles Hastings.
Dr. Sharpey.
Mr. Lawrence.
Mr. Teale.
Dr. Christison.
Dr. Stokes.

Dr. Francis Hawkins, *Registrar.*

The Minutes of the last meeting were read and confirmed.

A Report of the proceedings of the Committee of the whole Council held this day, as to the Pharmacopœia, having been read,

1. Moved by Dr. CHRISTISON, seconded by Dr. STORRAR—"That the Report just read be adopted."—Agreed to.

2. Moved by Dr. ACLAND, seconded by Dr. ANDREW WOOD—"That, in answer to a question which has been submitted to the Council concerning the proper qualifications of public vaccinators, the Council have to observe that, by the Regulations of the Privy Council, dated December 1, 1859, and interpreted by a letter to the Medical Council from the Privy Council, dated November 8, 1860, 'except where the Privy Council, for reasons brought to their notice, see fit in particular cases otherwise to allow, no person shall in future be admitted as a contractor for vaccination unless he possess the same qualifications as are required by the Order of the Poor-law Commissioners as qualifications for a district Medical officer,' and produce also a special vaccination certificate; nor can any person be admitted as deputy to a contractor for vaccination but 'under the same conditions as are appointed for the admission of a contractor.'"—Agreed to.

Dr. ALEXANDER WOOD presented the Report of the Committee on the sale and publication of the Register.

Report.

"Your Committee have to report that the sale of the Register in 1861 was, as to that of 1860, as follows:—

Number of copies sold in 1860	768
" " " 1861	532
Less in 1861 than in 1860 by	236 copies.
Amount by sales, 1860	£165 17 8
" " 1861	93 8 6
Less in 1861 than in 1860 by ..	£72 9 2

"Your Committee are glad to be informed that there is a prospect of the sale increasing this year.

The Committee have received from Dr. Garrod the following Statement of the Accounts of the Pharmacopœia Committee, which they have duly examined, and found to be correct. The vouchers produced by Dr. Garrod have been delivered to the Registrar.

Receipts.

		£	s.	d.
1859.	Received by Mr. Nussey, and afterwards paid to Dr Garrod (in part)	500	0	0
1860. June.	Received from Mr. Green through Mr. Nussey	500	0	0
		£1000	0	0

Expenditure.

					£	s.	d.
	Payment of the Members :—						
1859. Oct.	To London Secretary..				100	0	0
	(a)To Edinburgh Secretary				100	0	0
	(a)To Dublin Secretary..				100	0	0
	Expenses of Sub Committees :—						
Dec.	To London Secretary				34	17	0
	To Edinburgh Secretary				15	5	0
	To Dublin Secretary				39	2	6
	Payment for Conference, May, 1859 :—						
1860. July.	Edinburgh Delegates, viz. :—	£	s.	d.			
	Dr. Christison	38	17	0			
	Dr. Wilson	38	17	0			
	Dr. Maclagan	38	17	0			
					116	11	0
	Dublin Delegates, viz. :—						
	Dr. Apjohn	37	16	0			
	Dr. Williams	37	16	0			
	Dr. Neligan	37	16	0			
					113	8	0
	London Delegates, viz. :—						
	Sir J. Clark	15	15	0			
	Mr. Nussey	15	15	0			
	Dr. Farre	15	15	0			
	Dr. Garrod	15	15	0			
	Mr. Squire	15	15	0			
					78	15	0
	Expenses of Branch Committees :—						
1861 Oct.	London Secretary				51	6	11
	Edinburgh Secretary				36	6	3
	Dublin Secretary				81	19	1
	Conference, 1861 :—						
	General Secretary for Beadle's fee				3	15	6
					871	6	3
	Balance in hand				128	13	9
					£1000	0	0

We have this day compared these Accounts with the several vouchers, and found the same to be correct.

May 19, 1862.

W. Sharpey, } *Auditors.*
A. Smith, }

With respect to the demand likely to be made on the funds of the Council on account of the publication of the Pharmacopœia, no approximate estimate can be offered by the Committee.

The attention of the Committee having been drawn to the cost of publishing the Monthly Lists of new entries on the Local Registers, it has appeared to the Committee that the advantage derived from such frequent publication is not commensurate with the expense incurred. The Committee accordingly recommend that henceforth the publication be quarterly; and with a further view to economy, they suggest that the Quarterly Lists of the three Branch Councils be printed in London, in the same type and form as those used for the General Register.

G. Burrows, *Chairman.*

10. Moved by Dr. Sharpey, seconded by Dr. Andrew Wood—"That, in accordance with the recommendation of the Finance Committee, printed lists of new entries on the Local Registers be henceforth issued not oftener than once a quarter." "That the quarterly Local Lists, authenticated by the Registrars of the Branch Councils, be transmitted in manuscript to the Registrar of the General Council, who shall cause the same to be printed in London, in the type and form used for the General Register, and copies to be sent to the Members of the Council."—Agreed to.

11. Moved by Dr. Sharpey, seconded by Dr. Andrew Wood—"That the Report of the Finance Committee be received and adopted."—Agreed to.

Dr. Alexander Wood presented the following Report of the Committee on Communications from the Colonies, in regard to the operation of the Medical Act in the Colonies :—

Three such communications have been received: one from Canada, which has been disposed of by the Council; one from Penang, inquiring whether the Medical Act extends to the East India settlements as well as to the Colonies and Great Britain; the other from Natal, South Africa, inquiring how far the operation of the Medical Act extends to the British Colonies.

An examination of the Medical Act shows that it provides (Sect. XXXI.) that—"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice and visits, and the cost of any medicines or other Medical or Surgical appliances, rendered or supplied by him to his patients."

Further, by Sect. XXXII., it is provided that—"After the first day of July, one thousand eight hundred and fifty-nine, no person shall be entitled to recover any charge in any court of law for any Medical or Surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under the Act."

At a meeting of the General Medical Council, held on November 25, 1858, a report by a Committee on Colonial Practitioners was brought up, and on that report the Council came *inter alia* to the following resolution :—"That the recommendation of the Committee to dispense with the provisions of this Act in regard to Registration in favour of persons now practising Medicine or Surgery in any part of Her Majesty's dominions other than Great Britain and Ireland, by virtue of any of the qualifications described in Schedule (A), and to admit them to Registration on payment of a fee of £2 up to January 1, 1861, and afterwards on payment of £5, be adopted."

It is therefore evident that, while the Medical Council have offered facilities for the Registration of Practitioners in the Colonies, they have taken no steps to enforce it; it may, however, be doubtful how far a person not registered could recover charges in a Colonial Court, unless authorised to do so by a Local Act.

It is, however, clear that where restrictions are imposed on practice by Local Acts, no such restrictions can have any effect on persons practising in the Colonies who are registered under the Medical Act, Victoriæ xxi. and xxii., Cap. xc.

Alexander Wood, *Chairman.*

12. Moved by Dr. Andrew Wood, seconded by Mr. Teale—"That the Report of the Committee on Communications from the Colonies, with regard to the operation of the Medical Act, be received and adopted."—Agreed to.

Dr. Embleton presented the following Report of the Committee on Returns from the Bodies in Schedule (A), in compliance with the 16th and 23rd Recommendations of the Report of the General Committee on Education (1861); viz :—

"That the various Educational and Licensing Bodies be requested to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the Registration of Medical Students; and that a copy of such returns be sent by the Registrar, as soon as convenient, to each member of the General Council."

"That returns from the Licensing bodies under Schedule (A) be made annually, on January 1, to the General Medical Council, stating the number and names of the candidates who have passed their respective final Examinations, and the number of those who have been rejected."

Your Committee have to report—

1st.—That returns in compliance with the 16th Recommendation have been received from the following bodies, viz. :—

The University of London
,, Royal College of Physicians, Edinburgh.
,, ,, ,, Surgeons, ,,
,, Faculty of Physicians and Surgeons of Glasgow.
,, King and Queen's College of Physicians, Ireland.
,, Royal College of Surgeons, ,,
,, Apothecaries' Hall, ,,
,, University of Dublin
,, Queen's University, Ireland.

In the present somewhat unsettled state of the regulations of the various Bodies, and in consequence of the recent proceedings of the Council, it appears advisable to do little more than lay these returns before the Council. Your Committee would, however, recommend that before the next General Meeting of the Council, each body in Schedule (A) be requested to send in its latest regulations, with a manuscript reference to, and explanation of, the alterations that may have been made since their last return; and that the Registrar be requested to give due notice of this requirement to each of the Bodies.

2nd.—That returns, in compliance with the 23rd Recommendation, have been received from the subjoined Bodies, viz :—

The Royal College of Physicians of England.
,, ,, ,, ,, Edinburgh.
The King and Queen's College of Physicians in Ireland.
,, Royal College of Surgeons of England.
,, ,, ,, ,, Edinburgh.
,, Faculty of Physicians and Surgeons of Glasgow.
,, Royal College of Surgeons in Ireland.
,, Apothecaries' Society of London.
,, ,, Hall of Ireland.
,, University of Oxford.
,, ,, Cambridge.
,, ,, Durham.
,, ,, London.
,, ,, Edinburgh.
,, ,, Glasgow.
,, ,, Dublin.

The return from the Royal College of Physicians of Edinburgh includes the number and names of students who have obtained the licence of this College, and the number of those rejected, from May 1, 1861, to May 10, 1862.

This return gives the number and names of those who have obtained the licence of the College in connexion with the licence of the Royal College of Surgeons, and also the number and names of those who have obtained the licence of the same College in connexion with the diploma of the Faculty of Physicians and Surgeons of Glasgow, for the same period.

In the two last cases the number of those rejected has unavoidably been omitted.

The return of the Royal College of Physicians of Edinburgh, therefore, not being made up from January 1, 1861, to January 1, 1862, and being also otherwise imperfect, your Committee are unable to classify it with the other returns received.

No returns have yet been received from the undermentioned bodies, viz. :—
The University of Aberdeen.
,, ,, St. Andrews.
,, Queen's University in Ireland.

This is doubtless owing to some inadvertence, or to the want of due notice for the sending in of the returns, and your Committee beg leave to direct your attention to the great desirability that the bodies in Schedule (A) should exactly comply with the terms of Recommendation No. 23.

Your Committee have carefully examined the returns sent in, and beg leave to present the general results of their examination in the following tabular form, for convenient reference. The table gives the total number of candidates who have been examined, the number of those who have been rejected, and the number of those who have passed their final examination by those Licensing Bodies who have sent in returns to the Council.

(a) Indorsed Cheques are at the Branch Bank of England. (See Letters from Mr. Nussey, June 29, 1860.)

Table of Returns.

Bodies in Schedule (A) that have sent in Returns.	No. of Candidates.	Rejected.	Passed.
Royal College of Physicians, London ..	105	22	83
King and Queen's College of Physicians, Ireland	52	7	45
Royal College of Surgeons, England ..	531	66	465
" " " Edinburgh ..	102	8	94
Faculty of Physicians and Surgeons, Glasgow	78	16	62
Royal College of Surgeons, Ireland ..	149	19	130
Apothecaries' Society, London	340	23	317
Apothecaries' Hall, Ireland	37	5	32
University of Oxford	4	—	4
" Cambridge	7	—	7
" Durham	4	—	4
" London..	45	9	36
" Edinburgh	87	19	68
" Glasgow	51	5	46
" Dublin	17	1	16
	1609	200	1409

The returns received are laid before the Council; and your Committee recommend that the returns not yet received be applied for by the Registrar; and that the whole be carefully preserved by the Registrar of the General Council until the next general meeting.

D. Embleton, *Chairman.*

13. Moved by Dr. Andrew Wood, seconded by Mr. Hargrave—"That the above Report be received and adopted."—Agreed to.

14. Moved by Dr. Embleton, seconded by Mr. Teale—"That for Recommendation No. 23 in the Report of the General Committee on Education, 1861, be substituted the following:—'That returns from the Licensing Bodies in Schedule (A) be made annually on the 1st of January, and in the subjoined Form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of Forms, with a notice for their being returned, in due time.'"—Agreed to.

Form of Return, according to Recommendation, No. 23 of the General Medical Council, 1862.

Passed.				Rejected.	
1st Examination.		2nd Examination.		1st Examination.	2nd Examination.
No.	Name.	No.	Name.	No.	No.

15. Moved by Dr. Andrew Wood, seconded by Mr. Hargrave—"That the Executive Committee cousist of:—

The President.
Dr. Burrows.
Dr. Sharpey.
Dr. Acland.
Mr. Arnott.

—Agreed to.

16. Moved by Dr. Andrew Wood, seconded by Dr. Storrar—"That it be delegated to the Executive Committee to remove from the Register the names of any persons who shall have beer convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence."—Agreed to.

17. Moved by Dr. A. Smith, seconded by Dr. Corrigan—"That the powers vested in the Executive Committee by the standing orders, and such powers as have been given to them by any resolutions of the meeting of Council this year, be in force until the next meeting of the General Medical Council."—Agreed to.

18. Moved by Dr. Andrew Wood, seconaed by Dr. Stokes—"That the standing order which requires the adjournment of the Council at six o'clock be suspended."—Agreed to.

19. Moved by Dr. A. Smith, seconded by Mr. Hargrave—"That the sum of £600 be voted by the General Medical Council, in addition to the vote of £500 on November 24, 1858, and of a similar amount on June 16, 1860, towards defraying the expenses incurred by the Pharmacopœia Committee."—Agreed to.

20. Moved by Dr. Storrar, seconded by Dr. Sharpey—"That the order for the appointment of the Education Committee be discharged."—Agreed to.

21. Moved by Dr. A. Smith, seconded by Mr. Hargrave—"That the best thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians of London, for their obliging and courteous accommodation during the present Session of the Medical Council."—Agreed to.

22. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—"That a gratuity of ten guineas be given to the servants of the Royal College of Physicians of London."—Agreed to.

Confirmed—Joseph Henry Green.

MINUTES OF ADJOURNED MEETING, WEDNESDAY, MAY 21, 1862.

ROYAL COLLEGE OF PHYSICIANS, LONDON.
Mr. Green, *President*, in the Chair.
Present—

Mr. Cooper.
Dr. Acland.
Dr. Kmbleton.
Dr. Andrew Wood.
Dr. Thomson.
Dr. A. Smith.
Mr. Hargrave.
Dr. Corrigan.
Dr. Sharpey.
Dr. Christison.
Dr. Stokes.

Dr. Francis Hawkins, *Registrar.*

The Minutes of the last Meeting were read and confirmed.

PROGRESS OF MEDICAL SCIENCE.

◆

Selections from Foreign Journals.

THE DISCUSSION ON THE PARIS AND LONDON HOSPITALS.

This discussion, at the Paris Academy of Medicine, has terminated, at all events for the present; and although somewhat lengthy and encumbered with repetitions, it has been maintained with great ability and not a little eloquence. The result of the collision of opinions and the sifting of statements cannot but be beneficial; and, if the comparison cannot be sustained with the exactitude assumed at the commencement of the discussion, owing to the inadequacy of statistical evidence, the fact still stands out in bold relief, that the mortality after operations is far greater in the Paris than in the London Hospitals. M. Malgaigne, years ago, called the attention of his colleagues to the fact of the vastness of this mortality after the greater operations, as ascertained from official returns, but his figures do not seem to have led to the adoption of any searching investigation into the cause of this state of things. The habit which the younger French Surgeons are acquiring of visiting the Hospitals of this and other countries, has inflicted a blow upon French complacency by exhibiting to them excellent results obtained after even formidable operations, and a wonderful freedom from that scourge of Parisian Hospitals, purulent infection. One of these, M. Lefort, read a paper at the Academy last autumn, on "Excision of the Hip-joint," in which he pointed out the fact that the superior hygienic conditions of the London Hospitals allowed of operations being undertaken which cannot be ventured upon in Paris.

M. Gosselin, in his report upon the paper, and M. Malgaigne, during the discussion that followed, confirmed the statement as to the unsatisfactory condition of the Paris Hospitals, the latter Surgeon characterising them as the most detestable in Europe. That the old structures should be unhealthy, he observed, need not excite surprise, but that the same errors should have been perpetuated in the modern erections, is the deplorable result of neglect in seeking the advice of sanitarians.

M. Davenne, formerly Director of Public Assistance, replied that at the time of the building of the Lariboisière Hospital, the most laborious inquiries were carried on for four years, and the advice of Hospital Surgeons and Physicians was sought for; the majority of these, and M. Malgaigne among the number, taking no heed of the requests made. While comparing the Paris and the London Hospitals it is necessary, he pointed out, to bear in mind that the very poor of the latter city are not the inmates of the Hospitals, but of the Workhouse Infirmaries; and that so anxious are the Governors of the rival Hospitals to exhibit a low degree of mortality in their respective establishments, that they refuse tickets of admission to applicants who are dangerously ill, and prohibit the entry of patients suffering from infectious diseases, such as scarlatina and variola, and the subjects of phthisis! Not so, exclaims M. Malgaigne, with equal absurdity; the English Surgeons are paid for their Clinical Lectures, and will admit only the worst cases which may serve to illustrate these. The general mortality in the Paris Hospitals, M. Davenne assures us, has steadily diminished since 1804, and is now very similar to that of Guy's Hospital in 1860. However that may be, M. Malgaigne shows, that of 100 persons undergoing the major amputations, 56 died in Paris, and 30 only in London.

M. Piorry dwelt upon effectual ventilation as the essential desideratum in Hospitals, without attention to which all other precautions are of little avail. It is to the care he bestows on this point that he attributes the slight mortality observed in his own wards. Next to this in importance is a free access of light. The construction of the Paris Hospitals, for the most part, prevents these conditions for health being fulfilled, and even in the newer ones too much care has been lavished on the production of mere architectural effects. Several of the London Hospitals are also very defective; and the lowness of their beds render the convenient performance of auscultation and percussion out of the question.

M. Renault believed that his experience, derived from observation among animals, might be advantageously detailed.

He wished to exhibit the influence which absence of due ventilation exerts on animals in a state of health and when diseased. The great mortality occurring amongst the horses of the French cavalry has been diminished by more than one-half by increasing the amount of air supplied to the stables, no other change in the management having occurred. At the end of the Italian war, 10,000 cavalry were left with no other stabling but mere temporary sheds, but the mortality was quite insignificant, and not a single case of glanders occurred. The French Government are now trying some experiments with respect to the results of the exposure of horses even to currents of air, some of the results having proved of a most favourable kind. As might be expected, the effects of the improved ventilation of stables has been still more fully exhibited with respect to sick and wounded horses. Of this M. Renault adduces numerous examples, the general result of the improvements being a great diminution of disease, a greater amount of curability, and a far less proportion of diseases of a grave character.

M. Davenne observed, that one reason why the English Hospitals are in a better condition than the French is, the greater diffusion of habits of cleanliness among the working classes, and the facility which the large supply of water and the system of drainage enables all impurities to be at once washed away. Moreover, he thinks that the treatment of the patients subsequent to operation may exert evil influences upon the results as well as overcrowding. Certainly, improvements in Hospitals take place more slowly in Paris, as the Hospitals are not rich bodies there, and sufficient funds are not always forthcoming.

M. Husson, the present Director of Public Assistance, in a letter addressed to the Academy observes, that London with a population twice as large as that of Paris has only accommodation for one-half (he forgets our Workhouse Infirmaries) the number of patients. The sites of the Paris Hospitals, he tells the Academy, are healthier than those of the London, while they have gardens for the recreation of the patients, which are unfortunately wanting in London. He is evidently incredulous as to any inferiority existing, although he does not attempt to explain away the greater mortality.

M. Bonnafont stated that, as the result of a recent tour, he had found that very few foreign Hospitals surpassed those of Paris, while the great bulk of them were far inferior to these; and he believes that one of the causes why operations succeed so much better in Hospitals much inferior to the French in their arrangements, is the greater simplicity of the after-treatment. He admits, however, that the French Hospitals are too crowded, ill-ventilated, and badly smelling from neglected privies and accumulated filth.

M. Devergie gave an account of an investigation made by M. Chalvet into the composition of the air of the wards of La Pitié. One general result is, that there is a much greater proportion of organic matters found in the air of the Surgical than in that of the Medical wards. When the apparatus was placed near a patient suffering from Hospital gangrene, an enormous proportion of organic matters was found in the air, and as much as 46 per cent. was found in whitewash scraped from the walls of the wards—constituting these a permanent focus of infection, varying more or less according to the condition of the atmosphere. The walls of the Hospitals are only whitewashed every ten or fifteen years, while those of barracks are so every two years at least.

M. Larrey's discourse constituted quite a pamphlet, and contains some interesting statements. Judging from his own observations, the advantages of the English Hospitals consist in the greater space allowed to each patient, and the better and more varied diet, much more discretion being allowed to the Surgeon on this last point than in France. There is little use in choosing good sites and good plans for Hospitals if these are to be overcrowded. Not only does overcrowding vitiate the air of the wards, but it disturbs the repose of the patients, especially at night, when this is so much required. The periodical evacuation and whitewashing of the wards, and the observance of the strictest cleanliness, are advantages which attach to the Military Hospitals. M. Larrey describes at great length the various other measures taken for securing the health of the army, and furnishes several illustrations of overcrowding as the great predominant cause of excessive mortality. This he exemplifies in numerous instances of the generation of typhus during the Crimean war; while the Italian war, during which he was Medical Director, furnished ample poof of the value of hygienic precautions, in the comparatively small mortality which occurred. One remarkable result of the measures taken, and especially of the dissemination of the sick through the numerous Hospitals which the Italians so liberally provided, was the entire absence of epidemic visitations. The loss by disease of the French army of 218,000 was quite insignificant. Dissemination of the patients is, in fact, the fundamental circumstance, for which all other means are but partial and inefficient substitutes, or merely subordinate; joined to this, when epidemics are threatening, the diet should be good and the hygienic surveillance constant.

(To be continued.)

FOREIGN CORRESPONDENCE.

GERMANY.

Munich, May 24.

ON TRANSFUSION OF THE BLOOD.

On going through the history of the above operation, it appears that this has been given up not so much for want of success as on account of the difficulties and dangers connected with its performance. Both impediments are, however, now-a-days much less considerable than they were in former times; for not only are more simple contrivances used at present by which the proceeding is rendered easier, but the physiological fact that defibrinised blood has an equally reviving influence as that which contains fibrine, allows us to avoid in a great measure the dangers which formerly attended the operation. A case in which it was successfully performed occurred a short time ago in the surgical clinique of Professor Nussbaum, of this University. It was that of a young man of nineteen years, who, after an injury to the right knee-joint, had become affected with arthrocace. The leg and the foot being quite healthy, resection of the knee-joint was believed to be preferable to amputation of the thigh; but after the former operation had been done, the patient's condition became considerably worse. A few days afterwards he was so much exhausted that death appeared to be imminent. The pulse could no longer be felt, and the extremities were quite cold. Under these circumstances transfusion of blood seemed to be the only means of saving the patient's life. Professor Nussbaum used for this operation a simple glass syringe, set in silver, and furnished with a champagne-cork covered with doe-fur. This does not require oiling, by which impurities might perhaps be mixed up with the blood. Venesection was then performed upon several persons, whereby the Professor came into possession of one pound of blood. This was beaten up for eight minutes, and then filtered through fine linen and put into a tumbler which was placed in a basin filled with hot water, until the temperature of the blood had risen to about 100°. A bandage was then put on the left arm of the patient, the cephalic vein was laid bare by an incision two centimètres long, and embraced by a strong double silken ligature. With one of the two threads the peripheral end of the vein was tied, while by the other, the central end of the vessel was raised, so that it was bent, and a small quantity of blood was confined in its canal. A semilunar incision in the vein was then made by means of a pair of scissors, and a canula and syringe, which had been previously warmed and filled with blood, were introduced. The canula and vein were then firmly tied together with the upper ligature, the bandage was taken off, and the blood slowly injected. The syringe could only hold two ounces of blood, and it was therefore necessary to remove it from the canula several times and cautiously refill it; while the latter remained upright in the vein during the whole operation, and constantly contained blood, which does not enter the vein, unless under the pressure of the syringe. Before this was again connected with the canula, distilled water was dropped into the latter, in order to prevent the entrance of air into the vein. After the whole amount of blood had been injected, Professor Nussbaum removed, first, the peripheral ligature, and afterwards the central ligature and the canula. The wound was then closed by three sutures, and an ordinary bandage, as after venesection, was put on. In this manner, not only the entrance of air, but also of coagula of fibrine into the vein was avoided, and the vessel itself only slightly injured, so that no inflammation had to be infection, when this air is impregnated with decomposed animal organic matter.

"In November, 1847, the air of a room with parturient women, in the First Lying-in Ward, was impregnated with the exhalations of a carious knee. The air thus impregnated penetrated into the open genitals of the patients, and produced puerperal fever.

"During the time required for the expulsion of the placenta and the subsequent confinement, infection can also be caused by the sore places in the genitals caused by the passage of the child coming in contact with the bedclothes, which are defiled with decomposed animal organic matter.

"In this manner puerperal fever was produced in the years 1856-7 and 1857-8 in the Lying-in Ward of the Rochus Hospital at Pesth.

"The decomposed animal organic matter, which, when absorbed, produces puerperal fever, is in some rare cases not communicated to individuals from without, but is generated within the limits of the individual affected, when organic parts which are to be expelled after parturition are decomposed before this happens, and being absorbed, produce puerperal fever through self-infection. These organic parts are the *fluxus lochialis* itself—the decidua remnants, blood coagula, which are detained in the uterus. Or the decomposed animal organic matter is the product of a pathological process, as, for instance, in consequence of a forced operation with the forceps, those parts of the genitals which are injured become gangrenous, and the gangrenous parts when absorbed produce puerperal fever through self-infection."—Page 266.

Professor Hecker makes two objections to my doctrine:—1. My doctrine does not explain how the patients fall ill by sets; and, 2. That it does not explain either how the children died of puerperal fever.

With respect to the patients falling ill by sets, I have said in my work (page 47) what follows:—

"Many patients fell sick singly, *i.e.*, one patient fell ill, and several of her neighbours, both on the right and left side of her, remained in good health; but it happened very often that whole rows as they lay in beds next each other fell sick, without any one of the intermediate patients escaping."

The explanation why the patients fell sick by sets is to be found at page 70 of my work:—

"In consequence of the great number of births which occurred in the First Ward for lying-in patients, it often happened that a great many patients were at the same time in the room destined for women in labour. At least twice a-day, during the visit of the Professor in the morning, and during the visit of his assistant in the afternoon, all the women in labour were one after another examined for the instruction of the students. If, then, this examination was performed with hands defiled by decomposed matter derived from corpses, the genitals of many individuals came in contact with decomposed animal organic matter, thereby would the germ of puerperal fever be laid in many persons at the same time. The patients were placed in the room to which they were removed after parturition in the same order in which they had been delivered; it happened, therefore, that as they were all delivered pretty much at the same time, that they lay in one room in the same order as in the second. As the germ of puerperal fever was laid as they lay in a row in the parturition-room by hands infected from dissecting dead bodies, puerperal fever broke out among them successively in the room to which they were removed after parturition. After washing of hands with chlorine had been introduced, the falling sick in succession did not occur any more."

With respect to puerperal fever in children, I have said in my work (page 39) what follows:—

"All lying-in women in whom the period of dilation was protracted, so as to last twenty-four or forty-eight hours, and even longer, almost all fell ill, without exception, either during parturition or in the first twenty-four or thirty-six hours after it, and died after a short attack of puerperal fever. But not only these mothers, but all the new-born infants, whether boys or girls, died of puerperal fever. The appearance of the malady in the children after autopsy was identical with what was observed in the corpses of the mothers.

"The explanation why women in labour in whom the period of the dilation was protracted all fell ill, is that they remained comparatively a longer time in the parturition-room, and consequently were examined by a greater number of students than usual; and it is highly probable, or rather certain, that some of them had infected hands. If the decomposition of blood occurs when the child, by means of the placenta, was in communication with the mother, the decomposition of the blood is communicated by the mother to the child, and both die of the same decomposition of the blood.

"After the introduction of washing with chlorine, both mother and child remained healthy. Dr. Bednar, then first Physician of the Foundling Hospital of Vienna, says:—'The sepsis of blood in new-born children has now become a great rarity, which we attribute to the happy discovery of Dr. Semmelweis, formerly Assistant-Physician of the Lying-in Hospital at Vienna, who has successfully discovered the cause and the means of preventing puerperal fever, formerly so destructive among women and children.'"

I am, &c.

Pesth, April 21. SEMMELWEIS.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 13.

DR. BABINGTON, President, in the Chair.

A PAPER, by GEORGE HARLEY, M.D., was read on

JAUNDICE: ITS PATHOLOGY AND TREATMENT.

It is universally admitted that the facility of the diagnosis of jaundice is only equalled by the obscurity of its pathology and the uncertainty of its treatment. In this communication, therefore, the author set about unravelling the nature of the various morbid conditions which give rise to it; and pointed out how, notwithstanding the seeming discord, they could all appropriately come under the two common heads of "jaundice from suppression of the biliary function," and "jaundice from the reabsorption of the secreted but retained bile." Moreover, Dr. Harley showed that the pathology of jaundice resulting from suppression is totally different from that arising from obstruction; and, consequently, that a line of treatment which would be appropriate and beneficial in the one form, would be detrimental, if not actually hazardous, in the other. Fortunately, however, the author pointed out a new method of distinguishing the two forms of the disease when all the ordinary means of symptomatic and physical diagnosis prove unavailing. The method consists in analysing the urine, which, he finds, contains different morbid products according to the particular form of the disease. Thus, for example, in jaundice from suppression the urine contains only those biliary ingredients which exist preformed in the blood. In jaundice from obstruction, on the other hand, the urine contains, in addition to these, the materials generated in the liver itself, and which have been reabsorbed into the circulation from the distended gall-bladder and ducts. A simple mode of distinguishing the two conditions is, to add to about two drachms of urine half a drachm of strong sulphuric acid, and a fragment of loaf-sugar the size of a pea. If at the line of contact of the two liquids a scarlet or purple colour is produced, it proves that the acids of the bile are present, and the case may consequently be put down as one of jaundice from obstruction. On the other hand, if no bile-acid reaction, but merely a browning of the sugar, be observed, the case is in all probability one of suppression. Dr. Harley pointed out, however, that care must be taken not to confound the two cases; as jaundice from obstruction, especially the severe form, often merges into jaundice from suppression. The author also confirmed Frerich's statement regarding the presence of tyrosine and leucine in the urine of acute atrophy of the liver; and further stated that he had also found these substances in the urine of chronic atrophy, so that their presence might aid in the diagnosis of the latter as well as of the former condition of the hepatic organ. Several cases were cited illustrating the value of the different methods of diagnosis; and the author concluded by pointing out the class of cases in which mercury and other remedies were likely to be beneficial, and where they were likely to do injury. He specially recommended the employment of benzoic acid in jaundice from suppression, and inspissated bile in that arising from obstruction, in which latter class the patient frequently dies from slow starvation, in consequence of the absence of bile in

Callaway.—Edward Callaway, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon, *pro tem.*, to the City Gaol, Canterbury, *vice* Thomas Andrews, M.D. Giessen, M.R.C.S. Eng., L.S.A. Lond., resigned.

Coote.—Holmes Coote, F.R.C.S. Eng. (exam.), has been appointed Lecturer on Surgery at St. Bartholomew's Hospital, jointly with Mr. William Lawrence, F.R.C.S. Eng., F.R.S.

Craven.—Robert Craven, F.R.C.S. Eng., L.S.A. Lond., has been elected Honorary Medical Officer of the Southport Sea-Bathing Infirmary and Convalescent Hospital.

Edis.—Dr. Arthur Wellesley Edis, has been appointed House-Physician to the Westminster Hospital, *vice* Dr. Mark Batt Tanner, whose period of office has expired.

Griffin.—William Henry Griffin, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident Surgeon and Apothecary to the Western General Dispensary, Marylebone-road, *vice* Mr. Felix William Isherwood, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., resigned.

Hawkins.—Clement James Hawkins, F.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Cheltenham General Hospital, *vice* Augustus Eves, M.D. Univ. St. And., F.R.C.S. Eng. (Hon.), resigned.

Hillier.—Dr. Hillier has been appointed Physician to the Hospital for Sick Children, *vice* Dr. Jenner, resigned.

Knox.—Robert Knox, M.D. Edin., has been appointed Curator of the Museum of the Ethnological Society of London.

Kough.—James O'Brien Kough, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the South Staffordshire General Hospital, and Wolverhampton Dispensary, *vice* Thomas Vincent Jackson, M.R.C.S. Eng., L.S.A. Lond., resigned.

Little.—Louis Stromeyer Little, M.R.C.S. Eng., has been appointed Assistant-Surgeon at the London Hospital, *vice* Mr. Peter Yeames Gowlland, F.R.C.S. Eng. (exam.), resigned.

McDowell.—Charles William McDowell, L.A.H. Dub., L.M. Dub., has been appointed Resident Medical Officer to the South-Eastern Dispensary, Grant Canal-street, Dublin, *vice* Eldon Piers Butler Ward, L.A.H. Dub., L.M. Dub., appointed Resident Medical Officer to the Mountjoy Male and Female Convict Prisons, Dublin.

Meeke.—William Sutherland Meeke, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer of District No. 1 of the Market Drayton Union, Shropshire, *vice* Thomas John Warburton, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., resigned.

Pearce.—George Pearce, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Dilwyn District, of the Weobley Union, Herefordshire, *vice* John Sherbourne Palmer, L.R.C.P. Edin., M.R.C.S. Eng., deceased.

Anner.—Mark Batt Tanner, M.D. Queen's Univ. Irel., M.D. Univ. St. And., L.R.C.P. Lond., L.R.C.P. Edin., M.R.C.S. Eng., L.M.K.Q.C.P. Irel., L.M. Rot. Hosp. Dub., has been appointed Assistant-Physician to the Westminster Maternity Charity, *vice* William Hamilton Roe, M.B. Oxon, M.R.C.P. Lond., resigned.

Vowell.—Christopher Maxwell Vowell, F.R.C.S. Eng., L.S.A. Lond., has been appointed substitute for Henry Bird, Ext. L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., as Medical Officer to the Cheltenham Union Workhouse, in the absence of the latter from illness or other cause.

Williams.—Charles Rice Williams, M.D. Univ. St. And., L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Rotherfield District of the Uckfield Union, Sussex, *vice* Mr. Stephen Moyce, L.S.A. Lond., resigned.

DEATHS.

Chapman.—May 31, at his father's house, Hawkfield, near Leith, Edinburgh, Edward Chapman, M.D. Univ. Edin., L.R.C.S. Edin.

Johnson.—Recently, Sir Edward Johnson, M.D., M.R.C.S. Eng., late Surgeon 39th Regiment of Foot, on half-pay.

Macaulay.—Recently, Charles Fitzroy Somerset Macaulay, Assistant-Surgeon (April 20, 1859), 2nd West India Regiment.

College of Surgeons Election.—Messrs. Cock, T. Paget, Adams, Lane, and Bishop are the candidates for the vacant seats in the Council. "Vates" says the election will fall on the first three.

Royal Institution of Great Britain.—General Monthly Meeting, Monday, June 2, 1862; Rev. J. Barlow, M.A., F.R.S., Vice-President, in the Chair.—Mrs. Henry Bischofsheim, the Rev. W. R. Tilson Marsh, M.A., and Major Roger North, were elected Members of the Royal Institution.

Professor Moleschott at Turin.—It is gratifying to find that the appointment of this celebrated physiologist to a chair in the Turin University, which at first gave some umbrage to the Italians, is likely to prove a great success. Writing to a friend in Vienna, he says that he finds his position a most satisfactory one, honoured by the King, well-supplied with laboratories and assistants by the Minister, encouraged by his brother Professors, and having his theatre filled, not only with students, but with practical and scientific men.

"Homicide or Suicide?"—At the Bow-street police-court, on Saturday last, John Lemon, who had been remanded on suspicion of having caused the death of Ann Gelding, in Whitehart-street, Drury-lane, was brought up and discharged. The Medical witness, Mr. Lovett, was of opinion that the deceased had mistaken the bottle of cyanide of potassium (used by the prisoner in coining) for a bottle of gin, which was in the same room, and taken a draught of the former, whereby she had poisoned herself.

It is said that Mr. W. Level, farmer, of Helpenthorpe, has a field of wheat in ear unusually early, which he expects to harvest in July. The seed came from Australia. If the harvesting period could be made earlier, there is no doubt that the saving of food in this variable climate would be very great.

Royal College of Surgeons in Ireland.—At a meeting of the College held on Monday, the 2nd inst., the following gentlemen were elected officers for the ensuing year, viz.:—*President*—Thomas L. Mackesy. *Vice-President*—William Colles. *Secretary*—Edward Hutton. *Council*—Arthur Jacob, William Hargrave, Robert Adams, James Barker, John H. Power, Philip Bevan, Hans Irvine, Edward Hutton, Robert Pentland, Samuel G. Wilmot, Awly P. Banon, Peter Shannon, Rawdon Macnamara, Hamilton Labatt, Josiah Smyly, Benjamin M'Dowel, Maurice H. Collis, Edward Ledwich, and William Jameson, Esqs.

Royal Medical Benevolent Fund Society of Ireland.—The annual meeting of this Society was held on Monday, June 2, in the hall of the King and Queen's College of Physicians, Grand Canal-street, Dublin; Dr. Corrigan, President of the College, in the chair. During the past year, seventy-four applications for relief had come before the Committee; of these, nine were from Medical men, the oldest of whom had attained to the age of 88 years; one of this number is blind; another is suffering from diseased spine and paralysis. Fifty-two of the applicants were widows, varying from the ages of 84 to 29; nine were from unmarried ladies, the oldest of whom had reached her 73rd year, while the youngest was in her 46th. The total sum distributed since the last annual meeting was about £600. The inadequacy of the funds of the Society was dwelt on with regret; anumber of resolutions were adopted; and Dr. Mackesy, of Waterford, President of the College of Surgeons, having been called to the second chair, a vote of thanks was passed to Dr. Corrigan, after which the meeting adjourned.

Photographs of the Larynx.—We have had an opportunity of seeing Professor Czermak's photographs of the larynx and posterior nares. They are no less remarkable as giving perfectly distinct pictures of the glottis, the superior and inferior vocal cords and ventricles of Morgagni, than they are curious as the first and only photographs of the organ of voice. They give a striking proof of the advantages of sight gained by Professor Czermak's invention. On the 29th ult. Professor Czermak demonstrated the use of his instrument on several patients at the Great Northern Hospital. In one case the laryngoscope detected the existence of a constriction of the pharynx above the larynx, originating in cicatrisation and contraction of an old ulceration. This condition had not been previously diagnosed, as the patient, although labouring under partial loss of the soft palate and uvula, and suffering from complete aphonia and chronic sore-throat, had never complained of difficulty in deglutition.

Gorillas.—Mr. R. B. Walker, the missionary to the Gaboon, has forwarded to England skeletons of the full-grown and young gorilla. He has also sent the hands and feet of a gorilla preserved in spirits. The osteological specimens, we believe, will be placed in the Museum at Liverpool; the wet preparations are, it is said, intended for the British Museum. It is to be hoped that the latter will arrive in a condition which will admit of their careful dissection. The specimen of the gorilla dissected by Duvernoy was far advanced in decomposition, and that examined by Professor Owen was in a state which rendered all examination of the soft parts comparatively useless.

A deputation, to present a memorial concerning the regulation and purification of the Thames waters, had an interview with Secretary Sir George Grey on Tuesday at the Home-office. The deputation consisted of the Duke of Marlborough, Mr. J. H. Langston, M.P., the Mayor of Oxford, Sir Robert Throckmorton, Dr. Arnott, F.R.S., W. Ackworth, Vicar of Plumstead, Dr. Dundas Thomson, F.R.S., Dr. Ackland, F.R.S., Robert Rawlinson, C.E., Rev. C. Hartshorne, Frederick King, F. L. Dashwood, Samuel Thornton, Henry G. Liddell, Dean of Christ Church, Oxon.; Mr. Gregson, M.P., and Mr. Arthur Mills, M.P. The memorial stated that the area of the Thames and its tributaries may be computed to contain 6000 square miles, and no systematic provision has as yet been made either for regulating the several branches of the waters in the Thames basin on a common plan, or for deterring the towns on the several parts of it from casting their sewage into the streams; and many towns situated above the metropolis, viz., Richmond, Staines, Windsor, Maidenhead, Henley, Reading, and Oxford,—do so cast in the whole or parts of their sewage. The unregulated action of floods inflicts damage on many lands adjoining the river, and is injurious to the health of the district. Whereas, also, a report on the Thámes Basin with reference to these several particulars would establish principles applicable to other river systems, and, besides improving the water supply of the metropolis, would yield much information bearing upon the public health, and of service to the nation at large, and may properly be therefore esteemed a national object. The memorialists solicit the Government to issue a commission of inquiry, or to cause full inquiry to be made in such way as they may see fit, into the condition of the Thames and its tributaries (the immediate district of the Metropolis being excepted from such inquiry, as already under special jurisdiction); to inquire what defects exist; and to report what remedies can be applied to such defects, having regard generally to all purposes by which the river and its branches, or lands adjoining to them, may be improved; but especially to the purification of the Thames waters for the use of the Metropolis and of the towns in the Thames district, as well as the amendment of the population which adjoins them.

VITAL STATISTICS OF LONDON.

***Week ending Saturday, May* 31, 1862.**

BIRTHS.

Births of Boys, 1010; Girls, 976; Total, 1986.
Average of 10 corresponding weeks, 1852–61, 1566·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	591	528	1119
Average of the ten years 1852–61	522·8	501·1	1023·9
Average corrected to increased population..	..	..	1126
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	4	6	2	3	8	2
North ..	618,210	..	3	7	2	3	22	3
Central ..	378,058	..	19	5	..	5	8	3
East	571,158	1	20	9	4	8	20	6
South ..	773,175	1	11	14	2	9	15	5
Total.. ..	2,803,989	2	48	41	10	28	73	20

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

The query of a "Medical Student" is so vague, we cannot understand it. Write in more explicit terms to the Secretary of the College.

A letter from Mr. J. Z. Laurence, for "Inquirer," Hull, is lying at our Office.

"A Case of Suspected Infanticide" in our next.

Medical Squabbles and Arbitration thereon.—Late last week we received for publication a copy of the award made by Sir Charles Locock, Bart., and Dr. James Risdon Bennett, in a certain dispute between Dr. A. P. Stewart and Mr. Isaac Baker Brown. Out of respect to the professional rank of the arbitrators, we reluctantly gave it insertion. Our natural impulse was to have appended a few critical remarks, but our pen refused its office. Whether the matter was too great for our comprehension, or too little, we could not tell; but it seemed as though there ought to be something more than appeared on the surface to justify the existence of a squabble which has bored the Medical public so long, and an appeal in such solemn form to arbitrators so conspicuous. As the case stands, we can only say that the whole Profession may feel ashamed that such a squabble was ever *conflated* (we must Anglicise a Latin word—no English word so well expresses the meaning), and that it was not summarily put down by the friends of the litigants. What does it amount to? One man, shrewd, business-like, hard-headed; another, honourable, high-souled, and irritable, meet on a given case. The former establishes himself in the patient's confidence; the latter is bowled out. It is a very commonplace story; there is many a hard-working General Practitioner who has been tarred with the same brush as that which has so grievously annoyed Dr. Stewart. There is many a young and humble Practitioner who is told by the patient's friends after a consultation,—"Dr. Blank evidently thinks the case a *very* serious one; and that *very active* treatment is requisite to save life." He must be a very great novice in the ways of the world who does not know what this means. All we hope is, that now that an eminent Hospital Physician has felt the lash, that the humble Surgeon-Apothecaries, whose patients flock to the out-patient rooms at Hospitals, may never hereafter have reason to think that their treatment has been lightly spoken of by Hospital functionaries. Sydney Smith would have acquiesced in the immolation of a bishop, if it would secure the vulgar herd against railway massacres; so our sympathy with Dr. Stewart is mitigated by the hope that this scandal will cause a stop to be put to one of the commonest modes of damning a professional reputation. The arbitrators "intend decidedly to imply" that Mr. Baker Brown's announcement to the patient's parents, "that their child had not twelve hours to live unless prompt measures were taken," was "indiscreet." They might have used a stronger adjective, and less circumlocution. On the other hand, the honourable, estimable, and conscientious Physician, who had been treating this case skilfully and energetically, failed at a pinch in readiness of wit, and afterwards in dignity. He should have parried the thrust on the spot, or else have held his tongue. No man with much of the *savoir vivre* even lets himself be known as an "injured party." When two earthen vessels are knocked together, it is the weaker that is smashed; but if a man be a little bit hurt, he is a fool to talk of it. Certainly the loss of a patient is a nuisance; but the notion of bringing upon oneself, besides, a twelvemonths' squabble with Mr. Isaac Baker Brown, is enough to make one cut the Profession. As for the arbitrators, they were evidently embarrassed with the weak and respectable notion of making things pleasant to all parties. They indulge in the "*allude to individual*" style. They acquit Mr. Brown, after having admitted the facts alleged against him, and though they "decidedly intended to imply" indiscretion, they cannot say so frankly. They think, too, that Dr. Stewart has no "*sufficient* reason to accuse Mr. Brown of unprofessional conduct," by which we suppose they "decidedly mean to imply" that he had reason, though not sufficient. One man is guilty but must not be blamed, the other is injured but ought not to complain. Long may it be ere our Profession is exposed to the ridicule which such a squabble most justly brings upon it.

After-Dinner Eloquence.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am not often prevailed on to attend charity dinners; when I do I generally find myself the next morning lighter in the purse, and heavier in the head, neither of which conditions are productive of pleasant reflections. However, I yielded to the solicitations of some friends and went to the Cancer Hospital Festival. From what I heard there advanced by various speakers, it appears that your Profession generally are very much indebted to the founders. It seems that the treatment of cancer has been retrograding with us instead of advancing, and that 400 years ago persons suffering from this dire disease were better treated than they now are. However, there is some prospect of improvement, for we have now for the first time a charitable institution which affords an asylum to poor persons suffering from cancer. In my ignorance I thought that the general Hospitals did not entirely refuse these cases, and that at one of them at least a special cancer ward existed. No doubt I was mistaken, but it has struck me that I cannot do better than immediately call the attention of the Medical Profession to the new field for instruction thus opened to them. No doubt they will immediately flock to Brompton, headed by the Hospital Surgeons *en masse*, and endeavour to repair at the feet of the gifted Practitioners there, the accumulated errors of 400 years.

I am &c. An Amateur.

Instruments for Cauterising the Os Uteri.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I continue to receive so many inquiries from Medical men residing in the country as to where the instruments I have lately exhibited to the Obstetrical Society may be procured, that I will once more ask permission of you to allow me to reply through your columns.

The battery and instruments for cauterisation by electric heat are made by Mr. Matthews, of Portugal-street, Lincoln's-inn-fields.

The caustic-holder for perforated caustic is made by Mr. Coxeter, of Grafton-street East, Tottenham-court-road.

The perforated caustic is made by Mr. Squire, of 277, Oxford-street.

These instruments and the caustic are exhibited in the cases of their respective makers at the International Exhibition.

I am, &c.
Sloane-street, June 4. Robert Ellis.

Treatment of Hay Fever.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Some of your readers may be able to inform me of the history, nature, and treatment of a disease which is, for the most part, epidemic at this season of the year,—a disease which appears but to be trivially considered by the Profession,—I allude to what is commonly denominated "hay fever." I have met with some severe forms of this peculiar sort of catarrh, which have ultimately developed themselves into pneumonia, laryngitis, and subacute bronchitis. The attack at first commences with violent paroxysms of sneezing, and a limited discharge of the mucous membrane of the nares and larynx, combined with slight intolerance of light. The eyes also pour out a copious excretion, amounting equally as much to that observed in rubeola. There is a certain amount of variable fever present, diarrhœa being the immediate consequence, with anorexia. Tonics and nutritious diet, with a limited stimulus, I have generally found beneficial; but in some cases so obstinate is the disease to treatment, that I have deemed it advisable to appeal to your columns, in order that I may be enlightened on a subject which is so little alluded to by any author.

I am, &c.
Martin. Frederic Sutton, M.R.C.S., etc.

Professional Etiquette.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I received this morning the enclosed note from an old and valued Medical friend, who expresses himself very strongly upon the subject.

Dr. Wallace is a gentleman who has lately settled in Colchester; when he called upon me I was certainly surprised at his leaving with me a copy of testimonials. I never before heard of such a practice being adopted by Physicians in search of a Practice.

Whatever may be the opinion of the Profession as to the propriety of this, I feel confident that it will not be deemed within the rules of etiquette to send such testimonials, with a note like that below, to Medical men far and wide in the counties of Essex and Suffolk.

If I am wrong, publicity will be the means of setting me right, and perhaps some standard may be laid down as to how far this mode of advertisement may be safely carried.

Whatever may be the opinion of any particular members of the Profession, I must, in the strongest possible language, express my own dissent from such practice. I think it degrading to the order to which we both belong; and I cannot illustrate this better than by asking what would be thought, said, and done, were a barrister to enclose a list of his testimonials to every lawyer in the country? I am, &c. C. R. Bree, M.D.

Physician to the Essex and Colchester Hospital.

Colchester, June 3.

(Copy.)

Dear Sir,—Having recently left London and settled in Colchester, as a Consulting Physician, I beg to send for your perusal a copy of testimonials which have been at various times accorded to me, and I shall have much pleasure in embracing the earliest opportunity of making your personal acquaintance. I wish also to mention that having set apart Monday and Wednesday mornings for gratuitous advice, I shall be happy to see any poor patient at those times, gratuitously, for whom you may desire a second opinion, provided you will kindly send by the case a note, or your card for my information. Believe me, yours truly,

Alexander Wallace, M.D., M.R.C.P.

Late Physician to the St. Pancras and Northern Dispensary, etc.

Marriages of Consanguinity.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—An article upon Marriages of Consanguinity has appeared in the last Number of the *Medico-Chirurgical Review*, in which the writer, Dr. Child, of Oxford, has broadly stated it as his conviction that the marriages of blood relations have no tendency *per se* to produce degeneration of race. He supports his somewhat unpopular conclusion by two separate lines of evidence; or, rather, he strives to show that his adversaries cannot be considered to make their position unassailable by the two lines of evidence they have drawn around it. The arguments based upon the results said to follow upon the breeding in and in of the lower animals he impugns as fallacious; for that close breeding amongst domestic animals is not what we call close intermarriage, but what we call incest, amongst mankind; and these results themselves, he goes on to speak of, as being other in the Herd and Stud-Book than they are in his opponents' pages. The clearness with which Dr. Child has written should have saved his argument from being misrepresented as it has been in a contemporary; this self-same clearness will doubtless lead to a final settlement of the question of fact. "*Citius emergit veritas ex errore quam ex confusione.*"

The second part of Dr. Child's paper relates to matters more familiar to the busy readers of your Journal than the records of the Stable or the Book of the Farm. The fallacy of "*non causa pro causa*" taints, as he thinks, the evidence from human statistics; we ascribe, he suggests, to consanguinity what the general working of the laws of hereditary transmission is sufficient to account for. The scrofulous progeny of intermarrying first cousins are scrofulous because their common grandparents were so diathesized,—not because their actual parents stopped within and over the limits of the Roman canon law. Selection is not within our power where human subjects are concerned; the antecedents of the parents are less accessible to our means for investigation and control than are those of the lower animals, most inaccessible, indeed, are they when the offspring bears marks of what, Dr. Child tells us, may be not the joint affinity of blood, but the individual viciousness, moral, physical, or mental, of its progenitor. *Ex parte* statistics are notoriously fallacious; the figures of Drs. Howe and Bemiss are shown to be as open to objection as the facts already controverted. But we anticipate that Dr. Child's paper will call out fuller and completer evidence than theirs, fairer and stronger critics than those he has just met with, and that the records of our various asylums will supply in rigid facts what has been wanting in the loose logic of his adversaries. I am, &c. Fair Play.

Poor-law Medical Reform Association.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have this day forwarded to the individual members of the Select Committee of the House of Commons a pamphlet, containing a letter explanatory of the steps to be taken by the Poor-law Medical officers, for an improvement of the system of Poor-law Medical relief, followed by a copy of the Medical evidence, so far as it has been published up to this time, arranged under heads; each subject having the proposed regulation, the evidence laid before the Committee and the remarks thereon with notes, systematically arranged, to which are added proposed regulations on the duties of Medical officers, and clauses on vaccination. In the appendix there is a list of the names of 133 honorary subscribers, and 1915 Poor-law Medical officers who have sent nearly five thousand subscriptions to the Association, also there is a copy of the memorial of the Executive Council of the British Medical Association, and of the petition from the Master and Wardens of the Society of Apothecaries, with a notice that a petition has been forwarded to Parliament from the Council of the Royal College of Surgeons, but as a copy of it had not been received by me it could not be printed. The pamphlet also contains a copy of the articles from the General Consolidated Order and other orders relating to the duties, etc., of Medical officers, and extracts from the official circulars, with an index.

I sincerely trust this pamphlet may be the means of rendering clear the Medical evidence which is scattered through the several volumes of reports already published, and thus conduce to a favourable report from the Select Committee, who I am given to understand will not receive further evidence. As only a limited number of pamphlets have been printed beyond those subscribed for and required for official personages, I am reluctantly compelled to announce that future subscribers of a less amount to the Association than ten shillings, must not expect to receive a copy; this I regret, as I should have preferred each Poor-law Medical officer to be in possession of it, in order that he might then judge of the propriety of the grounds for redress sought for by the Members of the Poor-law Medical Reform Association. I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth, May 31.

The following letter, addressed by Mr. Griffin to the Select Poor Relief Committee, has been sent to us for insertion:—

12, Royal-terrace, Weymouth, June 2, 1862.

My Lords and Gentlemen,—On the 24th of March last, I addressed a letter to your Hon. Committee, in which I stated amongst other things that "I desire to tender evidence relative to other branches of Medical relief, and especially to that of vaccination." On the 21st of May last, I addressed a note to each individual member of your Hon. Committee, in which was the following:—"Mr. Griffin has officially applied to be re-examined, and hopes that some member of the Committee will move that he be sent for. Dr. Fowler has been re-examined, and Mr. Griffin hopes that his request may be acceded to" This morning I received a letter from a member of your Hon. Committee, in which it is stated "your request cannot now be complied with, as the inquiry into the case of Medical officers of Unions has been completed." It is far from my wish, as a private individual, to obtrude myself upon and take up the time of your Hon. Committee, but as the Chairman of an Association of Poor-law Medical officers, I should ill discharge my duties to them did I not press upon your Hon. Committee the importance of your receiving all the evidence I can offer on their behalf. On the 31st ult. I forwarded to each of the members of your Hon. Committee a pamphlet containing the names of upwards of two thousand Medical men, who have forwarded to me nearly five thousand subscriptions, proving most incontestably by the repetition of their subscriptions that they approve, in the main, of the course pursued by me as their chairman. I therefore, as their representative, respectfully beg that I may be permitted to lay before you additional evidence.

At page lxxv. of the pamphlet is a mode of payment in proportion to the duration of illness. At page ci. is a proposition for the appointment of Medical Inspectors. At page cv. the appointment of Medical Guardians is mentioned, at pages ci. to cxii. are propositions in regard to the duties of Medical Officers, and at pages cxii. to cxix. are proposed regulations on vaccination, upon all of which subjects I desire to tender evidence.

With regard to vaccination, permit me to say I tendered papers on it as evidence, last session, but was given to understand I must withdraw them; I, therefore, reluctantly consented to do so; but, allow me to observe, that the carrying out of the law on the subject of vaccination is vested, in great part, in the Poor-law Board and Guardians, and as the payment for it comes out of the Poor's-rate, it is a legitimate subject for inquiry by your Hon. Committee, who I feel assured will, after reading the letter of the Registrar-General, inserted at page cxvii. of the pamphlet, and the remarks on vaccination, page cxiv., come to the conclusion that the present Acts on the subject are very imperfect, and require amendment.

I have the honour to be,
My Lords and Gentlemen,
Your very obedient Servant,
Richard Griffin.

To the Hon. the Select Committee Poor Relief (England.)

COMMUNICATIONS have been received from:—

Dr. Knox; Messrs. Nye; Mr. J. Field Dick; Mr. Griffin; Mr. J. Z. Laurence; Professor Semmelweis; Mr. T. Welton; Mr. Furneaux Jordan; Rev. Mr. Welton; Dr. Bushnan; Dr. Dewes; Mr. Knaggs; Dr. Armstrong; Mr. G. B. Morgan; Dr. M'Leod; Fair Play; Culinariaus; An Old Subscriber; Mr. R. Griffin; Dr. Kidd; Mr. Wheeler; Mr. Hogg; Dr. Farr; Dr. Bree; A. R.; M.R.C.S.

APPOINTMENTS FOR THE WEEK.

June 7. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

9. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

10. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 4 p.m. Rev. G. Butler, "On the Art of the Last Century."

Royal Medical and Chirurgical Society, 8½ p.m. (Ballot.) Mr. Brodhurst, "On Old Dislocations." Dr. Dickenson, "On the Treatment of Acute Rheumatism." Mr. James Salter, "On Amaurosis from Abscess of the Antrum Produced by a Carious Tooth."

11. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

North London Medical Society, 8 p.m. Meeting.

12. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

Royal Institution, 3 p.m. Dr. Lyon Playfair, C.B., "On the Progress of Chemical Arts (1851-62)."

13. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Major-Gen. Sir H. Rawlinson, "On Cuneiform Writing and the Way to Read it."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Cleft Palate; Lithotrity; Extirpation of Toe-nail.

ORIGINAL LECTURES.

◆

EPITOME OF A LECTURE ON THE

MODES OF CALCULATING THE DEATH-RATE OF A POPULATION (a).

By WILLIAM FARR, M.D., F.R.S.

Gentlemen,—If you walked through the undrained lands near the borders of the Thames—the Campagna of Italy, the delta of the Mississippi—through our courts frequented by fever, through Cairo suffering from plague, through India prostrate from famine, you would have no difficulty in forming clear ideas of the different kinds of unhealthiness from which the population were suffering. But of the various degrees of insalubrity, and of their precise effects on the life and health of the people, only general notions could be formed; such as we find expressed in the writings of Hippocrates and Galen, or of Sydenham and Morton. Pringle and Heberden, you are aware, introduced the modern methods into the field of medicine, and turned to some account the discoveries of Halley, Price, and others in the science of life.

I propose to bring briefly under your notice some of the methods for determining the rate of mortality, and to point out their various degreess of accuracy. Of the rates of sickness I shall not have time to treat.

Conceive, if you please, 100 soldiers mustered in a square of 10 ranks, each of 10 men; their numbers being maintained constantly by recruits taking the place of the departing, either by death or otherwise. Then if 5 die the deaths will be 5 per cent. So, if out of another equal company 2 die, the deaths will be 2 per cent. Now, are the rates of mortality in the ratio of 5 and 2 per cent. in these cases? No, if the time of observation is not equal; yes, if it is. The rate of mortality is a ratio not simply between two, but between three elements—(1) living men, (2) time, and (3) deaths. The measuring units of these elements are arbitrary, but they are fixed for convenience in practice. You may say that the mortality of these men is 2 per cent., or you may say it is 1 in 50—that is, in all cases, in one year. For the unit of time is one year; the unit of the living in use is 1, or 100, or 1000, if we measure the variation of the deaths; while the unit of the dying is 1 in the instance where the living out of which the death occurs vary—say from 1 in 20 to 1 in 100—under different circumstances.

To impress upon you the importance attaching to the element of time, I beg to remind you that by fixing the numbers living and dying—say at 10,000 living and at one dying—you may express the varying rates of mortality by the intervals of time between each death; thus one dying daily would imply that the mortality was 3·65 per cent. and twice or thrice as great as in similar communities, of which one died every two days, or of which one died every three days—1·22 per cent. The expression, "the people are dying fast," involves this idea; but it is otherwise not used, except in a most important form to which I shall shortly advert.

The living and the time expressed in years multiplied into each other produce the years of life, with which the deaths are to be compared. A year of life is the lifetime unit. It is represented by one person living through one year. Any number of persons living in succession through a year yield also one year of life. There are 31,556,928 seconds in a year, and 31,556,928 persons living one second enjoy in that second a year of lifetime.

To find the years of lifetime there are various methods, some direct and others indirect. It is practically as impossible to enumerate the numbers living in a district in every second of time as it is to determine the diameter of the earth by direct admeasurement. We therefore resort, as in all the sciences, to methods of indirect determination, furnishing either exact or approximate results, according to the nature of the case.

The years of lifetime are determined by enumerating the population at certain intervals, and by calculating the numbers living through the intervals of time.

The following four cases may be distinguished:—

1. The population is known or is assumed to be stationary. Thus a population of 1122 living through half a year yields 562 years of life; living through two years yields 2244 years of life. Let the population be p, and the years of life y, then in x years; $y=xp$ in all cases. Here x may be a whole number or a fraction.

2. The population increases by equal numbers in equal times; that is, it increases in arithmetical progression. If the population is 2800 at the beginning of a year, and 3200 at the end of the second year, the mean population will be the sum of these numbers divided by 2—that is, 3000, which will also be the population in the middle of the period. To find the years of life, take the numbers living in the middle of the period, or the mean of the numbers living at the beginning and end of the period, to represent the mean population of the period, and multiply by the years. Thus, if p_o is the population at the beginning of the period, and p_x the population at the end of x years: $r=\frac{p_x-p_o}{x}$; and $p_o+\frac{x}{2}r=\frac{p_o+p_x}{2}=$ mean population. The years of life will be $y_x=xp_o+\frac{x^2}{2}r=\frac{x}{2}(p_o+p_x)$.

3. If the population fluctuates much, and frequent enumerations are made, the mean of each successive couple of enumerations multiplied by the interval of time, expressed in years or fractions of a year, will give the years of life. Thus monthly musters are used in the army; and in some institutions quarterly enumerations suffice. Where the enumerations are taken monthly, quarterly, or at any equal intervals of time, you obtain the population by adding half the sum of the extremes to the sum of the intermediate terms, and dividing by one less than the number of enumerations. Thus, with quarterly enumerations, representing the successive numbers by p_x, we have, $\frac{\frac{1}{2}(p_0+p_4)+p_1+p_2+p_3}{4}=$ the mean population.

4. The population of a country usually increases in equal proportions in equal times, or as Malthus expressed it, in geometrical progression. In this case the population increases, so that if the lines representing it are drawn at short equal intervals, they all touch a regular curve. Thus, let the population be imagined standing on a straight line at the beginning of the year, and then passing at a uniform rate through the year; as it is increasing incessantly, its line of march will be constantly extending; then, if the ground that it passes over in the first year be represented by the area marked 1 in the diagram (1), the ground that it passes over, at the same rate of progress, in the second year will be represented by the area marked 2; and so, as the line of march extends, the covered area will increase every year. The vertical lines represent the population; the base line the time in years; the area the years of life. The mean of the two extremes exceeds, the middle term is less than, the mean population; which may, however, be found by taking the mean of the calculated population at short intervals. Put the population $y=p_o r^x$ at any given moment; then in the next moment it will be $y+dy$, where dy represents the small increase of y in the infinitely short time dx; and the mean of these two quantities $\frac{2y+dy}{2}=y+\frac{dy}{2}$, multiplied by the interval of time $(dx)=ydx+dydx$, or passing to the shortest possible time $ydx=p_o r^x dx$. Such is the amount of lifetime generated in an instant, and represented by the extension of area, of which it is the differential. The sum of all the years of lifetime enjoyed in the x years is given by the definite integral of the above expression. $y_x=\frac{kp_o}{\lambda r}(r^x-1)=$ the years of life; r being the annual rate of increase, λr its logarithm, k the modulus of the common logarithm, p_o the population at the beginning of the period, and x the time in years.

Example.—The male population of England and Wales of the age 15—25 was 1,511,602 in 1841, and 1,671,634 in 1851: the annual rate of increase was a little more than 1 per cent.; logarithm of $r=0·0043704$. At this rate of increase, the population at the beginning of the year 1838 was 1,459,288; at the end of the year 1854 it was 1,731,522; and the years of life in the seventeen years were 27,056,350. As the deaths in those years of males of those ages were 222,420, we have this proportion, $27,056,350 : 222,420 :: 1 : m = ·00822$. This is less than 1 per cent., and rather more than 8 per 1000. The true mean population was 1,591,550; the mean of the populations at the extremes of the time was 1,595,405; the population in the middle of the period, 1,589,606. The mean of the population of 1841 and 1851 was 1,591,618; so the mean of the population in these years, which are three and a-half years from the extremes, was very near the true mean. The deaths of 1838—1854 were taken as the basis of the new English Life Table (3), because the population was enumerated in the intermediate years 1841 and 1851. Such are the means for determining the years of life.

(a) Delivered before a meeting of the Metropolitan Association of Medical Officers of Health

[Then were pointed out the necessity of allowing for fluctuations in the numbers of the population in particular streets, squares, districts, and towns; of taking the time into account, so as to give the mortality in all cases per annum, and not as it was given in the Crimea, per week; also, the precautions to be taken so as to exclude the deaths not belonging to the population, as well as to include those who are often sent out by invaliding and other means. The rates of mortality were shown to vary according to sex, age, locality, and other circumstances. Thus the rate of mortality of boys under five years of age in the healthy districts of England was 4·4 per cent.; in London, some years ago, 9·3 per cent.; in Liverpool, some years ago, 14·5 per cent.; of men of the age 55—65, it was 2·3 per cent. in the healthy districts, 4·8 in London, 5·3 in Liverpool; it was 3·0 per cent. in the Kingdom generally from 1838 to 1854. Whereas the mortality of men at the ages 25—35 in England is 1 per cent., it was 8·5 per cent. amongst European troops in India from 1800 to 1829, and 5·8 per cent. in the years 1830—56.]

Long life is an element of a people's health, for men live in some districts twenty-five years; in others, fifty years; and in the latter enjoy the best health, in the opinion of the world as well as in the eyes of science. The average number of years that men live after any age is sometimes called the expectation of life; I have called it the mean after-lifetime. This means really, the average number of years that men will live; and I want to prove to you that it can be deduced from the rates of mortality at the several ages. The rate of mortality, you recollect, involves the element of time—of years of life—which can be eliminated by reversing the methods already described.

Let us go back to the 100 soldiers. It was assumed that the force was kept up by recruits taking the places of those leaving. Assume now that there are no recruits, but that 103 men, aged 20, under observation are reduced by six deaths to ninety-seven at the end of the year; then to obtain the years of life you find the mean of 103 and 97 to be 100, and the mortality is 6 per cent. Thus you ascertain the mortality from the deaths and the years of life.

But you can also deduce the years of life from the mortality. Thus, divide the 6 deaths by 2, and you obtain 3. Add 3 to 100, and you have 103, the population at the beginning of the year; while 100—3=97, the population at the end of a year; and the mean of the numbers at the beginning and at the end of a year=100=the years of life. So if the mortality was higher in the second year, out of 97 six more would die, leaving 91 alive, giving $\frac{97+91}{2}=94$ more years of life. Thus, from the rate of mortality at each year of age up to 100, the numbers living through each year—that is, the years of life—can be deduced. But all these years of life belong to the 103 men with whom we started; so divide the sum of the years of life thus deduced, after any age, by the numbers living at that age, and you obtain the mean duration of life.

In the above case, $\frac{97}{103}$=the probability of living a year.

You can calculate the rate of mortality of the people in your district by dividing the deaths in a given number of years at the age of 25 and under 35—by the years of life, which you deduce, as already directed, from the enumerated population.

The rate of mortality from 25—35 is assumed to be that at the precise age 30.

By the same methods the rate of mortality at the ages 1, 2, 3, 4, 7, 12, 20, 40, 50, 60, 70, 80, and 90, or any other age, can be deduced—that is, from the deaths and the years of life. The rates of mortality increase with age with considerable regularity, so the rates at all the intermediate ages can be interpolated. Then from the rates of mortality at each year of age you can pass to the probability of living a year, from which is deduced the series representing the survivors, out of a given number born, at the end of each year of age from 0 to 100 years—the natural terminus of man's existence.

This is a Life Table, and from it the mean after-lifetime at each age is deduced.

[The construction of a Life Table was briefly described. The base is any given number, say 100,000, representing that number of children born alive, which are divided into two parts, 51,125 boys, and 48,875 females, those being the proportions of the sexes born in the healthy districts of England. The next step is to determine the numbers of each sex living to the end of 1, 2, 3, and each successive year of age; from the probabilities of living deducible from the formula—$b_x=\frac{1-\frac{1}{2}m}{1+\frac{1}{2}m}=\frac{2-m}{2+m}$ on the assumption that the deaths out of a given number of men are equal in equal portions of the year following the age x.

Here $b_x =$ the probability of living a year after the age x; and m the rate of mortality in that year.

If the mortality is assumed to increase with age at the rate r, in geometrical progression, the value of $b_x = 10^{\overline{k^3 m}}\ \lambda\, m\ (1-r.)$ The probability of living a year thus deduced, differs little from that calculated on the other hypothesis, until m is a large fraction.

To deduce the survivors at the end of a year out of 51,125 boys, born alive, the following is another method: 1637 boys died in certain districts in the one year, 1849, under one year of age; now, those boys must have been born in 1848 and 1849, when the mean annual numbers born were $\frac{29507}{2}$ = 14,754, of whose births the mean date may be set down at the middle of the two years, or January 1, 1859. Consequently, 1637 boys, out of 14,754, die in the first year of life, and 13,117 survive; so the probability, at birth, of living a year in those districts is $\frac{13117}{14754}$ for boys; and we have this proportion : 14,754 : 13,117 : : 51,125 : $x =$ 45,358, the survivors attaining the age of one year complete, or see their first birthday. By repeating similar operations, the survivors of each of the first five years are deduced. The results by this method can be compared with those deduced from the rates of mortality,—as unlike the latter they are liable to disturbance from emigration.

The logarithms of the probabilities of living deduced at certains intervals of age are interpolated by the method of finite differences; and the numbers brought to each year of age can be calculated. Examples of such calculations—performed at the General Register Office—by Sheutz's calculating machine, were shown to the members of the Association.]

Examples.—The mean after-lifetime in England is 41 years; in the healthy districts, 49 years; in the Liverpool district, 25 years.

To return to our three elements—(1) the living, (2) the dying, and (3) the time. When you compare the durations of life, and say it is 25 years in one place, 50 in another, you refer to time alone, and omit all mention of the living and dying. These are two units, in fact, which disappear; for you mean that one man lives 25 years on an average, and one dies at the end of 25 years. Divide the one death in the first case by the years of life (25), and you get the rate of mortality—·04, or 4 per cent. Divide the one death by the years of life (50) in the other, and you get ·02 or 2 per cent., as the rate of mortality.

In a stationary population normally constituted, the living divided by the deaths give you the average number of years they live—their average years of life. The population is equal to the number of years of life the children born will live, multiplied into the annual births, which, by hypothesis, equal the annual deaths.

In an increasing population the quotient so obtained exceeds the expectation of life. In England it is 45, while the expectation of life is 41 years.

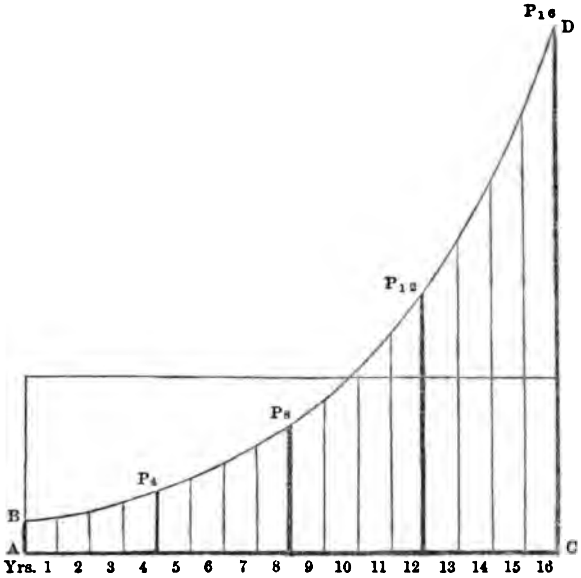
The mean age at death in England is 29 years; the mean after-lifetime 41 years.

The mean age at death in London is 29 years; the true duration of life, 37 years.

You must not confound either the mean age at death, or the living to one death, with the number which express the true duration of human life, or the number of years that the children in the district will live.

[In reply to inquiries, Dr. Farr stated that the Registrar-General, he knew, would very gladly do all he could to promote their most useful labours, to which the whole community were deeply indebted. He paid a just tribute to their services in London, and showed that the causes of disease and of epidemics always surrounded the population, so that still further exertions were called for on their part. He trusted that the District Boards would support and encourage their arduous labours; otherwise our cities may be again visited by plagues setting in like the floods over the marsh-lands, while Boards and Commissioners slumber.]

DIAGRAM 1.



The vertical lines (ordinates) represent a population increasing in the same proportion in the same time, or in geometrical progression; the base line (abscissa) represents the flowing time; the space enclosed by the lines represents the lifetime.

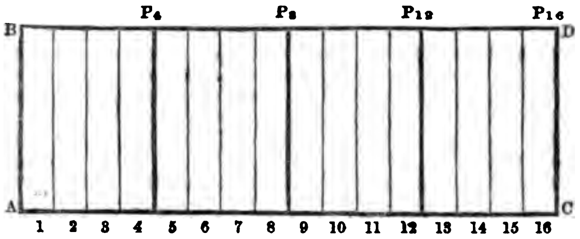
p_x = population in each year.

n = 16 years during which the deaths in the population have been recorded.

y_n = 86·56 = years of life represented by area.

(Annual rate of increase, 18·92 per cent. $r = 1 + i = 1 + \cdot 1892$.)

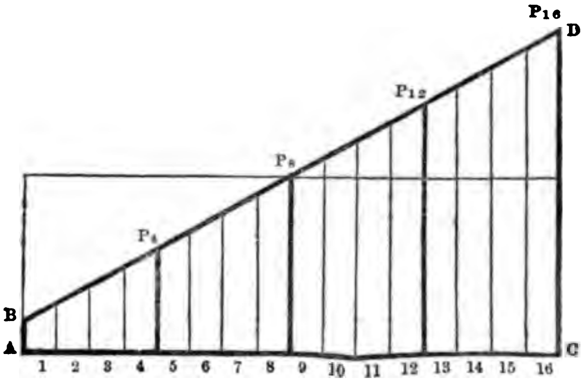
DIAGRAM 2



Represents a stationary population by the vertical lines, which remain of the same length.

Population stationary = 5·41, and 5·41 × 16 = 86·56 years of life.

DIAGRAM 3

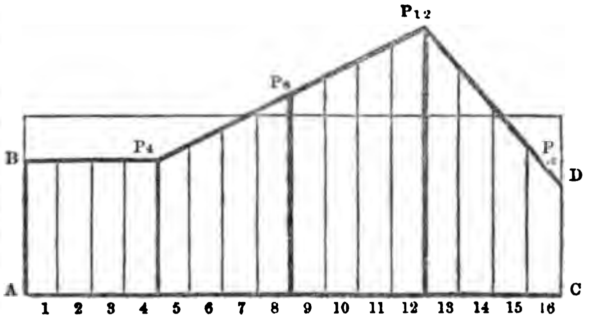


Represents a population increasing in arithmetical progression.

Mean of population at beginning and end of period, $\frac{(1 + 9\cdot 82)}{2} = 5\cdot 41$ = population in middle of period, and 5·41 × 16 = 86·56 years of life.

(Annual rate of increase, 0·55.)

DIAGRAM 4



Represents a fluctuating population, found to be 4, 4, 6, 8, and 3·28 at five equidistant enumerations.

Here the mean populations $\frac{(\frac{4}{2} + 4 + 6 + 8 + \frac{3\cdot 28}{2})}{4} = \frac{(21\cdot 64)}{4}$ = (5·41) = mean population, and 5·41 × 16 = 86·56 years of life.

ORIGINAL COMMUNICATIONS.

◆

CASES OF

STRANGULATED HERNIA WHERE "INVERSION" FAILED AND WHERE OPERATIVE MEASURES WERE FOLLOWED BY SUCCESS.

WITH OBSERVATIONS ON THE SURGICAL VALUE OF INVERSION.

By FURNEAUX JORDAN,
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FOR several months past cases have been recorded in the Medical serials of the successful treatment of strangulated hernia by inversion of the body. No cases, however, have been reported where this treatment has failed. As a consequence the erroneous inference might be drawn that inversion is a commonly efficient method of treating a frequent and serious malady. In publishing a note of the appended cases I do not wish it to be supposed that I lightly esteem this Surgical remedy. On the contrary, I am strongly of opinion that, in proper cases, operative measures should be preceded by a carefully conducted and complete inversion of the body. The position is effected with ease and delicacy, with the aid of a few assistants, a strong chair and a blanket, the patient being lightly enveloped in sheets. The following cases have very recently occurred in my practice:—

Mrs. F., aged 36, married. Resided in the country. For some time she had been subject to the occasional descent of a small and easily reducible hernial enlargement. Five days after her confinement on getting out of bed, a larger than usual protrusion suddenly appeared in the groin, attended with severe umbilical pain. She at once returned to bed; but, on this occasion, the horizontal position afforded no relief. For the following five days no flatus or fæces escaped by the bowel. Singultus and vomiting (which quickly became fæcal) were constant and urgent. At the end of the fifth day she was brought into the Queen's Hospital, and was placed under my care. I saw her at midnight, and found, in addition to the symptoms already described, an extremely pinched and anxious countenance, a cold surface, and a weak rapid pulse. In the right groin, below Poupart's ligament, but projecting upwards over it, there was an enlargement—the size of a small pullet's egg small, hard, movable, but slightly tender, and receiving a slight impulse when the patient coughed. As the taxis had failed after protracted efforts by efficient hands, I determined to invert the body before I resorted to its repetition. The latter method of treatment I wished to exercise while the patient was completely under the influence of chloroform—a state during which I had some hesitation in practising inversion. With the able assistance of Mr. Wilders and other resident officers, inversion was carefully accomplished. As no result followed I resorted for a few moments to the taxis while the inverted position was maintained, but without avail. On the sequel of the case I need not dwell. The taxis under complete chloroformisation utterly failed. I then performed the usual operation. The strangulated portion of bowel was of a deep claret colour, but polished and firm. The constriction being divided, the bowel, after a small portion had been returned, suddenly slipped, or rather was drawn some distance into the cavity of the abdomen. Opium was given (on the first and most important principle of all Surgical treatment—rest of a diseased organ). Five hours after the operation, however, there was an easy and copious motion. The patient rapidly recovered.

The succeeding week I was called into the country to the following case :—

Mrs. C., aged 32, married, in the fifth month of pregnancy; had had children previously; had occasionally observed an enlargement in the right groin, which always disappeared in the horizontal position. Twenty-four hours before I saw her the enlargement appeared suddenly and was at once accompanied by pain and vomiting, the vomiting becoming fæcal in a few hours. I found a femoral enlargement in the right groin the size of a pigeon's egg. There was great umbilical pain, but no tenderness either of the hernia or of the abdomen. I first, with the aid of two intelligent Surgeons and their assistants, resorted to inversion, which neither alone nor associated with taxis had any influence on the protrusion. I then applied the taxis under the complete influence of chloroform, but without success. I immediately performed the operation. After a very limited incision into Gimbernat's ligament, and effecting the return of a small portion of the gut, the remainder was suddenly (as in the last case) drawn into the abdominal cavity. The woman made an excellent and rapid recovery. I was subsequently informed, to my great surprise, that almost the whole wound united by the first intention.

A few days after I had seen the case which I have just recorded, I was called during the night (two o'clock) by an intelligent Practitioner in Broad-street to the following case :—

Mr. W., aged 45, had been for many years subject to a reducible inguinal hernia on the right side. I was informed by the Medical attendant that the inguinal enlargement had been small, as well as the inguinal aperture. At four o'clock in the afternoon of the day preceding the night on which I was called, a much larger than usual protrusion occurred, accompanied by pain and a feeling of nausea. The family Medical attendant was immediately called in, and the taxis applied, but without success. Tartar emetic was administered, and while the patient was under its influence the taxis was again resorted to, but with a result similar to that which attended the first attempt. When I saw the case I found an apparently direct or internal inguinal hernia as large as a swan's egg. It was very tense, but not tender on pressure. We at once practised inversion of the body, and associated with it the taxis, but without the slightest result. As the duration of the strangulation had been a few hours only, and as the symptoms were not urgent, we arranged to see the case again in a few hours. Shortly after eight in the morning, just as we were about to start, with the expectation that I should be compelled to operate, a message arrived that the hernia had returned spontaneously a few hours before.

The following observations on inversion are based on a careful study of my own cases and the successful cases which have been published. I must first premise that there cannot be a doubt that the cases where inversion has failed have not been published :—

1. Inversion may be performed in appropriate cases with efficiency and delicacy, and without detriment to the patient or to subsequent remedial measures.

2. It should not substitute but be added to the other methods of treatment which precede operative interference.

3. It will, like the taxis under the complete influence of chloroform, fail in a very large number of cases of strangulated hernia.

4. It should be resorted to early or not at all.

5. Inversion ought certainly to be avoided if there be actual or suspected inflammation in the hernial sac or in the peritoneum generally. It should still more urgently be avoided if there is reason to fear a gangrenous state of the bowel. Inversion in such cases would probably tear the intestines in the abdominal cavity from the strangulated knuckle in the sac. In sphacelus of the constricted bowel (I may remark parenthetically) I have freely opened the diseased canal—a point on which all Surgeons are agreed; and I have, at the same time, divided the constriction—a point on which, surprisingly enough, all Surgeons are not agreed.

6. Inversion exercised in proper cases and at the proper time facilitates one step in the operation—the decisive and complete return of the bowel after division of the constructing medium.(a)

7. It is not clear that chloroform may be safely administered prior to inversion of the body. The danger may be two-fold:—1. Pressure of the tongue on the epiglottis and upper aperture of the larynx; and, 2. Pressure of the abdominal viscera on the diaphragm, and, therefore, on the lungs and heart. When the body is inverted during chloroformisation in cases of foreign bodies in the larynx, most Surgeons, I believe, take the precaution of first making an artificial opening in the wind-pipe.

MULTILOCULAR OVARIAN TUMOUR—OVARIOTOMY—REMOVAL OF A LARGE PORTION OF OMENTUM—RECOVERY.

By EDWARD DEWES, M.D.
Physician to the Coventry and Warwickshire Hospital.

Mrs. ——, 23 years of age, the mother of one child, born on May 4, 1861, after a natural and not unusually prolonged labour, requested my attendance on January 3, 1862. She has been ill three days with most acute pain in the right side of the abdomen, extending from the false ribs to the crest of the ileum, and forwards as far as the umbilicus. She considers herself nearly three months advanced in pregnancy. The lower abdomen is occupied by an enlargement, tolerably uniform in outline, not painful on pressure, which at the time was supposed to be the pregnant womb. The right side of the abdomen is, however, so intensely painful as to render palpation unbearable, and to preclude a very minute examination. There is much fever, attended with a quick, small, feeble pulse. The treatment was directed to the relief of the peritonitis by means of leeches, calomel, and opium, pushed to incipient ptyalism, etc. She remained in a most precarious state for three weeks, during the latter part of which time, I had the benefit of Dr. Laxon's advice and experience in the management of the case. Shortly after the cessation of the more urgent inflammatory symptoms, fluctuation became evident over the centre and left side of the abdomen, the right side still remaining hard and extremely tender to the touch. The hardness and pain in this latter situation continued throughout, and repeatedly during the following three months, especially after any error in diet,—were exacerbated into decidedly inflammatory attacks, calling for pretty active measures for their relief. Fluctuation over the rest of the abdomen increased so rapidly, that by March 15 it became necessary to tap the patient, in order to relieve her from the fearful discomfort she suffered from the distension. Upwards of five quarts of dark-coloured highly albuminous fluid were evacuated. It should be mentioned that previous to the operation we had satisfied ourselves that pregnancy did not exist. There was a considerable quantity of fluid still remaining, and which was evidently contained in cysts which did not communicate with the one which was opened. The removal of so large a quantity of fluid, however, allowed a more minute examination of the tumour. The whole right side of the abdomen was occupied by a firm mass of irregular outline and solid consistence, which could be traced downwards into the pelvis on the right side. With regard to the question of ovariotomy, both Dr. Laxon and myself hesitated to recommend it, in consequence of the firm adhesions which we felt convinced must have occurred between the tumour and the surrounding parts, from the severe and repeated inflammatory attacks she had undergone.

(a) The absence of this advantage occurred in a marked manner in a case to which I was called in the country, *where inversion was quite out of the question.* An unfortunate difference of opinion between two Practitioners caused great delay. Peritonitis supervened. After I had completed the operation the fold of intestine, when returned into the abdomen, remained precisely where it was placed within the inner inguinal ring.

On this point the opinion of Mr. John Clay, of Birmingham, was sought, who saw the patient on the second day after the tapping. Having considered the history of the case, and made a most careful examination of the patient, he came to the conclusion that it was a multilocular tumour springing from the right ovary, one sac of which had become rapidly distended, there being several smaller ones also containing fluid, and one portion of the tumour was of a solid consistence,—a diagnosis which proved accurate in every respect. As regards the question of adhesions, although Mr. Clay thought the case in other respects not one of the most promising for ovariotomy, he considered it so impossible with any degree of accuracy to diagnose their nature and extent, and taking into consideration the patient's emaciated condition, that he did not hesitate to recommend the performance of the operation, especially as the patient and her friends were most anxious for it.

The operation was accordingly performed by Mr. Clay, on April 1, in the presence of myself and the following professional friends:—Dr. Laxon, Mr. Troughton, Dr. M'Veagh, and Mr. Ebbage, of Leamington. The bowels and bladder having been emptied, the patient was quickly placed under the influence of chloroform. An incision, four inches long, was made in the linea alba, midway between the umbilicus and the symphysis pubis. The layers of peritoneum were very much thickened, and were closely adherent to each other as well as to the sac itself, so as to render it a matter of extreme nicety and difficulty to bring the latter fully into view. The sac was then tapped, and several smaller ones emptied of their fluid contents as the mass was drawn forward. The tumour was universally adherent to the abdominal parietes, the adhesions being very strong on the right side, they were, however, separated by the hand alone. It was necessary at this stage to enlarge the aperture in the abdominal walls about an inch and a-half, as it was insufficient for the passage of the tumour. Upon examining the tumour after its extraction, and before the pedicle was secured, a large portion of omentum was found spread out fan-like over its upper and anterior surface to which it was closely adherent, as it had also been to the abdominal walls, and in extracting the tumour, the structure of the omentum had been very much torn, and numbers of its vessels were now bleeding profusely. The question now arose as to the best mode of dealing with the wounded omentum; if it had been peeled off from the tumour and returned within the abdomen, fatal hæmorrhage would have followed inevitably, and the number of bleeding vessels precluded the idea of ligaturing them. Mr. Clay had provided himself with an instrument, a species of clam, which he had invented for dividing the adhesions, had they proved too strong for separation by the hand alone, and he now adopted the bold proceeding of seizing the omentum between its blades and separating the wounded portion by the actual cautery. The piece thus removed measured nine inches long and seven wide.

The pedicle, which was very long, was easily secured by a clamp, and the tumour cut away. The cavity of the abdomen was then carefully cleaned out with a sponge, and the wound brought together by two deep and three superficial silver wire sutures, the former being carried through the whole thickness of the abdominal wall including the peritoneum. The pedicle with the clamp on was secured at the lower angle of the wound.

There was some vomiting immediately after the operation, which was evidently due to the effects of the chloroform. The pulse was 135, small and feeble. A tablespoonful of champagne was given every hour, and she was allowed to suck ice at discretion. The catheter to be passed every four hours, and injections of beef-tea, brandy and laudanum administered at similar periods. It is unnecessary to give a daily report. The above measures were rigidly enforced, all food being strictly forbidden for the first four days, on the fifth a little chicken panada was ordered to be given every two hours with the wine. Not a grain of opium or other medicine was administered throughout, except in the injections. On the fourth day the clamp was removed, on the evening of the fifth one of the deep and one of the superficial sutures, the other deep one on the sixth, and the last superficial not until the ninth day.

The bowels acted for the first time on the fifth day after an enema of warm water. Some abdominal pain and tympanitis appeared on the second day, but were confined to the region of the transverse and descending colon.

After the evacuation of its fluid contents the tumour weighed upwards of four pounds, and was of the pseudo-colloid variety, composed of various cysts varying greatly in size, whose walls consisted of firm fibrous tissue. The fluid contents were estimated at eleven pints.

Menstruation returned on May 22, at which date the patient's health was perfectly re-established. It may truly be said that she recovered without a bad symptom.

The steps of the operation were those laid down by Mr. Spencer Wells, of making the abdominal incision as small as was compatible with the passage of the tumour, in securing the pedicle externally, and in the use of silver wire sutures, two of which were passed through the abdominal parietes so as to include the peritoneum, thus securing the peritoneal cavity from the entrance of pus during the healing of the wound. I would, however, particularly draw the attention of the Profession to the bold and eminently successful manner of dealing with so large a portion of wounded omentum which was here adopted.

The omentum had been compressed between the tumour and the abdominal parietes, and had during the prevalence of the previous inflammatory attacks acquired the most intimate adhesion to both surfaces, so that, during the withdrawal of the tumour, the structure of the omentum had unavoidably been ruptured to such an extent as to render ligature of its numerous bleeding vessels simply impossible, and it was in this unforeseen difficulty that the ready resources of the operator were most conspicuous.

So far as it is justifiable to draw conclusions from a single instance, it is fair to infer that the eminently successful result of this bold measure will call imperatively for its adoption in all future cases, either of ovariotomy or hernia, in which it becomes necessary to remove portions of the omentum.

The complete immunity from peritonitis which characterised the progress of this case subsequent to the operation, was probably due to the altered character of the membrane, each layer of which was at least four times its normal thickness, and was otherwise much changed in structure.

CASE OF RIGIDITY OF THE OS UTERI—DIGITAL DILATATION.

By WM. BOYD MUSHET, M.B. Lond.

M. C., aged 29, married, primipara. Has worked hard, lived tolerably well, and had very good health. A stout robust woman, considers herself at full time. The waters escaped on March 5, about twelve p.m., whilst she was asleep. She had no pains until the next morning about seven or eight a.m. They continued at intervals until the evening of the 7th, when I first saw her at nine p.m.

On examination I found the cervix had entirely disappeared. The os uteri was dilated to about the size of a shilling, and was thin, tense, rigid, but smooth and regular, and the anterior lip had a tumid prominent feel, which I attributed to ordinary congestion, as the head was deep in the pelvis, and must have exercised some amount of pressure. The maternal cavity appeared to be ample and well-formed, the pains active in the back and side, yet the os tincæ did not dilate, nor the head advance with the pains. The passages were cool, there was moderate secretion of mucus, and the bowels had acted during the day.

As there was a tolerable nurse in attendance, I left, with injunctions to send for me if any progress occurred.

On the 8th, at twelve a.m., the patient was much the same. She had had a pretty good night, the pains returning towards morning. The os was not more dilated, and had much the same character. She thus passed the day with one grain of tartar emetic and twenty drops of Battley's solution. The pulse did not seem strong enough to warrant venesection.

On the 9th, at ten a.m., the os was about the size of half-a-crown, the anterior lip rather more swollen, but posteriorly thin, tense, and resistent. She had had strong pains at intervals. Bowels had not been opened, but she had passed much urine. She had no headache, heat of skin, or general disturbance. I ordered her a grain of tartar emetic, fifteen drops of tincture of opium, and a drachm of tartrate of soda every two hours.

In the evening, after two doses of this mixture, the pulse was much lowered, and there was some depression from the antimony, but no further dilatation.

A Medical friend (Mr. H.) saw the case. We ordered half-a-drachm of tincture of opium to procure sleep, and brandy-and-water and beef-tea to support the system.

On the 10th.—Os as yesterday. Pains very strong, parts cool, no headache, pulse quiet, but weak and very compressible. Bowels confined. Ordered an ounce of castor oil, and beef-tea and brandy to be continued. During the pains there is not the least tendency to advance or dilatation. She complains greatly of exhaustion, and of sharp, severe pain in the left side. She cries out from this piercingly at times, but does not seem to feel pain in the region of the os uteri.

At 5 p.m. Dr. R. saw her with Mr. H. and myself, and we agreed, as the pulse had very little power, though the pains were active and constant, not to allow another night to pass without interference.

I gave her twenty drops of tincture of opium to moderate the pains.

The swelling on the anterior lip of the os uteri had now assumed a well-defined character, and felt like a fibrous tumour, involving nearly one-half of the uterine opening. I returned at 7.30 p.m. and found the pains had continued.

I commenced gradual dilatation of the os by insertion of one and then of two fingers between its margin and the fœtal head. The orifice was very unyielding, but at length sensibly enlarged, assuming an oval shape. Mr. H. relieved me, and produced marked dilatation, though the anterior segment was little disposed to yield. About ten p.m., after having allowed her to rest for about an hour, I found on examination that the opening was much more yielding, and, without any difficulty or resistance, pushed up the anterior segment above the fœtal head.

Two doses of brandy and ergot were given at short intervals, and she had taken about two pints of beef-tea during the last three hours.

The head rapidly descended and passed the outlet about 10.30 p.m. The cord was tightly twisted round the neck, and had to be tied at once. The shoulders passed gradually, and the child was born dead. It had evidently been so for some time. Many clots followed, and there was slight hæmorrhage, so, after producing contraction of the uterus by friction, I removed the placenta by the introduction of the hand. It was partially, but loosely, adherent. A dose of brandy and ergot was instantly given, and a bandage put on.

Ordered brandy and beef-tea to be given through the night, a dose of tincture of opium in an hour or two, and we left as the patient expressed herself comfortable.

On the 11th she had slept tolerably well, and had had brandy and beef-tea. Pulse fuller, 104; tongue white; no headache; bowels been opened; no pain or tenderness over abdomen To have half a drachm of tincture of opium if restless at night.

12th.—Took the draught, slept well, pulse 100, bowels thrice opened.

13th.—Slept well; tongue clean; no tenderness; has had plenty of beef tea and gruel, but no solids; pulse 64; patient cheerful.

15th.—Breasts full of milk, not painful. She never had a bad symptom, but was sitting up on the 18th, and on the 24th was quite well.

The foregoing case affords one or two points of instruction, and tends to illustrate how much better, *cæteris paribus*, the poor parturient bears protracted pain and extreme exhaustion, how much more rapidly she rallies, than her better-nurtured, more delicate and luxurious sister. It is indeed surprising that this patient lingered for seventy-two hours after I saw her—being at full time, and the liquor amnii having escaped forty-eight hours previously (five days in all)—and yet did not experience any headache, tendency to convulsion, or constitutional disturbance, until exhaustion supervened. Had she been a multipara, in whom the uterine tissue is liable to undergo degeneration, from the peculiarity of her cry towards the termination of the case, and the complaint of severe pain in the left side, I should have dreaded the contingency of rupture of the organ. As it was, I entertained some apprehension of separation of the os from the body of the uterus, which I recollected had occurred in rare instances, and this was clearly an exceptional case. (See Rigby, page 177.)

I must confess my own views were in favour of incision of the uterine opening, but my Medical brethren were rather inclined to digital manipulation, as a previous and less hazardous (?) procedure; and the issue supports the line of practice adopted.

Nevertheless, I deem incision to be equally justifiable and safe, though if I meet with a similar case I shall re-employ the mechanical measures here recorded as successful.

Note.—As to the cause and nature of the rigidity I offer no positive opinion. The patient strongly denied any taint of syphilis, to which disease my suspicions tended for explanation. After her convalescence I should have instituted further examination, but, in the present state of the law, I might be rendered liable to an action in consequence!

Moore-park House, Fulham.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
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HOSPITAL FOR SICK CHILDREN.

CLINICAL LECTURE ON SCARLATINA AND ITS SEQUELÆ.

By T. HILLIER, M.D., Physician to the Hospital.

LECTURE II.

GENTLEMEN,—In my last lecture I called your attention to the ordinary symptoms of scarlatina, and gave you examples to illustrate different types of the disease; I also referred to the very high mortality attendant upon it, showing that it was now in this country the most fatal of the acute specific diseases, that about 90 per cent. of the deaths occurred under the age of ten years, and nearly 70 per cent. under the age of five years; I also referred to the circumstance that it occurred epidemically, and that its severity and general characters varied much in different epidemics.

I concluded my lecture by reading you the notes of a case of *scarlatina without eruption*, and was alluding to the great differences which occur as to the amount of eruption in different cases.

To-day, after making a few more remarks on cases of irregular scarlatina, I shall allude to the diagnosis, the pathology, sequelæ, complications, and treatment of the disease.

There is no necessary relation between the severity of the fever and the amount of eruption; some of the most malignant cases have the rash but imperfectly developed; in these cases it often assumes a livid hue, and occurs in broad isolated patches with some points of ecchymosis. In other very severe cases the eruption may be most characteristically seen. In mild cases, on the other hand, the eruption may be almost absent, or it may be very well defined (Eliza R.) The following case of *anomalous scarlatina* is interesting, in which, after exposure to scarlatina infection, a child has slight feverish symptoms with coryza and headache, and a vesicular rash like varicella. Five days later she has anasarca, albuminuria, and dies in thirteen days of renal disease and meningitis. Graves relates a more striking case of this kind: "Some years ago scarlatina broke out in a Medical gentleman's family and attacked all his children, with the exception of one young lady who, although in constant attendance on her sisters during their illness, did not exhibit any symptoms whatever of the disease. When all the children had become convalescent they were removed to the country, whither she also accompanied them. Here she was attacked with the peculiar anasarca observed in persons who have recently laboured under scarlatina." Graves adds: "This case, connected with those already detailed, appears to prove the fact that in some instances diseases produced by contagion do not give rise to the whole train of phenomena by which they are ordinarily characterised."

The diagnosis of scarlatina is not commonly difficult.(a)

(a) When there is no eruption the diagnosis may be difficult, especially if scarlatina be not prevalent at the time. Occasionally cases of malignant sore-throat occur, which it is very difficult, if not impossible, to distinguish from scarlatina anginosa without eruption. The frequency of pulse, When the eruption is well-marked it cannot be mistaken for any other disease. The punctiform character running into a diffused general blush, its bright scarlet colour and appearance on the second day, distinguish it from the elevated papules of measles, which are arranged usually in a crescentic manner, of a duller red or purple colour, and appear on the fourth day. The coryza and cough of measles differ from the sore-throat of scarlatina. Still there may be cases of scarlatina with coryza, or cases of measles with sore-throat, and the eruption in either one of the diseases may be ill-defined, and in scarlatina may be delayed till the third or fourth day. The *tongue* in scarlatina is often characteristic, but sometimes it is as foul as in cases of measles, and the papillæ are not more prominent. An important point in the diagnosis is the greater frequency of the pulse in scarlatina, and the higher temperature; except in very mild cases in children the pulse is commonly above 120 in the minute, and the temperature over 101° for the first four days at any rate. These two points will also be of service in discriminating between cases of mild scarlatina and some forms of roseola. Now and then cases of this last disease are met with in which the rash has all the characters of scarlatina, and there may be slight febrile disturbance, and some redness and soreness of the fauces. If they occurred when scarlatina was prevalent we might be tempted to regard them as mild cases of scarlatina; but occurring isolated, not followed by any of the ordinary sequelæ of scarlatina, nor giving rise in others to any disease of the same kind, they are probably not to be thus regarded.

Bouchut stated that the following might be taken as a diagnostic mark of the eruption of scarlatina: that if the finger-nail be drawn over the reddened skin a white line will appear at the end of nearly a minute where the nail has passed, and remain for some time; so that we may in this way write a word on the patient's body, which will be legible for two or three minutes. This phenomenon, due to the contraction of the capillaries, may commonly be observed in the rash of scarlatina; but it is certainly not confined to redness from this disease, as it may be seen in other affections, such as common erythema, and the redness produced by a mustard poultice.

The *pathology* of this disease requires yet to be discovered. Whether it belongs to the hypinotic diseases with a deficiency of fibrin, or the hyperinotic with an excess of that ingredient, the four analyses made by MM. Andral and Gavarret, do not seem sufficient to prove. The blood-changes induced by the scarlatina poison are of a more recondite nature than a mere change in the amount of fibrin would represent. The great elevation of temperature noted in this disease may be taken as evidence that there is probably a powerful influence exerted on the sympathetic nervous system as well as a great activity of tissue change, because we have good proof that animal heat, whether normal or in excess, is dependent on chemical changes; we should expect, then, a large production of urea from the nitrogenised tissues. What is met with in reality? The observations on this point have been but scanty until recently. You will find it stated in Dr. Parkes's book on the Urine that two German observers, Uhle and Brattler, found each in one case of the disease an increase in that ingredient. On referring to the details of their experiments, it will be found that they did not carry them on long enough to show whether the amount of urea secreted during the height of the fever exceeded what was normal to the patient in a state of health, but only that it exceeded what was secreted during convalescence. They did not carry their experiments on until desquamation was complete and health fully re-established. In Uhle's case of a child, aged 13, each kilogramme of weight excreted 0·677 gramme,—*i.e.*, each pound weight of the child excreted about 4·74 grains in twenty-four hours during the fever; and during convalescence each kilogramme only 0·486 gramme, or each pound weight 3·4 grains. Now, this is very much below what is normal in children of that age. In Brattler's case the weight of the man is not given, but the quantity of urea passed during the fever was 41 grammes, or 632·7 grains; and during convalescence was only 23 grammes, or 355 grains; now, this is very much below the average amount of urea secreted by men, and the result was obtained at a time when health was not fully restored.

Mr. Ringer has investigated this subject more fully, and in the paper mentioned in my last lecture has shown, from the analysis of a number of cases, that even during the height of the fever there is not, as would be expected from the elevation of temperature, any increase in the quantity of urea secreted, —that there is sometimes a decided decrease; that there is always a very decided decrease in the second and third weeks of the disease, and that the urinary organs only recover themselves so as to secrete a normal amount of urea at the end of the third or fourth week.

The average amount of urea secreted by five patients during the days on which there was decided elevation of temperature, was about ·540 grammes to each kilogramme of the patient's weight, or 3·78 grains to each avoirdupois pound; whereas the normal amount determined by estimating the urea during the last ten or fifteen days of the patient's stay in the Hospital, especially when they remained forty or fifty days, was about ·700 grammes to each kilogramme, or 4·9 grains to each pound. The average amount of urea secreted for a week or ten days after the first five or six days was not more than ·425 grammes to each kilogramme of the patient's weight, or 2·98 grains to each pound.(b)

Now, as there is no increase in the amount of urea secreted during the elevation of temperature, but usually a decrease, and a decided decrease just as the fever is subsiding, we must suppose that there is a retention in the system either of urea or of some products capable of being converted into urea. It would thus appear probable that the function of the kidneys is impaired very early in this disease, if not from the very first, and that it is not restored until several weeks from the commencement. We must suppose that the specific poison of the disease, when introduced into the blood, acts in some manner, perhaps on the sympathetic nerves, so as to cause extensive destruction of tissue with elevation of temperature, and whilst thus producing extra material to be eliminated, and in this way throwing increased work upon the kidneys, at the same time by a special action on them impairs their excreting power, either by direct chemical action or through the nervous system. We know that the kidneys and the skin enjoy functions which are to some extent supplementary the one to the other, so that if the skin does not act well, increased work is thrown on the kidneys, and *vice versâ*, if the kidneys do not act well the skin has more to do. The poison of scarlatina, whilst causing impaired action of the kidneys, excites active determination of blood to the skin, and usually the skin is dry. This is owing mainly to suppressed excretion, but partly to rapid evaporation from the high temperature. (Dr. Snow, *Medical Gazette*, 1842-3, vol. i. pp. 810-16.) Evaporation, of course, reduces temperature in proportion to its activity.

The observations of Mr. Sydney Ringer, if they be confirmed by further investigation, would throw light on many known facts in reference to scarlatina, and afford a guide to treatment. We could then understand more readily why exposure to cold is so injurious by arresting the action of the skin, and why keeping the patient in bed is so important in this disease; we should also argue from it that one very important indication for treatment is to use diaphoretics and promote free excretion from the skin. This indication has been arrived at on other grounds, and, confirmed by experience, has been extensively attended to; but these observations on the urine point more clearly than ever in this direction. A theory has been lately propounded by Dr. Fenwick, that the scarlatina poison acts in an especial manner not only on the skin, the pharyngeal mucous membrane and kidneys, but on the mucous membrane of the stomach, and to a less degree of the intestines, causing a *desquamative gastritis*. His conclusions are drawn from very scanty data, and have not been confirmed by others. He attaches considerable importance to the frequency of vomiting as an accompaniment of this disease; this may, however, arise either from an action on the nervous system or on the kidneys, and does not by any means necessarily imply anything approaching inflammation of the stomach. He states that in a case that died at an early period of scarlatina, after vomiting, diarrhœa, and convulsions, he found in the stomach a few ounces of brown acid fluid; its mucous membrane was in one part much congested. The fluid was

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heat of skin, and nervous symptoms, together with the history of surrounding cases of disease, would generally distinguish the scarlatinal cases from those of malignant angina. Diphtheria has many points of analogy to scarlatina, and not uncommonly prevails at the same time; but the diagnosis is usually very readily made by the presence of false membrane at a very early period, and the comparatively slight degree of fever.

(b) In considering these quantities of urea allowances must be made for the low diet of the patients and the complete inactivity of their life during the fever.

alkaline; on filtration the clear portions gave a precipitate on boiling which was not dissolved by nitric acid. The thicker part of the contents consisted of pieces of fine membrane, cells, fine granules and shreds of membranes; the pieces of fine membrane showed no appearance of fibres, but were dotted over with granules, some of which were of fat. The cells of which the deposit chiefly consisted resembled those to be found in a healthy stomach; they varied in diameter from $\frac{1}{1200}$th to $\frac{1}{2200}$th of an inch. The tubes of the mucous membrane could be traced out more easily than usual. They were large and much distended at the closed ends; only a few scattered cells were visible in them, and their basement membrane seemed lined by a membrane dotted over with granules. The villi of the duodenum were stripped of epithelium, and contained numerous fatty granules.

In another case which died in the second week of the disease, the mucous membrane of the stomach was pale and seemed wasted. The general microscopical characters of the fluid were much the same as in the other case; but the cells were sometimes arranged in masses as if they had been stripped from the tubes. The tubes of the stomach were not distended, but seemed smaller than natural.

Dr. Fenwick considers that the functions of the stomach were quite paralysed, in proof of which he adduces the retention of the casts in the stomach in an undissolved state.

In an extensive examination of the vomited matters during convalescence from scarlet fever, he has almost always found torulæ, which cannot, he says, exist when the stomach is actively secreting gastric juice.

This apparent desquamation of the gastric tubes is not an uncommon thing after death. I am not inclined to attach much importance to these observations, but it may be well that they should be borne in mind in making future post-mortem examinations in scarlatina cases as well as in deaths from other causes to compare with them. In the notes which I have of such cases I have no account of the microscopic appearances of the stomach. The conditions which I have met with in the alimentary canal after death have been—(1.) Injection of the duodenal mucous membrane, enlargement of Brunner's glands, of solitary glands, of small intestines, and of Peyer's glands in a case that died on the fourth day. (2.) In a case that died on the sixth day, the solitary glands in the large and small intestines swollen and hard, but not red. Peyer's patches very distinct. (3.) In a death five weeks from commencement of disease with pleurisy, pericarditis, and renal disease, the stomach and intestines were healthy. (4.) In one that died on the seventeenth day, being tuberculous, there were tubercle of small intestines and ulcers of the large intestines. (5.) In another tuberculous subject that died of pleuro-pneumonia on the seventeenth day, the intestines were, to the naked eye, healthy. (6.) Another case, which died of empyema in the sixth week, presented healthy small intestines, congested cæcum, ulcerations in the large intestines, and aphthous ulcers of the rectum. (7.) In another child, who died of nephritis and pleuro-pneumonia on the thirty-ninth day, the duodenum and upper four inches of jejunum were brightly injected, Brunner's glands were considerably congested and elevated. The jejunum was generally congested. Peyer's patches of a dark colour, as if from pigment; in some cases there were superficial ecchymoses. Fæces were adherent to the more prominent folds of mucous membrane of upper two-thirds of large intestines; on removing this, the mucous membrane is roughened, and the seat of minute ulcers the size of pin's heads; around these roughened folds there was some congestion.

In another case, a boy, aged 18 months, who died on the sixth day, the mucous membrane of the stomach was of a bright rose red colour; otherwise natural. The intestines were healthy, except that all Peyer's and all the solitary glands were greatly enlarged, though not ulcerated.

Thus, out of nine cases where the intestines were examined, in six there was some abnormal appearance. The solitary glands seem to be frequently enlarged, and sometimes congested; Peyer's patches, too, and Brunner's glands are occasionally affected in the same way.

The part which the gastro-enteritic mucous membrane plays in the pathology of this disease is a question deserving of careful investigation.

In two cases fatal, one on the fourth and one on the eighth day, there was vomiting of dark green fluid for a day or two before death; and in one of these, as well as three other cases that died on the sixth day, there was tendency to looseness of the bowels.

Diarrhœa is not uncommonly a symptom in severe cases, and is one which it is often difficult to arrest.

(To be continued.)

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

CASE OF PARAPLEGIA (MYELITIS)—RECOVERY.

(Under the care of Dr. BROWN-SEQUARD.)

James S., aged 37, was admitted for paraplegia on November 27, 1860. In his work he was much exposed to a great deal of heat, and in the month before admission, when the disease began, he got wet through several times. The first symptoms were violent pains in the loins and hips, and then a gradual loss of motion and sensation in the legs, until at length they were quite paralysed. There was no difficulty with the bladder or rectum at any time. He was at first treated in a general Hospital, and subsequently at home, but did not improve. He had at one time of his treatment some pills which the Surgeon had told him would "rouse up his nerves." The taking of the pills on each occasion (three times), gave him very great pain in his back, and caused his legs to move up and down involuntarily,—"like a steam-engine."

When admitted under Dr. Brown-Séquard's care, he presented the characteristic symptoms of myelitis. Dr. Brown-Séquard prescribed, November 27, 1860, iodide of potassium six grains, sesquicarbonate of ammonia two grains, sulphate of quinine two grains, tincture of rhubarb one drachm, tincture of hyoscyamus twelve drops to be taken three times a day. A plaster of belladonna was applied to the back. On December 14, in addition, a pill containing two grains of secale cornutum and a quarter of a grain of the extract of belladonna, was given three times a-day. For some weeks he was no better. He then gradually improved, and on June 17, 1861, he was able to walk four or five miles. He is now (October, 1861) quite well; he can walk, he says, as well as ever, and his muscles are now firm and contract well, but formerly they were soft, flabby, and cold.

LIVERPOOL ROYAL INFIRMARY.

WOUND OF NECK AND EXFOLIATION OF PART OF THE BODY OF A CERVICAL VERTEBRA, TOGETHER WITH THE ADJACENT INTER-VERTEBRAL FIBRO-CARTILAGE.

(Under the care of Mr. BICKERSTETH.)

[Reported by Mr. R. Harrison, House-Surgeon.]

Joseph M., aged 22, a sailor, was admitted into the Infirmary on May 7, 1861. Eight months ago he was shot, a pistol bullet entering his neck about two inches below the tip of his left ear. The injury was at once followed by paralysis of both arms, and considerable difficulty in swallowing. In a few hours the right arm recovered its power, but the left remained paralysed. He recovered, and in two months he was able to resume his work; the only inconvenience being the continual discharge from the wound.

Two months ago, in Liverpool, he had to seek advice for severe pain in the interscapular region, and for numbness of the left arm. These symptoms were for the time relieved.

On admission he was suffering from the symptoms just described, and he also complained of pain when moving the head, the pain being most severe when rotating, and consequently when walking about he seemed as if he had a "stiff neck." He had also some difficulty in swallowing. About two inches below the tip of the left ear was a wound, which with some difficulty would just admit the end of the little finger. A probe could be passed in the direction of the spine, and a rough surface was distinctly felt. Mr. Bickersteth enlarged the opening, so as to allow the finger to pass to the bottom of the sinus, and on doing so a distinct excavation in the side of one of the bodies of the cervical vertebræ (about the fifth or sixth) could be felt, in which some foreign body appeared to be lodged. As nothing loose could be detected, the wound was kept open with lint.

On May 26 he had very great pain when attempting to swallow; and on making an examination, the fauces and adjacent parts were found to be in an intense state of inflammation, the left tonsil being covered with what appeared to be an exudation membrane. Diphtheritic sore-throat being just at that time rather common amongst the patients, it was considered that it was from this that he was suffering. He was ordered bark, chloric ether, and wine. The following day, during a paroxysm of coughing, he expectorated two small pieces of bone and a soft body, which was at first sight considered to be a piece of wadding; in shape it corresponded exactly to an intervertebral fibro-cartilage, and on further examination it was found to consist of dense fibrous tissues, being on either side coated with a very thin layer of osseous material, most apparent at the circumference and gradually diminishing towards the centre. The precise nature of this body was, if anything, more evident when dried, and left but little doubt whatever that it was an intervertebral fibro-cartilage from one of the lower cervical vertebræ. On examining the throat shortly afterwards, the inflammatory action had considerably abated, and a small opening could be seen about the upper and back part of the left tonsil, through which no doubt the foreign bodies had escaped.

He made a rapid recovery, and was discharged cured on June 15, the wound in the neck having entirely closed. The movements of the neck were rather restricted, but he was entirely free from pain and quite able to follow his usual occupation.

HOSPITAL NOTES.

HYSTERICAL AFFECTION OF THE LEFT FOREARM.

Ann N., aged 17, came under the care of Mr. Bryant, in June, 1861, with spasmodic contraction of the flexor muscles of the left hand and forearm. The symptoms had appeared suddenly a week previously, and any attempt at extension caused intense pain. The girl's health was good, and the catamenia regular. No other symptoms were present, the sensation of the parts being perfect.

Regarding the case as hysterical, the symptoms being quite inexplicable otherwise, tonics in the form of iron were administered, and in three weeks the muscles had lost their spasmodic condition, the natural movements of the part being restored. The nerves of sensation, however, became involved; complete anæsthesia of the whole hand and forearm making its appearance. The same line of treatment was, however, continued, and in two months all symptoms disappeared, sensation and movement being perfect and natural.

GANGLION ON THE TENDON OF THE FLEXOR CARPI RADIALIS OF A CHILD.

Sarah H., aged 4 years, applied for advice to Mr. Bryant, in February, 1862, with a small ganglion, the size of a large bean, in the flexor tendon of the wrist-joint; it had been observed for two months, and was gradually enlarging. No assigned cause could be made out. The application of a blister over the part, repeated for three times, caused absorption of the fluid and the disappearance of the ganglion.

The case is given, as a ganglion is, Mr. Bryant said, not common in children so young.

Irish Medical Association.—The Annual Meeting of the above Association was held on Monday, June 2, in the Royal College of Surgeons, Dublin. The chair was occupied by Dr. Beatty. In the report, which was read by Dr. Quinan, it was mentioned that owing to the exertions of Dr. Mackesy, now President of the College, a rule had been established under which, in urgent cases, at the instance of a Relieving Officer, the Dispensary Medical Officer may pay a consultation fee to another Physician or Surgeon. In chronic cases a consultation fee could be allowed by the Board of Guardians. Resolutions were passed in favour of the claims of Dispensary and all other Poor-law Medical officers in Ireland to superannuation, and remonstrating against their exclusion from the Bill for the superannuation of Poor-law Medical officers now before Parliament; demanding a change in the mode of conducting Poor-law inquiries as to charges made against Medical officers; and in favour of the claims of the Medical Profession to be represented as such in the Imperial Parliament of the United Kingdom

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Medical Times and Gazette.

SATURDAY, JUNE 14.

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THE VACANT CORONERSHIPS.

Man is a combative animal. Enthusiastic upholders of the doctrine of unity of descent would trace the antagonistic bent in human nature to a psychical derivation from the *Dryopithecus* of the Miocene or the Gorilla of the Gaboon,—with how much truth we leave philosophers to decide. For ourselves we are content to take the fact as we find it. Nothing has so much attraction for the species *homo sapiens*, especially the Anglo-Saxon variety, as a contest; it matters not whether it be on Epsom Downs, in the House of Commons, or in the prairies and morasses of the far West. In the little London world of Law and Medicine one is now pending, which is already drawing all eyes and enlisting on one side or the other all sympathies. Since we last drew attention to the struggle made inevitable by the death of Mr. Wakley, changes have taken place materially altering the position of the opposing interests. The Privy Council have determined that the district presided over by the late Coroner should be divided, and that two Coroners should be appointed, one for the Western and one for the Central division of the county of Middlesex. This decision, the valid grounds for which we shall directly lay before our readers, has induced Mr. Thomas Wakley to retire. In thus doing he is actuated, we cannot but think, by cogent reasons. The emolument of the undivided district might be sufficient to induce an established Hospital Surgeon to forego the chances of Professional reward and distinction, but we can readily understand that in its diminished proportions the office does not hold out equivalent inducement. That the authorities have acted wisely in making the division will be patent to any one at all conversant with the statistics of accidental death in the metropolitan districts. The happy possessor of a general practice, with a morning list of forty patients and three urgent midwifery cases, is not pushed harder than the London Coroner. We have been furnished with a list of one day's engagements, which, as a curiosity, we transcribe:—"At 10 a.m. an inquest to be held at the 'Hen and Chickens' public-house; at 10.30 one at the Marylebone Workhouse; at 12 one in Titchfield-street; at 1.30 one at Westminster; at 2.30 one at Islington; at 3.30 one at Colney Hatch;" and a seventh at 6 o'clock at some place almost equally distant. Now, when it is remembered that every inquest includes the obtaining and swearing-in of a jury, the viewing the body, the swearing of witnesses, the hearing and taking notes of evidence, the summing-up, the receiving and entering the verdict, and the payment of fees, it will be abundantly evident that for one man to perform the work is a physical impossibility. It over-tasked the great business powers and bodily endurance of Mr. Wakley, even although he was assisted by an able and efficient deputy in the person of Mr. Brent. Not the smallest element of difficulty was the time taken up in transit, for which the only remedy was a limitation of area. We think, therefore, that the authorities have exercised their power wisely in the new division. Each Coroner is to have a stipend of £1000 a-year, and the necessity of employing a deputy, to which there are many and grave objections, will be, at least, lessened. The question which remains, and on which we wish to enlist the combative element in the professional mind, is, whether the appointment is to fall on a Lawyer or a Doctor. The main and cogent reason for deciding in favour of the latter is simply this :—That the laws of evidence can be studied and mastered by any man of good abilities in a short space of time ; not so with the facts and laws of physiology, pathology, and toxicology. This truth, patent to every educated Medical man, we believe only requires to be placed fairly before the public to receive general assent. We wish it at once to be understood that we have no bias in favour of particular Medical candidates. We can point to many general practitioners, as well as consulting men, who are admirably adapted for the office. The Medical candidates for the Central Division seem reduced to two, Drs. Lankester and Challice. Our perfect confidence in the fitness of both these gentlemen was expressed last week. Dr. Lankester possesses an acute and practised intellect, great scientific acquirements, and considerable powers of expression. In the list of his Committee will be found many of the most honoured names in science and medicine. He has the decided advantage over his opponent of having been much earlier in the field ; for Dr. Challice's first public advertisement did not appear until June 11. The latter, in his address, states that his experience as a General Practitioner of twenty-three years' standing has given him a considerable insight into the character and habits of those classes which supply a large proportion of sudden deaths. He also refers to his having filled the position of Deputy-Coroner in the Eastern division of the county. We most emphatically repeat that either of these gentlemen would discharge the duty ably and creditably. In the list of candidates for the Western division are the names of Dr. George Ross, Dr. W. Boyd Mushet, Mr. G. F. Gwyn, of Hammersmith, and Dr. J. McGregor Croft. It is not our intention to criticise the pretensions of these gentlemen. Dr. Ross is well known in London professional circles. Dr. Mushet has acquired honour as a University medallist ; he has also written on the subject of Medical Jurisprudence. Mr. Gwyn, in his address, states that he has practised in a densely-populated district for fourteen years, and on the experience thus obtained, as well as on his Medical qualifications, he rests his claims. Dr. J. McGregor Croft has been in practice twenty years, during ten of which he served in the army. Now, it is perfectly clear that some of these gentlemen can have, practically speaking, not a shadow of a chance; but remaining candidates, by dividing the Medical interest, they imperil the return of any Medical man.

It is for the Profession in the Western district to meet and discuss the claims of the opponents, and having decided on the one they believe to be fittest for the post, let them pledge themselves vigorously and unitedly to support him ; and the remaining Medical candidates will doubtless retire. With regard to the Central district, we feel we may be trenching on delicate grounds, but we cannot but think that a somewhat similar course would be advisable. Let Dr. Challice's and Dr. Lankester's friends meet, let them compare notes and calculate chances, and let the candidate who has the smallest amount of support generously hand over the votes he has been promised to his *confrère*. Betwixt these gentlemen there is no question of superior fitness,—both are fit,—but if both stand, the probability is that neither will come in. We are certain that the candidate, who, out of *esprit de corps*—in order to ensure a Medical election—retires in favour of his opponent, will deserve and receive honour from the whole Profession.

THE WEEK.

PROFESSOR OWEN'S LECTURES.

PROFESSOR OWEN's fifth lecture, on Wednesday, the 28th ult., was devoted to the Geographical Distribution of the Class Aves. He commenced by stating that one of the grandest generalisations that have grown out of the advancing knowledge of living species, is the relations of particular species and groups of species to particular tracts of the earth's surface. The concentration of pouched mammals in Australasia, the limitation of sloths, armadillos, anteaters, pecâris, platyrrhine apes, and many other mammals to South America, first opened out the prospect of a law of geographical distribution of animals. It is exemplified in the reptilian class by the limitation of ghárrials to India, and alligators to America ; by the representation of the pythons of the Old World tropics, by the boas of the New World tropics. The monitors of the Eastern hemisphere are matched by the iguanas of the Western. Cobras catch the eye of the Egyptian or the Hindoo by the expansion of their conspicuous hood ; the crotalus warns the ear of the American Indian by the rattle of its tail; and instances of local limitation might be multiplied in respect to both reptiles and fishes. But with respect to a class gifted with so great powers of locomotion as that of birds, to which soaring aloft in the region of air, neither seas nor mountains might seem to offer barriers, it could hardly *à priori* be expected that they should offer illustrations of restriction to particular localities. And, indeed, a few species, or genera of birds, do seem to be cosmopolitan. But the majority of the class is amenable to the law of geographical distribution. Even the birds called "migratory" because of their change of abode from one continent to another, or between parts more or less remote, which exemplify the greatest faculty of flight, are, or seem to be, singularly restricted to the same route, and the same bourne, oscillating to and fro, ever between the same resting-places. The nightingale revisits annually the same counties, not migrating northwards beyond the Trent, nor westwards into Devon and Cornwall. In time of old, as chronicled in Hesiod and Aristophanes, the husbandman regulated his operations by the coming and going of birds. There was a mystery about both the coming and the disappearance of birds which affected the more strongly the imagination ; there seemed to be a kind of divine foresight of phenomena ; and birds thus came to be accounted as the privileged class of living beings with which the unseen all-ruling powers held direct communication ; and thus Augury grew into a branch of the theological science of the classical ancients. Notwithstanding, however, the power of traversing space, and the instinct by which those powers are exercised in passing from one continent to another, yet they are consistent and associated with such limitations and regulations of transit as makes a "geographical distribution" of birds possible. Many naturalists have devoted their attention to this subject, and the results are succinctly given in Mrs. Somerville's admirable book on "Physical Geography." The latest contributors have been Dr. P. L. Sclater, Sec. Zool. Soc., and Mr. Wallace, who has successfully studied the habits of birds in the tropics of both America and Asia. The geographical range of certain birds is undoubtedly very wide. Species of warbler, wren, bunting, jay and grosbeak, range with little essential difference from Britain to Japan latitudinally. The grouse tribe (*Tetraonidæ*) have almost as wide a range in latitude. Then in longitude, we find the European *Garrulus cristatus* represented in North Africa by the *G. cervicalis*; the *Pica caudata* by the *Pica mauritiana*; the *F. cælebs* by the *F. spodiogenia*; the *Parus cæruleus* by a titmouse of deeper hue (*P. ultramarinus*) ; the *Picus major* by the *P. numidicus* ; and Africa is divided, as it were, by a sea, the bottom of which has been laid dry, the salt of the evaporated ocean making barren the sandy tract, which, under the name of "Desert of Sahara," stretches the Bench were loudly called upon to interfere, to punish the offenders, and secure the future protection of the public." In the course of the inquiry which took place before the magistrates, on Saturday last, evidence was given to show that the body found in the box had been received from the Medical School in the ordinary way, and that an interment certificate had been given by the incumbent, although the remains had not been buried. One witness, Mrs. Harriet Shearman, deposed that she had recognised her child in the pit, lying in its coffin without a lid, and other persons had made similar discoveries. Mr. J. Barber, Surgeon, stated that all bodies dissected at the Medical School were obtained in a legitimate manner from the workhouse. We are glad to see that prejudice has, at least openly, attached no suspicion to the authorities of the Anatomical School. It would appear that the object of this wholesale desecration has been the plunder of the coffin ornaments. The unholy alliance of Science and body-snatching is, we trust, in this country a thing of the past. The accused sexton is now in the custody of the police.

MEDICAL CHARGES IN RAILWAY ACCIDENTS.

HOSFORD *v.* THE NORTH LONDON RAILWAY COMPANY.

THE plaintiff in this case was a Doctor of Medicine, practising as a general Practitioner at Stratford. He had been engaged by the Railway Company to attend a lady who was injured in the Hampstead junction accident in September last. Her case was a serious one. Dr. Hosford had paid 157 visits and had supplied medicines. His charges amounted to 82*l.* 8s. 6d. or 10s. 6d. a visit including medicines. The defendants disputed the charge, and paid 39*l.* 5s. into court. For the plaintiff it was stated that the patient had lived half-a-mile from his house, and that the medicines alone, if supplied to a working-man, would have been charged 48*l.* Several Medical witnesses deposed that the account was just and fair. The plaintiff in his cross-examination said that his charges were made according to the circumstances of the party he attended. For the defence it was urged that the plaintiff's position did not entitle him to fees to that amount, and that his own books proved that his ordinary remuneration was 5s. a visit. The amount paid into Court by the Company represented 35s. a-week during the whole time of attendance. The jury returned a verdict for the plaintiff, damages 27*l.* 9s. 6d. over and above the amount paid into Court. There can be no doubt that each visit to a bad case of injury, at half-a-mile distance, including supply of medicines, is not too largely recompensed at half-a-guinea. It is equally true, however, that a Practitioner who is in the habit of attending patients of a certain rank for certain fees, is not justified in doubling those fees solely because the amount is to come out of the pockets of railway shareholders. If the nature of the case necessitates an extra charge, the increase should be made in strict proportion to his ordinary scale of remuneration.

SOCIAL SCIENCE.

LONDON has this week been effervescing with *fêtes*, *soirées*, and meetings in honour of the Social Science Meeting and of the Congrès International de Bienfaisance. Every man reads the *Times*, and we are unwilling to fill our columns with matter which has already appeared in the daily papers, but we may present the following extract from Lord Brougham's inaugural oration at Exeter-hall on the evening of June 5:—

"The Edinburgh Society has established a register for sick nurses, at the earnest recommendation of the Medical body. Thus the name and address, with the character of a nurse, can be at once found in any case of need, without the delay, uncertainty, and risk that now prevails. This subject cannot be mentioned without reminding us of that truly blessed institution in France, which it is lawful to hope we may ere long see imitated in this country—the Sisters of Charity, of whom I spoke at our Bradford Congress. They not only bear comfort into the Hosptial, but beyond its walls; render invaluable help to the Physician, in disarming disease of its pain and discomfort, and lend not superfluous aid to the pastor in disarming death of its terrors. They have earned the united blessings of a people that can hardly ever agree in feeling respect for any existing institution; they have made their name revered by all. When I attended M. de Tocqueville's funeral, there was no feeling more generally expressed by all his friends than their comfort at his having had for the last weeks of his life the inestimable advantage of their attendance and care."

In the Public Health Department the principle of Government interference was warmly advocated. In the discussion which followed it was contested by Dr. Richardson.

"Mr. Green of Birmingham called attention to the fact that fevers, usually typhoid, often showed themselves in an aggravated form in that district of Birmingham which was most rural, most elevated, and least densely populated. The only solution of this apparent contradiction lay in the fact that the main sewers had not yet reached that part of the town, and that private drains were almost unknown. In the general discussion which followed, it was asserted by nearly all the speakers that in cases where houses in naturally healthy situations were exposed to the ravages of fever, it was found that nuisances or other causes of insalubrity existed in or under the dwelling. In many parts of the country respectable farm-houses proved less healthy than labourers' cottages, because of their proximity to the manure heap; and persons had been known to catch fevers in over-crowded watering-places where they had gone to enjoy the natural advantages of a fine coast situation.

"In a paper on 'Town Sewerage and House Drainage,' Mr. Robert Rawlinson, C.E., showed that the first cost for town sewers need not exceed £1 per head of the population for towns at and below 50,000 inhabitants, unless in exceptional cases. Sewers and drains, constructed on proper plans, added to the value of house property more than their cost.

"The President confessed that he did not yet see any satisfactory solution of the great difficulties attending the outfall, and called on practical engineers to study that part of the question.

"The virtues of charcoal as a disinfectant were lauded anew by Dr. Stenhouse, who described a 'charcoal air-filter' which had been applied to street sewers with success during the last three or four years in West Ham, Worksop, Swansea, Glasgow, and other towns.

"Mr. Godwin, F.R.S., read a paper on 'Overcrowding in the Metropolis, and the Remedial Measures Practicable.' Pointing to the good effect of the Common Lodging-house Act, Mr. Godwin urged the application of similar powers of inspection and supervision to all houses occupied by more than two families. He entered into detailed particulars of the work-rooms in many parts of London, showing that attention was urgently demanded there as well. Many passages of the paper were warmly applauded.

"Dr. Greenhow read a very interesting paper on the 'Influence of Employment, on Health.'

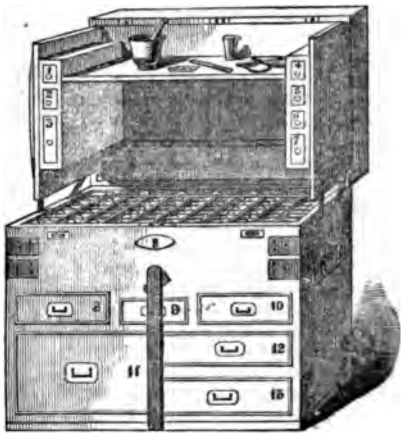
"Dr. Milroy read a paper on the 'Health of the Army and Navy, compared with each other.' Generally speaking, the ratio of ill-health appears to be somewhat higher in the navy than in the army since the recent improved sanitary condition of the soldiers. In the amount of invaliding the navy is very much in excess. That in both services much still remains to be done to diminish the losses by sickness and death cannot be doubted. Lord C. Paget, in moving the Navy Estimates this year, alluded to the high rates on several foreign stations, owing mainly to overcrowding of the men between decks.

"A report by the late Dr. McWilliam, on the high 'Mortality in the Mercantile Marine' produced such an impression upon the department that, on the motion of Lord Talbot de Malahide, it was resolved that the matter should be brought under the notice of the Government.

"The use of Scheele's green and other metallic pigments in textile fabrics, artificial flowers, and paper-hangings, was commented on by Dr. Hill Hassall in a paper in which he forcibly described the baneful and sometimes fatal results which ensue."

order to obtain another, it follows that the person employed will find everything at his hand without varying his position. By this arrangement as little time is lost as possible in preparing medicines, and the packing is so managed that serious breakage is hardly probable.

Fig. 3.



The improvement which Messrs. Savory and Moore have made in panniers for the use of the army, deserves to be mentioned by me. In size they are less than the ordinary panniers, and below the regulation weight. They contain on one side about thirty different drugs, with the proper accessories easily within reach, such as scales, weights, brandy, concentrated beef-tea, etc., and a lamp with reflector and such an adjustment as permits of warming a small quantity of food. A case of instruments, numerous tourniquets, bandages, plasters, sheeting, and splints, are stowed away in the other. A good and firm operating table can be formed by placing the panniers open on the ground and securing them in position by an easy mode of adjustment. They are rendered waterproof and capable of sustaining a fair amount of usage in the field, by being covered with strong horse-hide, tanned with the hair on.

Fig. 4.

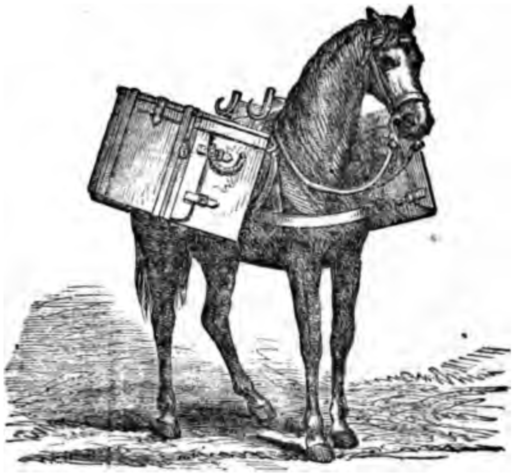


Fig. 5.

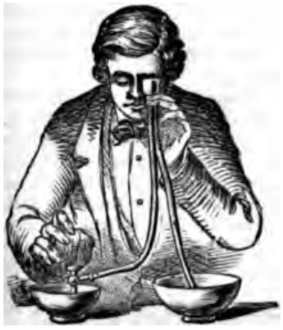
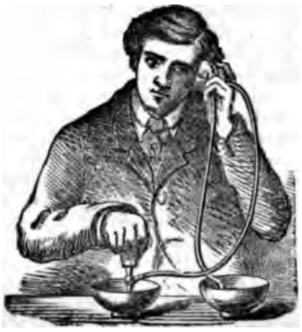


Fig. 6.



The two adjoining woodcuts represent Messrs. Savory and Moore's eye and ear douches, to which, as they are now well-known by the Profession, I need not further allude.

Fig. 7.

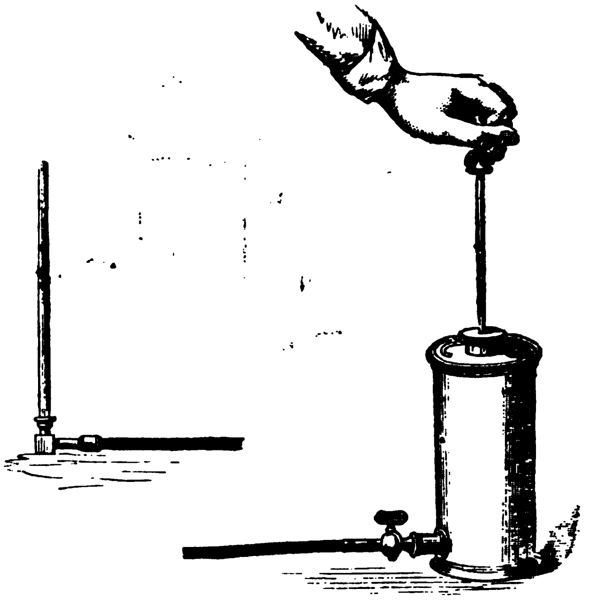


Fig. 7 is an illustration of an enema apparatus, which has an elastic tube for introduction into the rectum, and which is well adapted for the self-administration of injections. It requires no basin or other receptacle for the liquid employed, and by a single pressure of the hand, it ejects a continuous stream of adequate force and volume.

47, Hans-place, S.W.

THE NEW DIVISION OF MIDDLESEX.

The election for the vacant Coronerships of Middlesex is exciting so much attention that we reprint from the *London Gazette*, of June 10, the Order in Council relating to the division of the county and the boundaries of the new districts. It will be convenient for reference in case any of our readers may hereafter have occasion to apply to one of the Coroners.

"Whereas by an Act, passed in the Session of Parliament, holden in the seventh and eighth years of Her Majesty's reign, intituled 'An Act to Amend the Law respecting the Office of County Coroner,' it was enacted that it should be lawful for Her Majesty, with the advice of her Privy Council, after taking into consideration a petition presented to her, as directed by the said Act, by the Justices of any county in General or Quarter Sessions assembled, praying the division of such county into two or more districts for the purposes of the said Act, to order that such county should be divided into such and so many districts for the purposes of the said Act as to Her Majesty, with the advice aforesaid, should seem expedient, and to give a name to each of such districts, and to determine at what place, within each district, the Court for the election of Coroner for such district should be holden, as in the said Act is provided.

"And whereas Her Majesty's Justices of the Peace in and for the county of Middlesex, in Quarter Sessions assembled, on the seventeenth day of April, A.D. one thousand eight hundred and sixty-two, have presented a petition to Her Majesty in Council, in accordance with the provisions of the said Act, which said petition, with the description of the several proposed districts and of the boundaries thereof, with the reasons upon which such petition was founded, as hereinafter respectively set forth, was duly certified to Her Majesty under the hands and seals of two of the said Justices present, when such petition was agreed to, setting forth that *that part of the county of Middlesex for which Coroners are elected under writs de coronatore eligendo* had been *customarily* divided into *two* districts for the purpose of holding inquests during the space of seven years and upwards before the passing of the said Act; but the said county had not been divided into districts under or for the purposes of the said Act: and that one of such *customary* districts comprised the several parishes and places thereinafter proposed to be named 'The Eastern District,' and the other of such *customary* districts comprised the several parishes and places thereinafter proposed to be respectively named 'The Central District,' and 'The Western District.' That at the general session of the peace, held in and for the said county, on the twentieth day of February, one thousand eight hundred and sixty-two, it had seemed expedient to the Justices then and there assembled that the said part of the said county should be divided into *three districts* under and for the purposes of *the said Act*, instead of into two *customary* districts as theretofore (the said Justices, however, not proposing in such division to alter the extent or boundaries of the said Eastern division); and that it had been, at such general session, resolved that a petition should be presented to Her Majesty, praying that such division should be made, and thereupon it had been resolved that the further consideration of such petition should be adjourned until the said seventeenth day of April, and notice thereof was duly given to the Coroners of the said part of the said county; and that the petitioners had that day conferred with John Humphreys, Esquire, one (and the only one) of the said Coroners of the said part of the said county, who attended the said Court, touching the petition; and that it appeared to the petitioners that such three districts should be respectively named 'The Eastern District,' 'The Central District,' and 'The Western District,' and that the Courts for the election of Coroners for such districts should be respectively held in the following places (that is to say): the Court for the election of a Coroner for the Eastern District, at Bethnal-green, in the same district; and the Court for the election of a Coroner for the Central District, at Marylebone, in the same district; and the Court for the election of a Coroner for the Western District, at Brentford, in the same district; and that the description of the said several proposed districts and of the boundaries thereof, should be as therein and hereinafter set forth; and that the reasons upon which such petition is founded were and are as follows, that is to say:—1st, that considerable delay frequently arose in the holding of inquests in the said customary district (the average number held on each working day of the year being four), in consequence of the great distance between the places at which the preliminary inquiries were to be made, and of the extent of the district, which is twenty-six miles in length by twenty-five in width. 2nd. That jurors (who are not paid for their services) and witnesses are frequently kept waiting several hours for the arrival of the Coroner of the said customary district, who is necessarily delayed by the great number of inquests he holds (which had increased by 16 per cent. during the year 1861, as compared with the year 1860, and which would probably continue to increase), and the distance he had to travel from one place to another. 3rd. And that the present salary of the Coroner of the said customary district of £1800 was sufficient to remunerate two Coroners. And the said Justices most humbly prayed Her Majesty that Her Majesty would be graciously pleased to take the petition into consideration, and to order that upon and immediately after the death, resignation, or removal of the Coroner for the said county, who at present executes that office within those parts of the said county which now comprise the proposed Central and Western Districts, those parts of the said county for which Coroners are elected under writs *de coronatore eligendo* should be divided into three districts for the purposes of the said Act, to be respectively named the Eastern District, the Central District, and the Western District, and to comprise the several parishes, places, and boundaries thereinbefore and hereinafter set forth; and also to determine and order that the Court for the election of a Coroner for the said Eastern District should be holden at Bethnal-green, in the same district; that the Court for the election of a Coroner for the said Central District should be holden at Marylebone, in the same district; and that the Court for the election of a Coroner for the said Western District should be holden at Brentford, in the same district.

"Now, therefore, Her Majesty having taken the said petition into consideration, and the Coroner for the said county, who, on the said seventeenth day of April, A.D. one thousand eight hundred and sixty-two, and at the time when the said petition was so presented executed that office within those parts of the said county which now comprise the proposed Central and Western Districts, having since died, Her Majesty is pleased, by and with the consent of Her Privy Council, to order, and it is hereby ordered, that those parts of the said county for which Coroners are elected under writs *de coronatore eligendo*, shall be, and the same are, hereby divided into three districts, for the purposes of the above-recited Act, to be respectively named "The Eastern Distrtct," "The Central District," and "The Western District," and to comprise the several parishes, places, and boundaries in the said petition, and in the schedule hereunder written, respectively mentioned and set forth.

"And Her Majesty is also pleased to order, by and with the advice aforesaid, that the Court for the election of a Coroner for the said Eastern District shall be holden at Bethnal-green, in the same district; that the Court for the election of a Coroner for the said Central District shall be holden at Marylebone, in the same district; and that the Court for the election of a Coroner for the said Western District shall be holden at Brentford, in the same district.

"SCHEDULE OF DISTRICTS, PARISHES, AND PLACES, AND BOUNDARIES.

"*Description of the Eastern District.*—To comprise the following parishes and places:—That part of the parish of Saint Mary, Whitechapel, which lies in Middlesex; the parishes of Christ Church and Saint Leonard's, Shoreditch; the liberty of Norton Folgate; the parishes of Saint John at Hackney, and Saint Matthew, Bethnal-green; the hamlets of Mile End Old Town and Mile End New Town; the parishes of Saint Mary, Stratford, Bow, Bromley Saint Leonard, All Saints, Poplar, and Saint Anne; the hamlet of Radcliffe; the parish of Saint Paul, Shadwell; that part of the parish of Saint George which lies in Middlesex; the parish of Saint John, of Wapping; the liberty of East Smithfield; the precinct of Saint Katharine; the parishes of Tottenham and Saint Luke; the liberty of Glass-house-yard; and the parish of Stoke Newington. Boundaries of the District: Bounded on the north by the parish of Edmonton; on the east by the River Lea; on the south by the River Thames, the liberty of the Tower of London, and the city of London; and on the west by the parishes of Saint Sepulchre, Clerkenwell, Islington, Hornsey, and Friern Barnet.

"*Description of the Central District.*—To comprise the following parishes and places:—The parishes of Saint Giles-in-the-Fields and Saint George, Bloomsbury; that part of the parish of Saint Andrew, Holborn, which lies above the Bars, and the parish of Saint George the Martyr; the liberty of Saffron-hill, Hatton-garden, and Ely-rents; the liberty of the Rolls; the parishes of Saint Pancras, Saint John, Hampstead, Saint Marylebone, Paddington, Saint Sepulchre, Clerkenwell, Islington, Hornsey, Finchley, Friern Barnet, South Mimms, and Hendon; the extra-parochial places called Lincoln's-inn, Gray's-inn, and Staple-inn; that part of the extra-parochial place called Furnival's-inn which lies in Middlesex; the extra-parochial place called the Charter-house. Boundaries of the District:—Bounded on the north by Hertfordshire; on the east by the parishes of Enfield, Edmonton, Tottenham, and Stoke Newington; on the south by the City of London and the liberty of Westminster; and on the west by the parishes of Kensington, Willesden, Kingsbury, Edgware, and Little Stanmore.

"*Description of the Western District.*—To comprise the following parishes and places:—The parishes of Kensington, Chelsea, Fulham, Hammersmith, Chiswick, Ealing, Acton, Willesden, Hadley, and Harrow; the hamlet of Pinner; the parishes of Great Stanmore, Little Stanmore, Kingsbury, and Edgware; the township of Uxbridge; the parishes of Hillingdon, Ruislip, Ickenham, West Drayton, Harefield, Cowley, Harmondsworth, Hayes, Harlington, and Northolt; Twyford Abbey; the parish of Cranford; the township of New Brentford; the parishes of Hanwell, Greenford, and Perrivale; the precinct of Norwood; the parishes of Sunbury and Hampton; the liberty of Hampton Wick; the parishes of Teddington, Hanworth, East Bedfont, Feltham, Littleton, Ashford, Laleham, Shepperton, Staines, Stanwell, Isleworth, Twickenham, and Heston. Boundaries of the District:—Bounded on the north by Hertfordshire; on the east by the parishes of Hendon, Hampstead, Paddington, and the city and liberty of Westminster; on the south by the River Thames; and on the west by the River Colne.

"EDMUND HARRISON."

REVIEWS.

Psychological Inquiries. The Second Part; being a Series of Essays, intended to Illustrate Some Points in the Physical and Moral History of Man. By Sir Benjamin Brodie, Bart., D.C.L., F.R.S., etc. Foolscap 8vo, pp. 247. Price 5s. London: Longman and Co. 1862.

The author's first volume of "Psychological Inquiries" was a series of essays illustrating the mutual relations of the physical and mental faculties. The present one is uniform with its predecessor, both as to size, subject-matter, and the adoption of the mode of dialogue. Its object is stated to be twofold. First: to show "that the solution of the complicated problem relating to the condition, character, and capabilities of man is not to be attained by a reference to only one department of knowledge; that for this purpose the observations of the physiologist must be combined with those of the moral philosopher, mutually helping and correcting each other." Secondly: to show "that researches of this kind should be regarded not as merely curious speculations, but as being more or less of practical importance to every individual among us, enabling us to understand to how great an extent we may contribute to the improvement of the faculties with which we are endowed, and to our own well-being in life."

It is an unpretending little book addressed to the general, not the Professional public. Those who look to it for something new will be disappointed. The author expressly disclaims any pretensions to novelty either in his facts or his conclusions. But the general reader who cares to see many most interesting psychological questions handled in a comprehensive spirit, and at the same time in plain untechnical English, will find in this volume much that is entertaining and instructive. We are glad to observe that, in discussing any unsettled question, the author never omits to show clearly how much of it is within the reach of human knowledge, and how much beyond; in other words, how much is legitimate conclusion, and how much is more or less probable conjecture.

At the outset and in the course of his inquiries he calls attention to the danger which threatens science from the utilitarian tendencies of the present day; the tendency, that is, to prosecute scientific researches not for their own sake, but only for the sake of some immediate practical result. If we trace back the history of those practical discoveries, which have proved such priceless blessings to mankind, we generally find ourselves indebted, primarily and chiefly, to men who laboured after knowledge for its own sake, never dreaming of the great inventions to which their researches would one day give rise. It is one thing to discover a scientific truth; it is another and a far easier thing to apply that truth to some practical purpose. After illustrating this point by some well-chosen examples, the author well remarks:—"How many analogous instances might not be adduced, sufficient to satisfy the most thorough-going utilitarian that there are none who really contribute so much to the attainment of the objects which he himself has in view, as those who pursue science for its own sake, without reference to the practical results to which it may lead ultimately!" (Pp. 30—34.)

The Essay on Education (Dialogue v.) is especially worthy of perusal. Much stress is laid upon the cultivation of the *imagination* as one of its most essential parts. Those who are concerned in educating the young are apt somewhat to overlook the powerful influence this faculty exercises over the intellectual as well as the moral character. A child's imagination cannot be controlled; but the direction it takes will depend in great measure on the materials which it has to work with. "Wherever great things are accomplished, it is the imagination which begins the work, and the reason and judgment which complete it."

Speaking of the system of examinations which is now being extended from schools and colleges to the public services, he observes that "it cannot fail to be useful if it be confined to the one object of ascertaining that the candidates have that amount of knowledge which is necessary for the position which they desire to occupy; but it will be otherwise if it be carried further than this, and especially if the principle of competition to any considerable extent be made an essential part of it. In a difficult and elaborate examination those who have in the greatest perfection the capability of learning what is already known, though they may have nothing else, will have the advantage over those who observe and think for themselves. Yet it is to the latter that we must attribute the higher order of talent; to whom we look for the greatest results, whether it be in the way of advancing knowledge, or in the more active and ordinary business of life."

The two last dialogues are devoted to the consideration of various contested questions, such as that of equivocal generation, of the origin of the different species of our race, of the existence of mind independently of organisation, of the place of man in the scale of creation, with speculations as to his future destiny, etc. The author is far from being convinced of the truth of Darwin's views on the origin of species. Stated briefly, his objections to it are as follows:—1. That, though there is abundance of evidence that the different species of animals are capable of undergoing certain transformations, such transformations are always confined to the external form (the limbs, the skin and its appendages), and "do not extend to the internal and more important vital organs, nor to the muscles and nerves, nor even to the general form of the skeleton." 2. Even if the theory of development be true, it is so only partially, for it does not account for those organs "which seem to have had no prototype, and which suddenly appear in a limited number of animals, as if by some special act of the creative power." Such, for instance, are the poisonous fangs and the poison gland of the venomous snakes, the electric battery of the torpedo and other electric fishes, and the spinning apparatus of the spider. There are no structures in other animals from which we can conceive these to have derived their origin. 3. Granting that a primordial germ "may have contained within itself the rudiments of some, at least, of the various organic structures to be developed afterwards, that is quite a different thing from it being the original seat of those functions which belong to the mind and intellect." The mind, he believes, is not a mere function of the brain as the secretion of bile is a function of the liver.

Medical Education. A Discourse delivered at the Meath Hospital. By William Stokes, M.D., F.R.S., Regius Professor of Physic in the University of Dublin.

This discourse may be taken as an able and lucid exposition of the views on the subject of Medical education held by the Medical Council, and embodied by them in their published Resolutions. Dr. Stokes refers the present evils in the system of Medical training to three heads:—The neglect of general education; the confounding instruction with education; and the giving a greater importance to the special training than to the general culture of the student. We thoroughly agree with the author in the argument by which he enforces the necessity of general education in a Profession which necessitates the highest exercise of the perceptive, observant, and reasoning powers; and we fully acknowledge and deplore the defects and shortcomings in this particular which have hitherto disgraced our systems of professional education. There are portions of what is called general education which are peculiarly necessary to the mind intended to deal with the uncertainties and discrepancies of medicine. A thorough course of mathematical training enforced on every student who presents himself as a candidate for a Medical degree or licence, must prove the most effectual check on that tendency to hasty generalisation and loose reasoning which has hitherto been the bane of Medicine. We need not enlarge on the advantages which a knowledge of languages, history, and logic will confer on the Physician or Surgeon, for they are self-evident. Let, however, this general education be made the foundation, and not the superstructure. The collateral sciences of Medicine afford in themselves admirable mental aliment; and, as we believe that Medicine itself presents a field for the highest exercises of the human intellect, we may be allowed, with all deference, to question the advisability of recommending students to "foster the general education in preference to the special training."

The Uses of Animals in Relation to the Industry of Man; being a Course of Lectures delivered at the South Kensington Museum. By E. Lankester, M.D., F.R.S., Superintendent of the Animal Product and Food Collections. London: R. Hardwicke. Pp. 280.

The author of the work before us is, as is well-known, a candidate for the office of Coroner to the central division of the county of Middlesex, and naturally appeals to his Medical brethren for their support. As the Coroner—if a Medical

5. Lastly, the sulphite, bisulphite, and hyposulphite of *ammonia*, are all very deliquescent, and of a pungent taste. They are easily changed into sulphates, and can only be used externally.

All the sulphites which can be administered internally, may be given either in powder, mixed with sugar, and flavoured according to taste; or in edulcorated solutions. The sulphite of magnesia and the three salts of lime are preferable for internal, the others for external use. The hyposulphites in general have been found to act most slowly, inasmuch as they must first pass into the state of sulphites. They are rapidly decomposed by vegetable acids, but not altered by acetic acid, whence Signor Polli concludes, that during their use all kinds of fruit should be avoided, while vinegar may be allowed.

Having first tried these salts in animals, and having found that dogs can take as much as two or three drachms a-day without showing any symptoms of disturbed health, Professor Polli commenced a series of clinical experiments, which were imitated by a few other Practitioners, in a great variety of cases which hardly admit of classification. Although Signor Polli endeavours to make out that in all these cases the efficacy of the salts is due to the anti-fermentative action of the sulphurous acid they convey to the system, it remains still to be shown whether so many different diseases can fairly be attributed to the old bugbear of fermentation. But, leaving apart this dogmatical side of the question, I shall simply enumerate the principal diseases in which the sulphites have hitherto been given with success.

1. *Eruptive Fever*, small-pox, scarlatina, and measles, especially their malignant forms; erysipelas, zoster, acute pemphigus.

2. *Chronic Eruptions* require the additional application of lotions or ointments, made of hyposulphite of soda. As an excellent prophylactic remedy against contagious diseases of the skin, Signor Polli recommends the hyposulphites, especially that of soda, of which he gives from forty to sixty grains daily. He lays great stress on the sluggishness with which these salts undergo their chemical changes within the intestinal canal; and his belief in their prophylactic powers seems to be chiefly founded on this fact. But as nothing short of statistics can save the reputation of a prophylactic, we must wait for further experience before the value of these new remedies can be considered as fully established.

3. *Ulcers.* — Professor Polli excludes scrofulous and syphilitic sores, but it appears that other Practitioners have tried the sulphites even in such cases, and not without success. I cannot find a case of genuine primary chancre thus treated. But an old sore, which had resulted from the opening of a bubo, has most successfully been treated by Dr. Galligo with lotions of sulphite of magnesia (1 : 20), the same remedy being also prescribed for internal use.

4. *Gastric and Rheumatic Fevers.*—For the so-called febris pituitosa of children, Signor Polli knows no better remedy than the sulphite of magnesia.

5. Absorption of purulent matter after Surgical operations, nosocomial fever, puerperal fever, inflammation of the lymphatic vessels and glands from cadaverous infection. In all these diseases the curative action of the sulphites has been very striking, and has been further elucidated by a series of experiments on animals, which have led to important results. It was found that after a previous administration of sulphites, either given internally or injected into the veins, animals resisted the action of purulent and even putrid matter subsequently introduced into their system. When the latter was injected first, and sulphates given internally or injected afterwards, the deleterious action of the poison could always be arrested, even when its first symptoms had already set in. The effects are probably modified according to the quantities of matter used. But if the facts just mentioned should be confirmed by further experience, these new remedies would have to be considered as most important additions to the therapeutical stock, especially of Veterinary Surgeons.

6. Acute rheumatism, miliary and typhoid fever, have also been treated with sulphites; but Signor Polli speaks less confidently of these cases.

7. I have already mentioned that the sulphite of lime is recommended in pulmonary consumption, on account of its supposed tendency to produce cicatrisation of vomicæ.

If, lastly, Professor Polli invites his Medical brethren to try his sulphites also in cholera and intermittent fever, he evidently weakens his cause, although we may excuse excess of paternal partiality for a new-born remedy which bids fair to have a long and brilliant career, and which certainly deserves as much consideration as the podophylline and other children of fashion.

All sulphites used for therapeutical purposes should be prepared by the pharmacist, as those hitherto met with in commerce are far from pure. Signor Polli found that a compound sold to him as sulphite of potash contained sulphate of potash, clay, and some other insoluble matter; while a thing sold as sulphite of lime contained quicklime, carbonate and sulphate of lime, chloride and sulphuret of calcium, and some resinous matter. In order to avoid the possibility of mistakes, I will add that the sulphites here spoken of are represented by the formula $MO + SO_2$, the bisulphites by $MO + 2\ SO_2$, and the hyposulphites by $MO + S_2O_2$, without any reference to the additional multiples of water.

A NEW PORTE-CAUSTIQUE.

Every Surgeon knows that it is sometimes difficult to apply the lunar caustic on account of its shape, which we cannot always *ex tempore* adopt to the exigencies of the case. It is often too blunt for a minute ulcer, too thick for a fistula, too short for the cauterisation of the os uteri, and its application to the pharynx entails the danger of the patient swallowing the piece of caustic if it is not firmly set in its *étui*. Although Surgeons will never be at a loss to overcome these difficulties wherever it is necessary, it may still be useful to call the attention of your readers to a new, ingenious, and extremely simple contrivance suggested by one of our Florentine Physicians, Dr. Galligo. He has found that pine-wood, such as is generally used for lucifer matches, can imbibe a quanty of caustic liquid sufficient for rendering it available for all ordinary cauterisations. Concentrated acids, the liquid nitrate of mercury, and a concentrated solution of nitrate of silver, are all most readily imbibed by a wooden pencil of this kind; and as such a pencil can, on the spot, be cut into any shape that may be required, it seems certainly to offer some advantages over the more or less clumsy pieces of lunar caustic generally employed. The smallest point may thus be cauterised without any injury to the surrounding tissues, the narrowest fistula may be passed through, and the remotest point of the pharynx be touched without any danger of an accident, the caustique and its porte-caustique being of one piece. If nothing else is at hand, the wrong end of a lucifer match, or even a tooth-pick may be used. But the piece of wood should always be thoroughly soaked, and the adhering drops wiped off, as otherwise the wood might offer the same inconvenience as the sponge, the hair-brush, or even lint, all of which allow the liquid to ooze out under the slightest pressure, and to fall on places for which it was not intended. Last year M. Diday published a note on the subject in some French periodical; but Dr. Galligo's idea dates as far back as 1859.

FRANCE.

Paris, June 7.

ON RAILWAY TRAVELLING.

The influence of railway travelling on health and disease is a subject on which most erroneous notions exist not only in the public mind, but have also been brought forward by a few Medical Journals, which by so attractive a heading endeavoured to stimulate the flagging attention of their readers. French statistics concerning this point leave no doubt whatever that all the wonderful diseases which were believed to be the consequence of railways and railway travelling, and which no one has ever seen nor will ever observe, are in fact nothing but the offspring of a somewhat too fertile and exuberant imagination. The men employed in the French railways are on the whole remarkably healthy, only drivers and guards being somewhat prone to inflammation of the respiratory organs, which is easily explained by the constant exposure of the men to wind and weather. As to the travelling public, it is certain that we possess in railways not only the most convenient, but also the least dangerous means of locomotion, and that the fatigue induced by it is less than by any other mode of travelling. Moreover, countries intersected with railways are healthier than those which are not, and railways offer us, indeed, the rare and remarkable example of an important branch of industry, which recent occurrence, which seemed strongly corroborative of the opinion he had expressed. R. L., a seaman, aged 31, towards the end of November last received a blow on his left groin, which caused a painful swelling that was treated as glandular; and about a month afterwards strained himself on the same side in leaping from a ship that was about to sink, with the effect of causing the formation of another tumour some inches higher up than the former one. On this account he repaired to the Cumberland Infirmary, at Carlisle, and was then found to suffer from an iliac aneurism. After remaining a week in the Hospital, he went home until the end of February, when he was admitted into the Hospital of Dumfries. Operative interference having been there declined, the patient again went home and betook himself to intemperate habits, with the effect of injuring his health and greatly increasing the tumour. On April 18 he was admitted into the Royal Infirmary of Edinburgh, when the aneurism was found to extend from below Poupart's ligament considerably higher up than the umbilicus, and from two inches beyond the middle line of the abdomen towards the right side, completely across the left iliac region, so as to overlap the crest of the ilium. There was a strong pulsation throughout the whole extent of the tumour, great pain in the course of the crural nerve, and considerable œdema of the thigh. On the 20th, chloroform having been administered, the cavity was examined by introducing first one finger, then another, and finally the whole hand, without any trace of the artery being detected, whence it was concluded to be out of its usual situation. A screw clamp provided by Professor Lister, of Glasgow, was then employed to effect compression of the aorta; and this having been ascertained to be complete, a free incision was made through all the textures concerned, so as to lay the sac fully open, and allow six pounds of blood and clots to be scooped out. It then appeared that the arterial orifice was in the roof of the aneurism, from the vessel having been raised in this direction by the blood effused under it; and this orifice being brought distinctly into view by dissection of the sac, was tied on both sides of the vessel. But as blood still issued, though not with the same force as before the ligatures were applied, it was concluded that the internal iliac originated from the portion of artery comprehended between them; and this vessel also having been exposed, was tied by a thread passed round it. The wound was then dressed superficially, and everything went on favourably. On the nineteenth day the ligature separated, and the cavity gradually contracted. Some observations were then made—1. On the importance of ascertaining that the aorta could be effectually compressed so as to prevent hæmorrhage from its primary branches. 2. On the sac not maintaining a profuse and protracted suppuration like the investment of a chronic abscess, but readily contracting so soon as the distending force ceased to act. 3. On the impossibility of affording relief in the case related by any other means than the one employed, and the danger which would have attended ligature of the common iliac at an earlier period from the aperture being so near the bifurcation. In conclusion, the author expressed his hope that the cases of carotid, axillary, gluteal, and iliac aneurisms which had come under his observation would induce teachers of Surgery to reconsider the propriety of representing the Hunterian operation so exclusively the rule of practice as it had hitherto been regarded.

Mr. PARTRIDGE asked if, when the orifice of the artery was exposed, he tied the vessel from within the sac or exterior to it.

Mr. ADAMS had also some doubt as to the precise method of applying the ligature.

The AUTHOR then further explained.

Mr. ADAMS considered that this method of treating aneurism was very bold and decisive, and justified by the successful result of the case mentioned. Again, it could be performed in cases in which any other operative interference would be impossible, and there is less risk of secondary hæmorrhage, and as all the clots are removed, of suppuration of the sac of the aneurism. The compression of the aorta was not new. Bandelocque had tried this method in uterine hæmorrhage, and he (Mr. Adams) could easily conceive that it might be very useful in such operations as amputation at the hip-joint.

Mr. SYME said that he should be happy to reply to any statement at variance with the opinions he had expressed in the paper; but as nothing had been brought forward against it, he was at a loss to make a reply. There were, he said, three points to which he wished especially to direct attention:—First. That there was no reason to conclude that the artery in the sac of an aneurism was unsound beyond the point of rupture, and, if sound, it was better to tie near that point. Secondly. That the artery, if unsound at the seat of the aneurism, is just as likely to be unsound at parts at a distance, where, according to the Hunterian method, it is usual to tie it. In the case of axillary aneurism which he had previously brought before the Society, the patient got quite well and to his work, but afterwards died of aneurism of the aorta. In this case the whole arterial system was diseased. Thirdly. If the arteries are unsound, it is better to tie near the ruptured part. In ligaturing arteries in stumps after amputation, he had found the arteries so diseased that they grated under the ligature, and yet the case did well. In some cases, as in popliteal aneurism, it was impossible to tie the artery at the ruptured part. He felt confident that these principles were correct; but one case, under Sir Astley Cooper's care, of ligature of the abdominal aorta, made him feel anxious. The patient was a man, aged 38. The aneurism followed a blow. It gradually increased in size, and pressure applied to it caused sloughing, followed by hæmorrhage. Sir Astley Cooper endeavoured, by making an opening, to compress the artery, but on introducing his hand felt nothing but a confused mass of clots. He therefore enlarged the wound, and ligatured the aorta above the bifurcation. In the dissection of this case it was stated that the track of the artery was not in the aneurism. He (Mr. Syme), with the greatest respect for the opinion of Sir Astley Cooper, felt inclined to believe that he had been mistaken, rather than that there was an exception to the universal rule.

A Paper, by Mr. JOSEPH TOYNBEE, F.R S., was read on

NECROSIS AND EXTRUSION OF THE VESTIBULE AND COCHLEA DURING LIFE.

After referring to the frequent occurrence of caries in the petrous bone, and to the infrequent occurrence of necrosis, the author proceeded to give, from the experience of others and of himself, the particulars of six cases of necrosis of the petrous bone. In two of the cases related, the vestibule and cochlea were thrown out in one mass during the lives of the patients; in two cases the cochlea only was extruded; in the other cases the patients died from the effects of necrosis of the petrous bone, and the particulars of the dissections were detailed. The author entered at some length into the details of one of the cases which recently occurred to him, where the necrosed cochlea came away during the life of the patient, and in which the ear though deprived of a cochlea, still retained a certain amount of hearing power. In conclusion, the author offered some observations on the treatment of diseases attended by discharge from the ear and which are liable to terminate in caries or necrosis of the petrous bone. He also pointed out the desirability of not removing polypi from the ear in cases of diseased petrous bone.

Dr. KIDD asked Mr. Toynbee if he had considered the views of Professor Helmholtz, who believed that the cochlea was intended to recognise the rhyme of musical sounds.

Mr. HARVEY wished to know if the patient was still alive, and if there were any paralysis remaining. He had known portions of the internal ear extruded, and had a preparation in which part of the cochlea and vestibule had come away. In the latter case there was paralysis and no power of hearing since. In these cases little or nothing can be done except at the commencement. He wished to ask if any good could be done by keeping up counter-irritation over the mastoid process. In early cases we can show that caries of the bone generally arises at that part where the incus lodges. He could relate instances where counter-irritation had been applied with great benefit in cases of commencing caries.

Mr. HOLTHOUSE said that the paper was a very interesting one; and if it could be believed that the patient could still hear, it would be very interesting in a physiological point of view. He did not think that the experiments were conclusive. He thought that the blocking up of the sound ear was not enough to prevent hearing by the help of that ear. The fact that the patient could hear only when the mouth was applied very close to the ear, he considered, supported the view that it was by vibration transmitted to the sound ear. Deaf persons often deceive themselves, and say they hear the ticking of a watch when the watch is removed. In one case, in which the patient had entirely lost all hearing on both sides, he said that he could hear the organ at church and the carriages in the streets. It was, however, quite clear that it was from the vibrations affecting probably the nerves of sensibility generally.

Mr. Toynbee was aware of the views of Helmholtz, but he had purposely abstained from entering into the physiological part of the subject. In reply to Mr. Holthouse, he said that he had noticed those points only which would be of interest to Surgeons generally. It is quite possible, Mr. Toynbee said, by pressing firmly on the tragus by the finger, to exclude all sounds, so that nothing is heard on shouting into the deaf ear. In his experience, caries generally commenced at the inner wall of the tympanum. He believed that a seton was the best form of counter-irritation; but the most important point in treatment was syringing out the matter from the ear.

In reply to Mr. Harvey, Mr. Toynbee said that in the case he had related there was no paralysis.

The President said that in Mr. Cock's dissection of the ears of persons born deaf, the semicircular canals were impervious.

Mr. Toynbee said that he had dissected the ears of such persons, and found no structural alteration.

Mr. John Adams related a case of

CANCER OF THE LEFT MALE MAMMA: WITH REMARKS.

The subject of this case was a gentleman, aged 72. He was a stout, florid, and healthy-looking man, and had suffered from pain in the breast of a lancinating character for seven or eight months. The nipple was retracted, and the sebaceous glands at its base were hypertrophied. The tumour, embedded in fat, could not readily be defined, but gave to the finger a feeling of great hardness. Mr. Middleton confirmed the author's opinion as to its cancerous nature, and it was removed on April 8 last. The patient's father was supposed to have died of cancerous tubercles in the liver. The microscope proved the disease to be genuine scirrhus in the rudimentary gland-tissue. The author referred to various cases recorded in the volumes of the *Transactions* of this Society and in *The Lancet*. He did not attempt to deduce any inferences as to the nature and progress of the disease in the male, but proved, by reference to the cases already collected, that the male mamma is obnoxious to every species of cancer to which the female breast is liable.

At the conclusion of the meeting, Dr. F. P. Liharzik, of Vienna, exhibited his models of the Human Form, Illustrating the Law of Increase in the Structure of Man.

It was then announced that on Tuesday, July 1, there would be a meeting of the Society to receive the Report of the Committee on Suspended Animation.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 20.

Dr. Copland, President, in the Chair.

A report was presented by Dr. Murchison and Mr. Henry Thompson, on Mr. Maunder's specimen of a

BLADDER SUPPOSED TO HAVE BEEN PASSED BY A WOMAN BY THE URETHRA.

The reporters stated that the specimen was undoubtedly a urinary bladder. The normal tissues of that organ were easily detached, and the openings of both ureters might be discovered. They could not believe, however, that it was the bladder of the patient herself, and thought it was more probably one procured by her for purposes of deception.

Mr. Spencer Wells made some remarks, and mentioned some facts in support of the opinion, that the bladder did occasionally slough away and pass by the urethra. He inquired of Mr. Maunder whether there was any proof that in his case the specimen shown had really escaped through the woman's urethra?

The President informed Mr. Wells that the Council had come to a conclusion not to allow any discussion on reports. Any remarks which members might wish to make must be made at the time of the exhibition of the specimen.

A report, by Dr. Garrod and Mr. Henry Thompson, was read on Mr. Barwell's specimen of

DEPOSIT IN THE KNEE-JOINT.

The white matter had a cretaceous appearance and was very hard. Under the microscope it was found to consist of semi-transparent grains, with little or no power of depolarising light. In dilute hydrochloric acid it dissolved with effervescence, and the solution, on the addition of ammonia, gave rise to a copious gelatinous deposit. The residue left by the hydrochloric acid was small in quantity, and gelatinous in character. In a solution of potash the white matter was found to be insoluble, but the gelatinous matter entirely soluble. Further analysis proved that there was an entire absence of urate of soda or uric acid, but that the matter consisted of phosphate and carbonate of lime, united with a little animal matter. No traces of purpurate of ammonium, and no crystals of uric acid could be obtained from it. True gouty deposit occurs in needle-like crystals, which powerfully depolarise light. It also yields rhombs of uric acid, and gives rise to the purple murexide test.

The report on Mr. Holthouse's specimen of tumour of the perineum was not yet ready.

Mr. Holmes wished to ask the President if the report on this specimen, when ready, would appear in the volume of the *Transactions* of the Society for the Session now ending or for the next? If in the former, the report would appear as if under the authority of the Society, although it had not been presented; and if in the one for next Session it would appear as part of the *Transactions* of a Session in which the specimen, on which the report was founded, had not been exhibited.

Mr. Spencer Wells said that the fact that this was the last meeting of the Session had been overlooked. The President had stated that no discussion was allowed on reports.

Mr. Holmes said that it was but fair that the gentleman who exhibited the specimen should, if he dissented from the report, have an opportunity of expressing his dissent.

Mr. Christopher Heath exhibited a specimen of

MEDULLARY CANCER OF THE BLADDER,

removed from a man, aged 64, who died in the Westminster Hospital. He had applied in October last, suffering from pain and irritability about the bladder, and much pain at the end of the penis, for which he was sounded, but no stone was found. He frequently passed large quantities of blood, and with the finger in the rectum a hardened mass could be felt in the region of the bladder, which, coupled with the above symptoms and the rapid emaciation, led to the diagnosis of cancer. He died March 12, 1862. At the post-mortem examination, the bladder, ureters, and kidneys were found distended with urine, the ureters being about double their ordinary size, owing to the obstruction caused by the disease at the neck. A mass of medullary fungus occupied the trigone, and the orifices of the ureters were found with great difficulty. A deposit of cancer had occurred between the rectum and bladder, continuous with the growth in the viscus, and involving the vesiculæ seminales.

Mr. Heath also exhibited a specimen of

CANCER OF THE NECK, INVOLVING THE TRACHEA AND ŒSOPHAGUS.

This was from a lady, aged 60, who first came under Mr. Heath's care in December, suffering from urgent dyspnœa, which required operative interference, and tracheotomy was therefore performed under circumstances of great difficulty, owing to a mass of scirrhous glands involving the front of the neck. The dyspnœa being relieved, it was found that in a few days the glottis had become entirely obstructed, and that some difficulty in swallowing was apparent. In the middle of March food began to come through the tracheotomy-tube as soon as it was swallowed, and recourse was therefore had to a small stomach-tube, by which the patient was fed with increasing difficulty from day to day. A very profuse and offensive discharge came from the tracheotomy-tube, and bile was occasionally vomited through it. In the middle of April it was found impossible to introduce the stomach-tube any longer, and enemata were therefore employed until the patient sank on May 13. The œsophagus being opened from behind, showed a large ragged *cloaca*, communicating with the trachea and the wound in the neck. The œsophagus below this point was completely obstructed by the thickened margins of the ulcer, but the trachea was perfectly pervious, and, although surrounded by a mass of cancer, was not pressed upon by it. The cause of the dyspnœa was apparent in the larynx, where a growth involved the left side of it, and completely closed the canal. The thyroid cartilage was necrosed and fractured, the cricoid cartilage was also necrosed and all the front of it gone, as were also several of the upper rings of the trachea.

Mr. Maunder asked if gastrotomy had been contemplated?

In reply, Mr. Christopher Heath said that, as the patient was past sixty, and there was already an opening in the trachea, and large cancerous masses in the neck, the operation of gastrotomy, although considered, had never been seriously entertained.

Dr. Crisp then brought forward a specimen of

DISEASE OF THE SUPRA-RENAL CAPSULES.

The specimen was taken from a man, aged 50, who died under the care of Mr. Barnes, of Chelsea. The patient had been eighteen months under care of this gentleman, and during that time had gradually been getting weaker, and this, except occasional sickness, was the only prominent symptom, there being no indication of disease of any special internal organ. A gentleman, however, early in the case, from the colour of the skin, predicted that it would turn out to be one of disease of the supra-renal capsules. The kidneys were fatty, and also enveloped in large masses of fat, but there was no organic disease of any other organ except the supra-renal capsules. Part only of the left was shown, as it had been torn in taking it out. Above the right kidney was a small body weighing only thirteen grains, which seemed to consist almost entirely of flakes of fat. The other capsule, also, *i.e.*, the part removed, was fatty, and not quite in a normal condition. It was, Dr. Crisp said, doubtful whether one was a capsule at all, but considering the condition of the other, and the prognostication founded on the peculiar discoloration of the skin, it was fair to conclude that the disease was due to degeneration of the supra-renal capsules. The case, however, was a doubtful one, but it was only by the accumulation of such examples that accurate conclusions could be arrived at. In a prize essay at the College of Surgeons on the Supra-renal Capsules, by Dr. Harley, fifty-eight cases were collected. Of these, fifteen had bronzing of the skin with disease of the capsules, in thirty-one there was disease without bronzing, and in twelve bronzing without disease of the capsules; but no reference is made as to where the cases have been obtained, except the name of the Practitioner. From these statistics we might infer that the disease of the capsule had nothing to do with the bronzing; but in thirty preparations at Guy's Museum, twenty were from patients who had bronzing or discoloration of the skin, and Dr. Harley had entirely omitted Dr. Addison's eleven cases.

Dr. Crisp also showed the

SUPRA-RENAL CAPSULES (MUCH ENLARGED) OF A FLAMINGO,

a bird that has large quantity of colouring matter of a lake colour. For many years he (Dr. Crisp) had examined the supra-renal capsules of animals of several hundred species. Some years ago he believed that there were no seasonal alterations, but now he thought that there were; and he believed that, in birds and reptiles, these alterations were in connexion with changes in the colour, but at present he spoke guardedly upon the subject. The capsules exhibited were taken from a flamingo which died in March,—the month in which the bird changed colour. He believed at first that the great enlargement was due to the greater functional activity of the organ at this time; but a careful microscopical examination revealed, in addition to the characteristic molecules, a large amount of fatty matter. Dr. Harley, in the essay alluded to, says that "the capsules are invariably in a line with or above the kidneys;" but in the vast majority of vertebrate animals the capsules are below the upper part of the kidneys, and the term "supra-renal capsules" is altogether a misnomer.

Mr. Holmes said that two or three years ago a committee was appointed to report on these cases. If he was not mistaken no report had yet been presented. He wished, therefore, to ask if a report was prepared, and if it would be presented, and also if it would not be better to refer all the cases brought before the Society to this committee.

Dr. Harley said that he was glad that this subject had been mooted. He should like to have a report founded on all the specimens exhibited. In reference to the remarks by Dr. Crisp, he said that fifty of the cases he had given in his essay were taken from the *Transactions* of the Society.

The President thought that the committee should continue their investigations.

Dr. Bristowe said that a committee had been twice appointed, but he believed that it lasted only for one session. He doubted whether in Dr. Crisp's case the capsules were diseased. At least not in the way in which they are usually affected in Addison's disease.

Mr. Holmes said that the members were entitled to ask for a report from the committee. If he was not in error, no report had been presented. He wished to ask what the function of that committee was, and what had been done in the matter.

Dr. Harley said that if a proposal were made that the committee should continue their investigation, he would second the proposal.

Mr. Henry Thompson said that the committee had only been proposed for a time, and that their functions had ceased some time ago.

Mr. Spencer Wells presented specimens of the

OVARIAN TUMOURS REMOVED BY OVARIOTOMY

by him during the present session of the Society. Some of them were very large, others smaller, all multilocular, and one solid, or fibrous. He also exhibited the parts concerned in the operation in fatal cases to show the connexion between the uterus, the pedicle, and the cicatrix in the abdominal wall, as well as the uterus and portions of an adhering cyst, in which the pelvic adhesions alone had led him to refuse to perform ovariotomy in a case otherwise favourable. The patient had died of the natural progress of the disease, and after death it had been found almost impossible to separate the adhesions between the cyst, the bladder, the uterus, the rectum, and the opposite ovary. Mr. Wells stated that his success had been proportionally less than in the former session, which he attributed to the fact that he had operated in many cases in which the tumour had been very large, the general health broken down, and the hope of success, therefore, small. Of twelve cases seven had died, while in the last session, of seven cases six recovered. We were now arriving at a knowledge of those conditions which absolutely forbid ovariotomy by showing that recovery after it cannot reasonably be expected. We recognise cases in which the prospects of success and failure are about equal; and those in which the expectation of recovery may be very confidently entertained. Four years ago, when he began to exhibit such specimens in that room, he was told that we need not look too curiously for the precise causes of death after ovariotomy; that the mere fact of such an operation as ovariotomy having been performed was sufficient to account for the death of the patient. Now that stage had gone by; the inquiry into the causes of death had led to improved modes of operating, and to more accurate diagnosis, and the operation was being introduced into France by their distinguished visitor M. Nélaton, who had witnessed the removal of one of the tumours now before the Society. Mr. Wells added that he had operated on thirty-six patients; two were still in Hospital, nineteen had recovered, and fifteen died. But he could say that very few, indeed, had died in whom the conditions before operation were favourable.

Dr. Crisp even yet doubted whether the statistics of Mr. Wells's own practice did not prove that ovariotomy was unjustifiable. He had seen a lady, upwards of 80 years of age, who had suffered for very many years from ovarian disease; and he doubted whether, if we take into account the amount of life shortened by the operation, it did not exceed that gained in the successful cases.

NEW FLUKE WORM.

Dr. Leared showed a drawing and preparations of a new fluke worm discovered by him in the cavities of the heart of the common turtle. The worms measured one-eighth of an inch in length, and in breadth about one-third of this. The body was indented at each side at about the centre. They were furnished with an oral sucker, and the existence of a ventral sucker was also determined. The œsophagus was remarkably long and tortuous, and the double intestine terminated in cæcal extremities. No ova could be seen, and this as well as their general appearance proved that the worms were immature. From the circumstance of their being found in the heart it would seem that they were in the act of migrating. Dr. Leared proposed "distoma constrictum" as a provisional name for the worm.

Mr. Henry Lee showed a drawing of a

SYPHILITIC (CONGENITAL) ERUPTION APPEARING AT THE AGE OF TEN YEARS.

The patient was a girl who had several light copper-coloured spots on the chest, which he considered were syphilitic. On inquiry he considered that this opinion was confirmed by the history of the patient's family, and by the fact that the mother had a similar eruption in the flexure of the elbow. In this case the teeth were not such as had been described as syphilitic.

Mr. Ballard said that thrush, one of the symptoms mentioned by Mr Lee as having been present in one of the children who died, might occur to any child, and was no evidence that it was the subject of congenital syphilis. Again, the deaths of children at the age of fifteen months was very common from other causes.

Mr. Lee said that he mentioned the symptom, as Mr. Hutchinson, in his cases, had given great prominence to it.

Mr. Canton showed a specimen of

MALIGNANT DISEASE OF THE LEG.

A woman, now 35 years of age, in the year 1849 noticed a small tumour in the calf. It was movable, and of a dark colour on the surface. During the last twelve months, however, it had gradually enlarged and become painful and at length ulcerated on the surface, being before amputation a bleeding mass. As there was no evidence of visceral disease, Mr. Canton amputated above the knee. The disease was chiefly confined to the gastrocnemius muscle.

Mr. Holthouse then gave the particulars of a case somewhat similar, in which the diagnosis, before removal of the limb, was that the tumour was connected with bone. After removal, however, it was found to be connected with the deep fascia only. The patient afterwards died from secondary deposits in the cranium.

Mr. Spencer Wells said that in Mr. Canton's case the difficulties of diagnosis as to the precise seat of the tumour would be very great. He asked if, with the light thrown on the case by subsequent examination, the precise seat had been known, the disease could have been removed.

Mr. Canton said that in this case the disease was so extensive, reaching down nearly to the foot, that removal, except by amputation, would have been unadvisable.

Dr. Goodfellow showed a specimen of

SACCULATED KIDNEY.

In this specimen the right kidney was found to be extensively sacculated, and the ureter dilated. Three calculi, oxalate of lime, were found impacted in the ureter. The opposite kidney was condensed in structure, and studded with small calculi of the same composition. The age of the child was only six years, and her sister, only a year older, had passed a calculus.

Dr. Goodfellow also showed a specimen of

FIBROID TUMOUR OF THE BRAIN.

A patient, 50 years of age; he had been somewhat deaf on the left side for fifteen years, and lately it had much increased. For two years he had giddiness and transient loss of consciousness, and his memory became impaired. He died in December last. Except a slight numbness in the left leg there had been no paralysis. The tumour was connected with disease of the petrous portion of the temporal bone. The case was interesting, as showing that a tumour so large might, when of slow growth, produce so few symptoms.

Dr. Goodfellow also showed a specimen of

SOFTENING OF THE SPINAL CORD FROM A PATIENT WHO DIED OF CHOREA.

The patient, a girl, aged 16, had been in the Hospital fourteen days. The case was a very severe one, preventing sleep altogether. The patient died exhausted. The left half of the fornix was in a diffluent state, but the choreal movements had been equally well marked on both sides. The spinal cord also was much softer than natural. On microscopical examination, the nervous substance was found broken down. No compound granular corpuscles were observed.

The President said that he believed he was the first, in 1820, to place on record a case of examination of the spinal cord in chorea, showing that chorea depended on structural disease.

Dr. Gibb exhibited a drawing of

HYPERTROPHIED SPLEEN, COVERED WITH FIBROUS DEPOSIT.

The patient was a man, 55 years of age, ill some months with diarrhœa; he got better, and had a relapse, now associated with hæmatemesis, which proved fatal. After death the stomach was found to contain a gallon of coagulated blood, but no ulcerated spot could be found; a small polypus grew from its mucous surface. The spleen was much enlarged, and covered on its convex aspect with a dense fibrous layer, in some places half an inch thick, its tissue was healthy. The liver was cirrhosed, and Peyer's patches were ulcerated.

Dr. Gibb also showed a drawing of

ATROPHY OF THE SPLEEN.

This was in a case of death from diarrhœa in a feeble old man, aged 67, whose stomach and duodenum were much inflamed. The spleen was not over two inches long, but of natural colour and consistence.

Dr. Gibb gave the

ANALYSIS OF THE FEMUR, IN A CASE OF MOLLITIES OSSIUM.

The specimen exhibited weighed but fourteen drachms, although six inches long. The patient was a female, aged 40, the mother of ten children, and had all the usual symptoms of the malady well marked. During an involuntary effort the left femur broke below the trochanter, and afterwards united; it was this part of the bone which was removed Dr. Gibb's analysis of the lower and more compact portion of the bone gave 52 per cent. of animal and 48 per cent. of earthy matter, and that of the upper portion 96 per cent. of animal and only 4 per cent. of earthy matter. This large amount of animal matter in the upper portion was due to the almost entire absorption of the earthy, the medulla being covered, as it were, with a mere membrane.

Dr. Gibb now presented a drawing illustrating

ENORMOUS DISTENSION OF THE ABDOMEN, IN A CASE OF SEVERE BURN ABOUT THE TRUNK.

Death occurred in a married woman a few hours after the burn, which had been most severe in its effects on the belly and chest, so distending the former as to give the appearances of pregnancy. This very rare and remarkable condition appeared to arise from one of two causes, either rarefaction of the gas in the bowels by the heat, for in some places the skin was charred; or it was the result of the rapid generation of gas by the heat. The probabilities were in favour of the latter.

Mr. Maunder exhibited

A PORTION OF INTESTINE (PROBABLY ILEUM),

which had been passed per anum, five years ago, from a patient of Dr. Woodman's, of Stoke Newington, aged 40. The lady was as well as usual, and was suddenly seized with pain in the right hypochondrium and vomiting. As the case progressed, pain occupied the same site, vomiting persisted, but constipation was not absolutely complete. On the eighteenth day the specimen came away per anum, no blood having been observed. Treatment consisted, first, in the use of aperients and enemata for two or three days; and, secondly, in the administration of sedatives. This case well illustrates the mode of treatment likely to be adopted in cases of obstructed bowels from unknown cause, and although theoretically aperients are contra-indicated, still Mr. Maunder said he presumed that no man would feel disposed to dispense with such remedy at the outset of the attack. The patient is alive and well.

Mr. Maunder also exhibited a

CAST OF A FEMORAL HERNIA,

measuring seventeen inches by twelve, representing the above lesion as it had existed in a female, aged 64, a patient of Mr. Comley, of Whitechapel. Strangulation had occurred, and while the patient was determining whether or not she would submit to herniotomy she got out of bed and suddenly died. After death Mr. Maunder cut down upon Poupart's ligament to determine the precise nature of the lesion.

The President, on leaving the chair at this, the last meeting of the Session, thanked the members for their zeal in bringing forward so many valuable specimens. The regular attendance of so many members of the Society was also a sign of the great value of these meetings. He wished also especially to thank the Secretaries for the energetic manner in which they had acted for the interest of the Society. He trusted that this Society, unsurpassed by any other, would continue growing in importance, and that next Session would find members prepared to bring forward cases of great interest and value. He wished also to beg the members to send in their communications to the Secretaries as early as possible.

Lectures at the Royal College of Surgeons.—These Lectures, which have been suspended for some weeks on account of the great number of candidates for examination for the diploma of the College, will be resumed on Tuesday next, by Professor Gulliver, who will deliver six Lectures, in continuation of his former Course, "On the Blood of Vertebrata."

MEDICAL NEWS.

◆

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary Examinations for the Diploma were admitted Members of the College at a meeting of the Court of Examiners on the 10th inst.:—

Messrs. Thomas Jervison Jefferson, Market Weighton, Yorkshire; Abraham William Dias Bandarnayke, M.D. St. Andrews, Colombo, Ceylon; James Kelly, Corbridge, near Hexham; Edward O'Sullivan, Millcove, Benhaven, Cork; William Logan, Ballyclare, County Antrim; Charles Stratherne Close, Dublin; Albert Luis Fernandes, Sandal Magna, Yorkshire; Thomas Redfern, Chesterfield, Derbyshire; John Crump Lindop, Newport, Shropshire; William Peter Rawlins, Kentish-town; Samuel Messenger Bradley, L.S.A., Manchester; Warren Edger, Kirby Stephen, Westmoreland; Arthur Kennedy Wallace, Dublin; John Harkin, Omagh; Thomas Moor Madden, L.K. and Q.C.P. Dublin; John Wilson Ashford, Hinckley, Leicestershire; Albert McDiarmid, Rochester; Robert Richards Hawkins, Martins-town, Dorsetshire; Copley Jabez Carr, L.R.C.S.P. Edin., and L.S.A., Iver, Bucks; and Thomas Hunt, Hampstead.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 5, 1862:—

Charles Augustus Prater, 15, Thomas-street, Woolwich; Richard Sweeting, Nassau, New Providence, Bahamas; Francis Edwin Macaulay, Sheffield; Charles Taylor, 19, Shrubland-grove, Dalston; Samuel M. Bradley, Victoria Park, Manchester; George Herring, University of Edinburgh; John Oliver Taylor, Ceylon; Athenodore De Negri, 9, Camden-street South; Samuel Rutherford, Pulborough, Sussex; Edmund Venning, General Hospital, Bristol; William James Le Tall, Sheffield.

The following gentleman also on the same day passed his First Examination:—

Charles Holman Parks, Stevens's Hospital.

APPOINTMENTS.

Bowen.—Thomas Aubrey Bowen, M.R.C.S. Eng., has been appointed House-Surgeon to the Birmingham and Midland Eye Hospital, *vice* Thomas Savage, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., resigned.

Browne.—Mr. C. W. Browne has been appointed Resident Apothecary to the St. Marylebone General Dispensary.

Coster.—William Tyeth Coster, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., late Surgeon to the St. Pancras Infirmary and Workhouse, has been appointed Resident Medical Officer to the Central London District School, Hanwell, Middlesex, *vice* John Goodchild, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., resigned.

Craven.—Since the resignation of Drs. Mort and Longton, the former as Physician, and the latter as Surgeon, of the Southport Convalescent Hospital and Sea-Bathing Infirmary, the Governors have abolished the distinctive appellation of Physician and Surgeon, calling all alike "Medical Officers," and reducing the number of the staff from five to four; to the vacancy thus created Robert Craven, F.R.C.S. Eng., L.S.A. Lond., has been appointed.

Cregeen.—James Joseph Cregeen, M.D. Univ. St. And., F.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., has been appointed Consulting-Physician to the United Kingdom Ship Owning Company, London.

Floyd.—Edward Russborough Floyd, A.B. Trin. Col. Dublin, L.R.C.S. Irel., has been appointed Medical Officer to the Street Dispensary District of the Granard Union, County Longford; and Medical Officer to the Constabulary of Edgeworthstown, Street, and Rathowen, *vice* Parke Dobson, M.R.C.S. Eng., L.A.H. Dub., L.M. Dub. Lying-in Hosp., deceased.

Hitchings.—George Hitchings, M.R.C.S. Eng., has been elected Medical Officer for the Workhouse and the Headington District of the Headington Union, Oxfordshire, *vice* Mr. William Rusher (in practice prior to 1815), deceased.

Ireland.—John Ireland, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer to the Union Workhouse, Stourbridge, Worcestershire, *vice* John Parrish, M.R.C.S. Eng., L.S.A. Lond., resigned.

Jones.—George Turner Jones, L.R.C.P. Edin., M.R.C.S. Eng., is President elect of the North Wales Branch of the British Medical Association, *vice* Dr. Richard Lloyd Williams, M.D. St. And., F.R.C.S. Eng. (Hon.), deceased.

Kough.—James O'Brien Kough, M.R.C.S. Eng., L.S.A. Lond., has been elected House-Surgeon to the South Staffordshire General Hospital, Wolverhampton, *vice* T. V. Jackson, M.R.C.S. Eng., resigned.

Macvey.—John Macvey, M.R.C.S. Eng., L.M. Dub., has been appointed Medical Officer to the Moira Dispensary District of the Lurgan Union, *vice* William Ross Macloughlin, L.R.C.S. Irel., M.R.C.S. Eng., L.A.H. Dub., deceased.

Nightingall.—Robert Salisbury Nightingall, M.R.C.S. Eng., L.S.A. Lond., was recently elected Poor-law Medical Officer for the Lowestoft District of the Mutford and Lothingland Incorporation, Suffolk, *vice* Edward Crickmay, M.R.C.S. Eng., L.S.A. Lond., resigned; but afterwards declined the appointment.

Raymond.—Lewis Robert Raymond, M.R.C.S. Eng., L.S.A. Lond., L.M. Dub., has been appointed Medical Officer and Public Vaccinator for the Bellbroughton District of the Bromsgrove Union, Worcestershire, *vice* Jonathan Lord Hobbes, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., deceased.

Sutcliffe.—Henry Sutcliffe, M.R.C.S. Eng., L.S.A. Lond., has been elected Assistant House-Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, *vice* Alfred Wright, M.R.C.S. Eng., L.S.A. Lond., promoted from Assistant House-Surgeon to House-Surgeon.

Sutton.—Henry Gowen Sutton, M.B. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., has been appointed Assistant-Physician to the Metropolitan Free Hospital, Devonshire-square, *vice* Alexander Wallace, M.D. Oxon., M.R.C.P. Lond., resigned.

Taunton.—George Taunton, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the City Gaol, Oxford, *vice* Mr. William Rusher, deceased.

Turner.—William Turner, M.D. Univ. Edin., M.R.C.S. Eng., and L.M., has been elected Medical Officer and Public Vaccinator for the Stickney District of the Spilsby Union, Lincolnshire, *vice* George Moss, M.R.C.S. Eng., L.S.A. Lond., deceased.

DEATHS.

Bell.—June 6, Charles William Bell, of Parkfield-cottage, Barlaston, Stone, Staffordshire, M.D. Univ. Edin., K.T.L.S., formerly Physician to the British Embassy at the Court of Teheran and the Shah of Persia (nephew to the late Sir Charles Bell, M.D.), aged 51.

Blake.—June 3, at Otley, Thomas Blake, of Askern, near Doncaster, M.R.C.S. Eng., L.S.A. Lond.

Coathupe.—May 2, at Clevedon, Somersetshire, Charles Thomas Coathupe, M.R.C.S. Eng., L.S.A. Lond., aged 30.

Cotterill.—In April last, on the West Coast of Africa, G. Cotterill, Surgeon of the *Empress*.

Deane.—June 10, at King's College Hospital, Henry William Deane, of Hintlesham, Suffolk, Medical Student at King's College Hospital, aged 20. He had passed his Primary Examination for the Diploma of the Royal College of Surgeons of England, in April, 1861.

Edgcumbe.—Recently, Richard Darke Edgcumbe, of Shaftesbury-crescent, Belgravia, and Edgcumbe-house, Edgcumbe, Devon, M.R.C.S. Eng., Senior Surgeon to the Royal Pimlico Dispensary and Lying-in Institution, Upper Belgrave-place.

Graham.—May 30, John Graham, of Temple Patrick, Co. Antrim, M.D. Univ. Edin., L.R.C.S. Edin. and L.M., L.M. Edin. Lying-in-Hosp.

Knight.—June 9, at Stafford, Edward Knight, Esq., M.B. Cantab.; Magistrate and Deputy-Lieutenant for the County of Stafford.

Macauley.—Recently, Charles Fitzroy Somerset Macauley, Assistant-Surgeon (April 20, 1859) 2nd West India Regiment.

Mason.—April 6, at Savanna-la-Mar, Jamaica, Dr. David Mason, late Member of the Legislative Council of Jamaica.

Mason.—May 28, Robert Mason, of Sherburn, near Scarborough, L.S.A. Lond., aged 54.

Miller.—At Tower-gardens, Tain, N.B., George Gordon Milne Miller, late of Dingwall Rosshire, L.R.C.S. Edin.

Neilson.—May 1, at Mhow, William Neilson, Surgeon-Major on the Bombay Medical Establishment.

Paterson.—June 4, Alexander Henry Paterson, of Bowdon, Altrincham, Cheshire, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., aged 58.

Rogers.—June 7, George Rogers, of Addington-place, Camberwell, M.D. Univ. Edin., M.R.C.S. Eng., L.S.A. Lond., aged 55.

Simson.—April 9, on the West Coast of Africa, Dr. Simson, Surgeon of the Royal mail steamer *Armenian*.

Urquhart.—June 8, Kenneth Urquhart, of Runcorn Gap, Widnes Dock, Lancashire, L.R.C.S. Edin., aged 30.

Walker.—May 13, at Pernambuco, Brazil, Alexander Wales Walker, formerly of Liverpool, M.D.

Williams.—May 3, at Woodbridge, Upper Canada, John Williams, formerly of Rugby, Warwickshire, M.D.

University of Cambridge.—Dr. Acland and Professor Faraday's names occur in the list of recipients of the honorary degree of Doctor of Laws.

The Ludgate-hill Tragedy.—The following verdict has been returned by the Coroner's jury, "That Annie Howard Vyse and Alice Kate Vyse died by poison, administered to them by their mother, Ann Cornish Vyse."

The Murder in the Blackfriars-road.—Two children have been poisoned by their father, a man named Mockford, living in the Blackfriars-road, who afterwards committed suicide by stabbing himself in the abdomen. The poison used in the murder of the children has not as yet been discovered. Mockford had been in a desponding condition since the death of his wife which occurred some months ago, and had frequently said that he should make away with himself. Judicious Medical and moral restraint would probably have prevented the catastrophe.

Williamson *v.* The London Brighton and South Coast Railway Company,—On Tuesday last, in the Court of Common Pleas, a new trial was granted in this case. The original action was brought to recover damages for injuries done to the plaintiff in the Clayton-tunnel accident. 400*l.* was paid into court, and the plaintiff required 700*l.* An arrangement was made for two Medical men, Mr. Adams and Mr. Marshall, to see the plaintiff, one on behalf of the Company and one on behalf of the plaintiff. It was arranged by the counsel that if these two gentlemen agreed that the injury was of a permanent character, the additional 300*l.* should be paid. On their evidence being given the learned counsel differed as to the effect of it, and a trial went on, resulting in a verdict for the defendant. A rule was obtained on the alleged ground that the course taken had had the

Benin.—The river was very unhealthy, and trade almost suspended owing to disturbances among the natives. Rains were setting in. On March 18 Captain Frazer, of the ship *Rattler*, died; on the 25th Captain M'Kay, agent for Messrs. Harrison and Co., died; and on April 8 Captain Glanville, of the *Sunshine*, died. **Fernando Po.**—Trade was dull. On May 3 Mr. E. G. De Cardona died.

The Royal College of Surgeons of Edinburgh and the Medical Council.—At a meeting of the Royal College of Surgeons of Edinburgh held on the 6th inst., the following resolutions, moved by Dr. Struthers, and seconded by Dr. Gairdner, were unanimously adopted:—1. That the College has learned with surprise that the General Medical Council has declined to express disapproval of the course pursued by the Royal College of Surgeons of England in issuing regulations in regard to preliminary and professional education, which are at variance with the recommendations of the General Medical Council. That the College regrets this proceeding on the part of the General Medical Council as unjust to this College, which has hitherto adopted all the recommendations of the General Medical Council in the faith that the Council would not fail to show a determination to require their adoption by other licensing bodies, and as tending to discourage this College in its efforts to raise the standard of preliminary and professional education. 2. That it be remitted to the President's Council to consider what alterations of the present regulations of the College are demanded in consequence of the position in which the College is placed by the recent proceedings of the General Medical Council, and to report to the College without delay.

Zoological Society.—The hopes which some zoologists perhaps rashly entertained that the late arrival of a living specimen of the *Echidna hystrix* at the Zoological Gardens would have enabled us to study the habits of the living animal for a lengthened period, were cut short on Saturday, the 8th instant, by the death of the *Echidna* after twelve day's existence in the Regent's Park. Through the kindness of Mr. Bartlett, the Superintendent of the Gardens, we had an opportunity of inspecting the specimen a few hours after death, and prior to the detailed anatomical examination, which, we understand, is to take place. The chief superficial characters which attracted attention were the length and flexibility of the tongue protruding several inches beyond the narrow oral aperture; the large size of the auditory holes; the texture of the hairs and prickles, which are disposed in equable series on either side of the dorsal suture, the setose structures being undeveloped on the inferior half of the body, a character enabling the keeper to support the weight of the animal on the palm of his hand; and the uniform manner in which the points of the prickles were directed posteriorly, so as to enable the *Echidna* to pass through a narrow place; and, at the same time, probably by the action of powerful cutaneous muscles to permit the erection of the spines as instruments of defence. The Echidna does not possess the power of rolling itself up in a ball like *Erinaceus* or *Dasypus*. On the same day which witnessed the demise of this unhappy lyencephale, parturition was effected by one of the seals in the seal-house; but the young one was produced dead. The mother a few hours after was gaily swimming belly upwards in the pond, apparently in the enjoyment of the most robust health. We are sorry to see that the birds of paradise do not show as yet any sign of the further development of the beautiful lateral tufts characteristic of the male sex, and that the generalisation which a distinguished Member of Parliament made a few days ago, that the animals in a living state in the Regent's Park were more useful objects of popular instruction than those in Great Russell-street, is not applicable to paradise birds, echidnæ, or monkeys.

A Curiosity. — The following is a copy of a handbill which has been distributed in the Austrian Court of the International Exhibition:—

Description of the Patented *Belly* (or Lewer Stomach)
Girth, and health preserver.

The undersigned it 53 Years old, and was a great sufferen in Flatulence, or Winds generating in the intestines, Hemorrhoids, bad digestion, Stiches in the side, pelputation in the heart, extraordinary bodily weakress, and depression of spirits.

Since he wone the above mentioned petented Girth, for the last Seven years, he is quiet strong, and healthy, and au painst bad symptoms have since disappeared.

The undersigned therefore things it his duly to informe the honorable Public, that all the abore mention ed sufferings, are caused through nothing els than the elastiaty of the Stomach, all the *Bowells* pressing to the *hectum!* this causis flatulence, and trough it the, visible Himor-rhoids, then it is but a small hole in the Bowels through which the blood Shows itsself.

Blind Hemor-rhoids is nothing els than a stoppage or confinement of the Bowels, or intestines and its cause is only the elasticity of the Stomach, and through thie comes the flatulence or Winds, because the Stomach, is deprived of its necessary pressure, throuah which the powers of digestion are hemed, consequenthy the parts belonging to the Chest, becorme also disturbed, and the heart prevented from its regular beating, consequenthy the entire body becomes deprived of its strengts, and health not having the requiered support.

The best remedy therefore is only the *Belly-Girth*, th relieve us of all the above mentioned sufferings.

It was proved that even the Rupture has been caused through it then everg illness originates from the Winds, and air, which generale in the Stomach, depending on the comparative strength of the Constitution, whether the evel effects will be more or lets rapid.

Possessor of the Patent, Since 1857, Month of May.
John Kanzelbauer
Pesth. Morgen-Street. Nr. 3.

The New York Milk Act.—The Legislature of New York, taking action upon a Report made by the Academy of Medicine, has just passed a most stringent Act for the prevention of the sale of adulterated milk, and that in spite of strong opposition of interested parties. As this opposition is to be continued to the working of the Act, there may be difficulty in carrying out its operations in full; but it is a great step to have got the Legislature to pronounce its opinion in the right direction. Any person selling impure or adulterated milk is liable to a fine of fifty dollars, or thirty days' imprisonment; and persons adulterating milk, or keeping cows in a crowded, unhealthy condition, or feeding them on improper food, are liable to a similar punishment. The Act is to take place immediately, but nothing is said about the agency by which it is to be put into force; and yet this is a very vital point, as we well know here, with respect to penal enactments.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 7, 1862.

BIRTHS.

Births of Boys, 915; Girls, 878; Total, 1793.
Average of 10 corresponding weeks, 1852–61, 633·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	595	519	1114
Average of the ten years 1852–61	517·7	489·8	1007·5
Average corrected to increased population..	..	..	1108
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa
West	463,388	..	..	5	..	8	9	3
North ..	618,210	..	2	10	1	6	18	3
Central ..	378,058	1	8	5	4	3	13	6
East	571,158	2	10	5	2	6	23	4
South ..	773,175	2	7	13	2	6	16	7
Total.. ..	2,803,989	5	27	38	9	29	79	23

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·766 in.
Mean temperature	58·6
Highest point of thermometer	73·5
Lowest point of thermometer	45·7
Mean dew-point temperature	51·2
General direction of wind	S.W.
Whole amount of rain in the week	0·25 in.

CHLORODYNE *Ver.*, *viz.* DR. J. COLLIS BROWNE'S.

THE ORIGINAL AND ONLY GENUINE.

Dr. J. Collis Browne, M.R.C.S.L. (Ex-Army Medical Staff), after many years of study and experiment, succeeded in discovering in 1846 a remedy which should possess the property of an Anodyne, Sedative, Diaphoretic, Antispasmodic, and Astringent; for this new Remedial Agent he was obliged to find a name, and coined the appellate Chlorodyne, as specifically indicating this remedy,—a word unheard of and unknown until 1856, when he introduced it for public use through myself, J. T. DAVENPORT, Pharmaceutist, 33, Great Russell-street, Bloomsbury-square, London, to whom he confided the RECIPE and its mode of Manufacture, never having divulged or published the secret of its Formula.

The Medical Profession are therefore CAUTIONED to reject the announcements of certain persons, who adopt the term and affix it to spurious compounds in imitation, *speciously* pretending that they are competent and capable of preparing it properly and uniformly, well knowing they have no authority to do so, not being in possession of Dr. Browne's formula.

The *only Authorised Formula is in my sole Possession*, and I give an unqualified denial that it has ever been published. The fictitious and pretended analyses of Chlorodyne only deceive, and are altogether different from Dr. Browne's invaluable preparation.

Note.—*One great feature of success* in employing efficient remedies depends on their *fidelity* and *genuineness*; if spurious compounds are substituted, the patient suffers and the Physician loses confidence, and it is known to many Pharmaceutists and Chemists to their cost, that the patronage of Physician and patient have been immediately withdrawn on their learning of spurious compounds having been substituted when Chlorodyne was ordered.

The extraordinary success attending the use of Chlorodyne has given rise to a series of imitations; it is, therefore, doubly incumbent on Physicians and Surgeons when prescribing this preparation to write "*Chlorodyne. Dr. J. C. B.'s.*"

Each Genuine Bottle has the words Dr. J. Collis Browne's Chlorodyne engraved in White Letters on a Red Ground.

To be obtained from all Wholesale Druggists.

Sole Manufacturer—J. T. DAVENPORT, PHARMACEUTIST.
Wholesale and Retail Depot—33, GREAT RUSSELL-ST., BLOOMSBURY-SQ.

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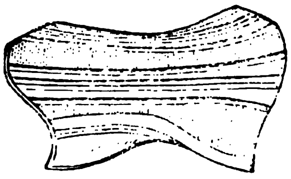
Prices for Diſpenſing—1 oz., 9s.; ¼ oz., 3s. 4d.



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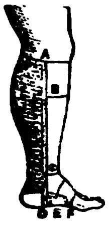

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or morbid yellowness, usually termed a sallow complexion. Now, morbid yellowness, or icterus, is seen best in the conjunctiva because of its pearly whiteness, so that, if that be yellow, then the patient is supposed to be icteric. But if you look at the coloured races of mankind, you will see that the conjunctiva is naturally yellow in them; we may therefore infer that the epithelial cells of that surface will contain morbid pigment as well as of the skin and mucous membranes in general. That this occurs in practice I have no doubt; indeed, most of the cachectic sallow complexions you meet with in which there is no biliary disorder are of this class; so that it is really useful and necessary to distinguish between the swarthy, sallow, and icteric complexions respectively.

A Swarthy, or Dingy Complexion is often associated with blood diseases, and is very significant of them; but it is necessary to know under what circumstances swarthiness, local or general, is induced to appreciate rightly the value of the physiognomical sign. There are, in the first place, certain tints which may be easily mistaken for morbid pigmentation. Persons who have taken nitrate of silver continuously sometimes become very dark and dingy; various stains may be induced artificially. We have had some very striking examples of elaborate tattooing on the chest and arms, in which we observed that blue and red colours had been introduced to render the figures more brilliant,—gunpowder and red lead, we ascertained, were the materials used. From time to time we see peculiar stains on the skins of miners of a *blue* tint; these are due to coal-dust, and seem to follow upon very slight abrasions. There are two patients in Wards I. and II. with these stains. The case of pericariditis in Ward I. has black-looking spots over the sternum, apparently due to pigment deposit; but upon examination we find blood has been effused there, so that the colour is due to hæmatine; and, doubtless, melanine will be deposited in certain cases as mechanically as hæmatine, or coal, or red lead. Now, these have nothing in common with the dingy complexion and the swarthy black or bronze pigmentation observed in morbid states. The "black jaundice," or melas-icterus, is so named from the peculiar tint of the skin, and because it is commonly the sign of incurable liver disease; but it is certain that the bronzing of the skin which Dr. Addison has observed to be associated with structural disease of the supra-renal capsules has been confounded with this melas-icteric hue. This is a swarthy pigmentation—a melasma, and is due to the presence of black pigment in the epithelial cells of the skin, and, therefore, identical with the physiological swarthiness. It is a very common sign or symptom, and requires to be interpreted very cautiously; and it is to be remembered that other epithelial cells excrete this carbonaceous pigment; as, for example, those of the hair follicles and the sebaceous glands. Besides, since the epithelium hair, horns, hoofs, claws, nails, feathers, quills, scales, shells, and all the cutaneous appendages of animals, are but modifications of the same fundamental tissue, and owe their substance and colour to analogous protein compounds and carbonaceous pigments, we can class them together for the purposes of observation and inquiry.

Do the mucous membranes excrete a carbonaceous pigment? We observe that the epithelial membrane of the mouth and stomach is pigmented in certain animals; it is stated occasionally that a black stuff is eliminated in morbid states from the intestinal canal and the bronchial mucous membrane, and thus the answer is in the affirmative. There is a greater difficulty, however, in observing these bronchial and intestinal forms of pigmentation, and greater sources of fallacy than as regards even those of the skin. It is to be remembered that in all this class of cases the carbon is a cell-product; hence all tints of the mucous membranes, or other tissues due to the accumulation of blood pigment in the capillaries of the part such as occurs in certain conditions termed *melanæmia*, are spurious forms of pigmentation. Nor is it quite certain whether fossil carbon may not find its way into epithelial or other cells, for the bronchial glands are sometimes found stuffed full of it in cases in which we could only conclude it had entered them from without and through the respiratory mucous membrane. (a)

The significance of cutaneous pigmentation varies as it is interpreted. In some cases we determine thereby what *causes* have been in operation; in others, what actual morbid states we have to deal with. Practically, however, we cannot separate the two things to be determined, because the morbid state usually indicates the effect of an exciting or predisposing cause. Few white persons are wholly free from colour; but other things being equal, the young and healthy are less liable to morbid pigmentation than the old and unhealthy. With the aged, indeed, it is so common that it can hardly be said to be morbid, any more than grey hair and wrinkles. Race makes an important difference, and so also temperament. Hence persons of a dark race originally, or of a dark complexion naturally, are much more liable to morbid pigmentation than those of fair complexion or a fair race. A cachectic state of the blood is, however, one of the most common of the predisposing conditions, and when pigment deposit occurs, we may conclude either that *effete* carbonaceous matter is imperfectly oxidised or imperfectly eliminated by the appropriate organs—the lungs, liver, kidneys—or else both conditions are existent.

Local Irritants.—Morbid pigmentation often shows that there is or has been some irritation of the skin. Thus you may sometimes see the exact size of a blister or mustard plaster, formerly applied, marked out by a dark stain on the skin. This is observable in the scorbutic phthisical seaman. You may even observe in him a deeper pigmentation where the irritation of the blister was greatest. In like manner you may detect the previous occurrence of a herpes, or eczema, or of any cutaneous affection which has not ended in ulceration. The skin is dotted over with dark spots corresponding to the site of the eruption. I have shown you several of this kind. When, however, the skin is pigmented generally, and there has previously been a pustular or ulcerative eruption, then there are white spots over the coloured surface, except perhaps in the case of icteric discoloration. In these cases the ulceration has destroyed the colour rete, and thus the production of pigment-cells is hindered. This whiteness differs essentially from true leucopathia or morbid whiteness, in which there is an arrest of pigmentation from changes of another kind, certainly not structural, and probably of nervous origin. The local irritants may be variously classed. In the first rank may be included those of dynamic origin—that is, due to the direct operation of the forces of matter. Both heat and light excite the excretion of carbon from the rete; hence the freckles and sun-spots of many persons; and hence, also, the brown, liver-tinted shins of old people who sit with their legs in front of the fire.

The *vis nervosa* of the cutaneous nerves is a more curious and interesting example of this class; in certain morbid states it seems to act like the sun's rays, and stimulates to the production of carbon, while, on the other hand, defective innervation has the same effect as defective light, and leads to cessation of production, or leucopathia. Hence a whole group of changes in the colour of the skin, which, like local cutaneous hæmorrhages and œdemas, indicate changes in the nerve-centres. There are some striking physiological examples of this class,—as the deeper colour of the areola of the mammæ during pregnancy; the darker tint of the skin covered with sexual hair, as the axillæ and groins; the brilliant sexual colours of birds, fishes, and insects in numerous species,—all of which show how influential the ovaria and testes are in inducing pigmentation by their action on the nerve-centres, and through these on the skin. Morbid examples are by no means uncommon: thus the pigmentation of the lower eyelid in nervous, hysterical women, looking like a daub of india-ink directed from the inner canthus outwards and downwards is of this class; so also the swarthy spots on the forehead and face of pregnant women, and the morbid pigmented secretion from the sebaceous glands of the face and other parts, termed "stearrhœa nigricans," and flavescens, observed almost exclusively in young women. We sometimes observe this nervous kind of pigmentation in men. Thus, C., in Ward I., who has a long-standing paraplegia, exhibits mottled melasma of the lower maxillary and the inguinal regions. Each ramus of the lower jaw is of a natural colour, while all the surrounding skin is dark; and in like manner the upper portion of each thigh and each groin is white, while

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(a) There is a case of bronchitis with mucous bronchorrhœa and black spit at present in the clinical wards, in which the black stuff appears to be contained in cells; but this may be only a fallacious appearance due to the carbon resting upon a cell. The patient has been for many years a railway plate-layer, and there is no reason to think he has been more exposed to black dust than other persons. The black spit has continued for the last three or four months, and the black pigment has a different behaviour chemically from coal. The administration of gallic acid, it has been proved, will cause a black spit when given in cases of copious bronchorrhœa with watery mucous expectoration.

ORIGINAL COMMUNICATIONS.

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CLINICAL MIDWIFERY.

By FRANCIS H. RAMSBOTHAM, M.D.
Physician-Accoucheur to the London Hospital, etc.

(Continued from page 557.)

THE following ten forceps cases occurred in my practice during eight months of the year 1844:—

Forceps Case.

Case 99.—On March 15, 1844, at 5 p.m., I was sent for by a Medical friend to Mrs. F., Mile End, in labour of her second child. She was delivered of her first by the forceps, two years ago. The membranes broke at 3 p.m. the day before; the pains had been very strong ever since; the os uteri was entirely dilated; the brim of the pelvis in its conjugate diameter did not measure more than 3¼ inches; the head was partly in the cavity, so that the right ear could just be felt above the pubes, the face being directed to the right ilium, and the anterior fontanelle being the presenting part; it had not advanced for twelve hours, and had become locked. I therefore applied the forceps within the ilia; and as the forehead, and not the vertex, was the lowest descending part, to prevent injuring the features, I adapted the blades so that the point of one lay upon the right eyebrow, while the other rested on the left side of the occiput; then turning the face into the hollow of the sacrum, I delivered in ten minutes. The child was alive; the placenta was soon expelled, and the woman recovered well.

Forceps Case.

Case 100.—On March 25, 1844, at 2 a.m., I was called by a Professional friend to Mrs. B., Newgate-street, in labour of her first child. The membranes broke on the 22nd, at the beginning of labour, since which time the uterus had been acting more or less vigorously. The os uteri was quite dilated; the head was locked within the pelvic cavity; the forehead, which had originally presented towards the left acetabulum, was now looking directly to the left ilium; the left ear could be distinctly felt behind the pubes; the pains, which for many hours had been very strong, had almost ceased; the pulse was 130 in the minute; the face flushed; the uterus tender on the external application of the hand; and there was a large discharge of the peculiar green fluid which I have before noticed. Delivery was urgently called for, consequently I applied the blades of the forceps within the ilia antero-posteriorly as regarded the head, and delivered in twenty minutes. The external parts were very rigid, which obliged me to use great caution; notwithstanding this, the fourchette tore; but a very small portion of the perineum was implicated. The child was alive; the placenta passed soon; and she did well, not being sensibly inconvenienced by the slight laceration.

Long Forceps Case.

Case 101.—On April 3, 1844, at 7 a.m., I was sent for by a Medical friend to Mrs. C., Limehouse-fields, in labour with her first child. The membranes broke thirty hours before I saw her. The pelvis was very misshapen, the conjugate diameter of the brim not measuring more than three inches; the sacrum was bent more than natural, so that the point of the coccyx was directed too forward, and the spinous processes of the ischia were too long and turned too much inwards; the base of the skull was entirely above the brim; neither ear could be felt, and the face was looking towards the right groin. The os uteri could be felt all round, but it was quite soft and lax; it was prevented from dilating by being kept prisoner by the head compressing it between itself and the bones of the pelvis, as well anteriorly as posteriorly. The pains were very strong and frequent; but I was assured that the head had not advanced in the least for eight hours,—in fact, it was completely wedged in the brim. I applied the long forceps without difficulty over the left brow and right side of the occiput, and delivered in twenty minutes, turning the face into the hollow of the sacrum. The child was alive, and considerably above the average size. Soon after the child's birth the woman began to flood; this induced me to remove the placenta from the uterus; it was not adherent—merely retained by inertia. The stimulus of the hand occasioned contraction, and in less than an hour I left the house. At that time it was small and firm; but it relaxed soon after I had gone, and filled with blood. The same thing occurred two or three times again; and my friend remained with her, making pressure and applying cold astringents until one in the morning. On the next day, however, she seemed as well as if she had gone through an ordinary labour, and on August 14, 1845, she called on me in good health, and seven months advanced in pregnancy. I then recommended that premature labour should be brought on in a fortnight from that time.

N.B.—This is another case proving the great value of the long forceps.

Forceps Case.

Case 102.—On April 18, 1804, at 12.30 night, I was called by a Professional friend to Mrs. W., Goodman's-fields, a stout, florid young woman, in labour of her first child. The membranes broke six hours before; the os uteri was entirely dilated; the head was in the pelvis; the face was looking towards the left acetabulum, and the left ear was to be felt distinctly behind the right thyroid foramen. The uterus was acting very powerfully, but the head had not advanced at all for the last two or three hours; the spinous processes of the ischia were both of them too long and bent too much inwards, so as to prevent the head making its proper rotation. She was very boisterous, calling loudly for help. Fearing the uterus might injure itself by its excessive exertions, I passed the blades of the long forceps within the ilia, one over the right brow, and the other over the left side of the occiput, turned the face into the hollow of the sacrum, and delivered in about fifteen minutes. I had more difficulty in extracting, and the operation occupied a longer time than I anticipated, in consequence of the patient being so turbulent and refractory; nevertheless, there was no injury inflicted, the fourchette not being in the least degree torn. The child was alive; the placenta soon passed into the vagina, from whence I removed it; but the uterus relaxed and filled with blood; and I was compelled to keep up compression with the hand, and apply cold vinegar and water continually for an hour, before I could pronounce her safe or relax my endeavours to procure permanent contraction. She soon recovered from the effects of her labour, and did quite well.

N.B.—This was another case in which ætherization would have been of essential service, had the properties of chloroform then been known.

Long Forceps Case.

Case 103.—On June 16, 1844, at 10.30 a.m., I was requested by a Medical friend to see Mrs. I., Plaistow, Essex, a very strong young woman, in labour with her first child. The membranes broke more than forty-eight hours before. The pains had been very strong, but they had quite ceased for sixteen or eighteen hours; nevertheless, there was no other decided symptom of exhaustion. The face was certainly flushed, and the pulse beating above 100 in the minute; but she had slept quietly, without any opiate, for a couple of hours since five o'clock; took food, and did not appear much depressed. I found the anterior fontanelle presenting, with the face directed towards the left groin; neither ear could be felt. I applied the long forceps, passing the blades up within the ilia; but I had much difficulty in locking them. In consequence of that I feared that I should not be able to deliver by their means. However, I extracted the head in about half an hour, the face emerging under the pubes. The child was alive. The uterus gave me no assistance during delivery, but it afterwards contracted and expelled the placenta. There was no hæmorrhage, and I left her very comfortable; but on the 18th she had a rigor. I saw her on the evening of the 19th, when there was much fever, but no abdominal pain or tumefaction. On the 21st she was much worse, and she died in the course of the next day.

Forceps Case.

Case 104.—On July 4, 1844, at 1 a.m., I was called by a Medical friend to Mrs. P., Camberwell, aged 40, in labour of her first child. The membranes had been broken for three or four days. The os uteri was quite dilated; the head was in the pelvis, the forehead being situated behind the symphysis pubis. The face had originally presented towards the right acetabulum. I could distinctly feel the left ear at the right side of the pelvis. The pains had been very strong, but they had entirely ceased, and the woman was suffering severely from the length of her labour. The outlet of the pelvis was narrower than usual, owing to the tuberosities of the ischia approaching each other too closely. I passed the short forceps over the ears, and delivered in half an hour, the forehead passing under the symphysis pubis. The child was alive; but the head was very conical, the apex of the cone being the anterior fontanelle, so that the occiput was thrust forwards. In less than half an hour the placenta was expelled into the vagina; but instantly a copious hæmorrhage took place, the uterus being very flaccid; neither cold nor pressure restrained the loss of blood. In ten minutes I introduced my hand into the cavity; there was a very small quantity of coagula within it; but from that moment the discharge ceased, and the organ became perfectly firm. I never saw a case in which dangerous flooding ceased more immediately on the introduction of the hand. The next day she was quite well, and the child's head was beginning to regain its natural shape.

Long Forceps Case.

Case 105.—On July 14, 1844, at 9.30 a.m., a Medical friend requested my assistance in the case of Mrs. H., Wapping, aged 26, in labour of her first child. The membranes broke at 3 a.m., when the os uteri was entirely dilated. From that time the pains had been exceedingly strong and forcing. I found her with a pulse of 160, and small; her face almost livid; her tongue dry; and the uterus acting most violently, and almost incessantly; so that no opportunity was given to the system to recover itself. The vagina was very hot and tender. She expressed herself as being in intense pain; and there was a hurried anxiety about her, somewhat approaching to delirium. The head had not entirely passed the brim; but I could just touch the left ear behind and above the right thyroid foramen, the face being directed to the left acetabulum. I immediately applied the long forceps, passing one blade over the right brow, and the other behind the left ear, and delivered her of a live child in about fifteen minutes, turning the face backwards. The placenta was soon expelled without hæmorrhage; and I left her as comfortable as could be expected. I was summoned to her early on the morning of the 18th, I then found her covered with the rash of scarlet fever, which had come out on the previous evening, after a strong rigor. Till that time she had been going on well. She was so completely prostrated by the poison that it was evident to me she would not live long; and she died on the evening of the next day. This disease was then rife in the neighbourhood; and my friend who attended her had some cases under his care. There were some, also, in Wapping Workhouse, from which establishment she had procured a child to draw her breasts. I think it likely this child brought the contagion to her from the house, although itself appeared quite well; for I have known some instances where the contagion of scarlet fever, as well as of malignant puerperal fever, has been carried to lying-in women by persons whose health has not been in the least degree damaged or affected.

Forceps Case.

Case 106.—On August 18, 1844, at 9 a.m., I was requested by a Professional friend to visit Mrs. T., in Spitalfields, aged 34, in labour of her first child. She was a very lusty and muscular woman. The membranes broke at 11 o'clock the night before; the pains were very strong and frequent, and the pulse was very rapid. I was told that the head had been quite stationary since 3 a.m. It was in the pelvis with the face looking towards the right sacro-iliac symphysis; and the right ear could be felt behind the right thyroid foramen. Except the quick pulse, there were no symptoms present requiring immediate delivery; but as my friend had given it out that she must be delivered without loss of time; as he had been trying to deliver her by the forceps and had failed; and as the head was quite within the reach of that instrument, I thought it better to terminate the labour at once, which I did by the long forceps in ten or twelve minutes, passing one blade over the left brow, and the other behind the right ear. The child was alive; the placenta was soon expelled, and the woman recovered well. Rigidity of the soft structures appeared to be the sole cause of the delay.

Forceps Case.

Case 107.—On September 20, 1844, at 8 a.m., I was sent for to Mrs. G., Goodman's-fields, whom I had been engaged to attend. It was her first labour; the membranes broke at 12 the night before, on the first accession of pain. I found the os uteri dilated to the size of a shilling, the head was very low in the pelvis, having passed through the brim covered by the cervix, which was so thin that I could feel the sutures and fontanelles through its substance distinctly. The pains were active and efficient, and at 12.30 the os uteri was entirely dilated, and the cervix had receded quite out of reach. The face was discovered to be directed towards the left sacro-iliac symphysis. The head remained exactly in the same position without any permanent advancement or rotating in the least, being propelled to one point during the continuance of uterine contraction, and retreating in its absence, arrested though not locked, until 4.45 p.m., when as I could feel both ears quite easily, I applied a blade of the short forceps over each, turned the face into the hollow of the sacrum, and delivered in less than ten minutes; the child was alive. On examining for the placenta I found a slight diminution in the capacity of the conjugate diameter of the pelvic brim. The placenta was expelled in about fifteen minutes, but the uterus relaxed, and on pressure a sudden gush of blood took place, which must have amounted to at least two pints. I immediately introduced my hand, the organ contracted upon it; continued pressure procured permanent contraction. No more bleeding of importance occurred. The lady soon recovered from the slight faint into which she had fallen, and recovered very well.

Forceps Case.

Case 108.—On October 12, 1844, at 8 p.m., I was called to Mrs. G., Great Distaff-lane, whom I had promised to attend, in labour of her first child. She had been in pain more or less all day; I found the os uteri dilated to the size of half-a-crown, low and far back in the pelvis, soft and thin; the head having descended into the cavity covered by the cervix, which felt as it were spread out over it. At 5 a.m., the os uteri being but very little more dilated, the membranes broke, and a large quantity of liquor amnii escaped. The head came down upon the os uteri and formed a plug, and the pains, though tolerably strong, were very inefficient. Feeling satisfied from examining the uterine tumour externally, that it still contained a considerable amount of water, I raised the head somewhat by my finger, and fully a quart more flowed away, tinged with blood, which no doubt was afforded from a slight separation of the placenta. The pains soon became very much more effective; the os uteri opened rapidly, and the head began to press on the perineum. The face was directed towards the right acetabulum, and the right ear could be felt behind the left thyroid foramen. The pains were now exceedingly strong and expulsive; but the head was prevented making its turn by the spinous processes of the ischia, which were bent too much inwards; it remained exactly in the same position until 10 a.m., when I sent for my long forceps and delivered in less than ten minutes, having adapted the blades within the ilia, one over the left brow, and the other behind the right ear. The child, very much larger than the average, was born alive; the placenta was speedily expelled, and the woman was soon convalescent.

N.B.—From the foregoing reports it appears that between January 1, 1840, and October 12, 1844, I delivered (besides the three cases detailed in the series of placenta-presentations) 62 women by means of the forceps; that in 37 of these cases one or both ears could be felt, and therefore they were applicable to the short instrument; but that in 25 the head had not descended low enough for either ear to be touched, and therefore they were truly described as long forceps cases; of the 37 short forceps cases 33 were first children, 2 were second, 1 a third, and 1 a fourth; while of the 25 long forceps cases only 13 were first children, 2 were a second, 1 a third, 1 a fifth, 3 a sixth, 1 a seventh, 1 an eighth, 1 a ninth, 1 a twelfth, and 1 after a large family. It appears also that 59 of the women recovered, one having suffered from mania; and that 3 died, one from scarlet fever, then prevalent in the neighbourhood; another from typhus caught from a dying child imprudently put into her bed, immediately after delivery; the other from fever the origin of which could not be discovered, but none from exhaustion consequent on labour, nor from the effects of the operation. Also that 53 children were born living, and 10 were either quite still or soon became so, one case being twin complicated with convulsions, in which one child was putrid, and the other could not be restored, though the heart was pulsating; one other also was putrid, one born under hæmorrhage; and four others gasped after birth, or were born with their heart pulsating feebly.

The first series of these reports also shows that during the same five years I treated 46 cases of dangerous hæmorrhage before delivery. 11 of these were cases of entire placental presentation; 17 of partial placenta-presentation; and 18 where the placenta was near to, though not over, the os uteri. Of the 11 entire placental-presentations, in 10 cases the child was turned, and in one the placenta was expelled first. In two of these 10, the pelvis was so contracted as to require the head to be opened after the body was born. Four children were born living, and seven dead, of which one was putrid; and in two cases, as just said, craniotomy was performed. Seven women recovered, and four died. Of the 17 partial placenta-presentations, in two the feet were at the brim, they were brought down, and manual extraction accomplished by their agency. Both these women recovered; one child was living, the other was putrid, and the head was perforated, owing to a diminution of space at the brim. In 5 cases the child was turned; four of these patients did well, and one died; while three of the children were born living, and two dead. In 7 the patients were delivered naturally, after the membranes had been artificially ruptured. Four of these children were born living, and three dead; and all the seven women did well. Three were delivered by the forceps; two died and one recovered; while of the children two were born dead, and one living. Of the 18 cases in which the placenta was close to the os uteri, 3 were breech presentations, and 1 transverse; all these children were extracted by the feet; they were all living and the women all did well. In 9 cases the children were expelled naturally, after the membranes had been artificially broken; 7 of these were born still, one being putrid; and 2 were living. Of these 9 women 7 recovered, and two died. Four were delivered by turning, the head presenting; one of these children was born alive, and three dead. Three of these women recovered, and one died. One was delivered by craniotomy, the child being putrid; the woman recovered. When added together we find that 19 of these 46 women were delivered by turning, head presenting; that 16 were delivered naturally, within a few hours after the membranes were ruptured artificially; that in one case the placenta was expelled before the child; that three were delivered by the forceps and one by craniotomy, the head presenting; and that 6 of the children presented preternaturally, 3 with the breech, 2 with the feet, and 1 transversely. That 36 women recovered, and 10 died immediately or eventually; and that 18 children were born alive, and 28 dead, of which 4 were putrid and 3 were delivered by craniotomy. These results fully bear out my remark that cases of flooding before delivery are by far the most fatal that we ordinarily meet with in midwifery; but it must be borne in mind that in most of those reported above the patients had lost a very large quantity of blood before I saw them.

The next series of cases I shall publish will be those in which I performed the operation of craniotomy between January 1, 1840, and December 31, 1844.

8, Portman-square.

(To be continued.)

ADHESION CLAM:
A NEW INSTRUMENT FOR AIDING THE REMOVAL OF OVARIAN TUMOURS, Etc.

By JOHN CLAY, M.R.C.S.
Translator and Annotator of "Kiwisch on Diseases of the Ovaries," etc.

Some inquiries having been made respecting the instrument used by me in the case of ovariotomy reported by my friend Dr. Dewes, of Coventry, in your last impression, I have taken the liberty to forward you drawings of the same, with some brief observations on its use and applicability.

The letters refer to the same parts of the instrument in both figures; D in Fig. 2 is intended to represent an adhesion.

The female blade is first passed underneath the structure to be divided, the end of the male blade is then inserted in the notch of the female blade and closed on the structure, which is thus included between the blades of the instrument. When the clam is closed, the male blade being narrower than the female, a ledge or groove is formed on each side of this portion of the instrument, in which the cautery moves in dividing the structure.

The cauterising iron may be used either cold or heated. In the former case the structure is rubbed through, and it acts, I apprehend, on the principle of the écraseur, without producing the great tension of the parts which that instrument sometimes does. If heated, it is used in the same manner. The flame of a spirit-lamp is sufficient to impart to the iron the necessary heat.

Fig. 1.

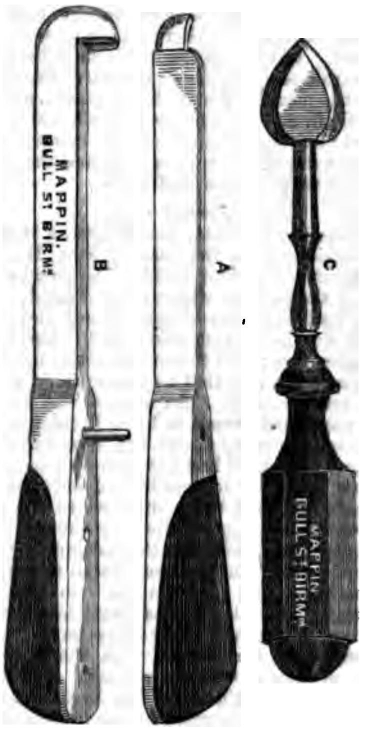
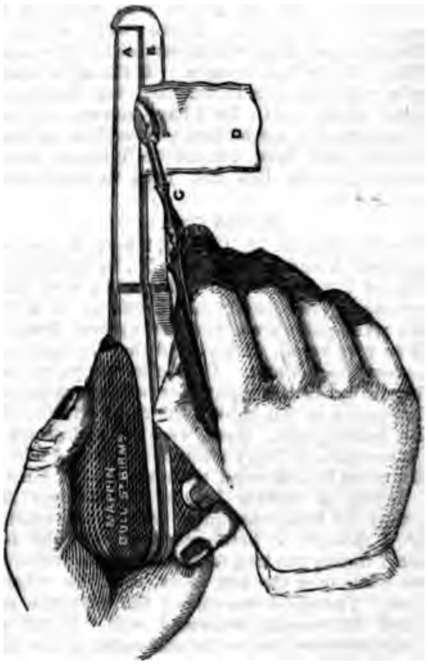


Fig 2.



A. the male blade; B. the female blade; C. the cautery.

One great feature in the use of this instrument is the great compression that can be used previously to the division of the structure, and I believe that this, with the use of either the actual cautery, or the friction instrument, is sufficient to prevent any hæmorrhage taking place.

It is probable that hereafter it may be found of service in dividing some forms of pedicles of ovarian tumours.

The recent discussion at the Obstetrical Society respecting swellings takes place, which may cause death by extending to the deeper seated tissues of the neck. Occasionally fatal hæmorrhage has taken place by the ulceration of some large vessel; I have never myself met with a case of this kind. Fortunately the arteries resist the sloughing process longer than almost any other tissue. Scrofulous abscesses of the neck often begin in scarlatina. Amongst the sequelæ must be mentioned chronic otorrhœa, with or without inflammation of the tympanum; there may be destruction of the membrana tympani and discharge of the ossicula. There is sometimes left entire deafness; and if this occur in young children it is followed by loss of speech more or less complete. Dropsy is, as you well know, one of the commonest sequelæ of this disease, and one which proves fatal to a large number of children. It is almost always, when present to any extent, accompanied by hæmaturia or albuminuria. Slight œdema of the face, not pitting on pressure, may be frequently seen during convalescence without the co-existence of albuminuria. This probably depends on anæmia together with retention of urinary products in the blood; for we have, as I have mentioned before, good reason to believe that there is retention of these products even when there is no albuminuria.

Some authors state that dropsy to a very considerable degree may exist without albumen in the urine. I have not myself met with such cases. It is desirable that the urine should be examined daily after the first week of scarlatina until the temperature has fully resumed its normal height night and morning, and other symptoms are equally propitious.

In about half the cases of scarlatina, or more than half if those are included in which patients were not kept warm and their diet regulated during convalescence, albumen was found in the urine; in a considerable proportion of these cases blood was also to be found. The blood may be enough to give the urine a very dark red colour, or merely a pink tint, or a smoky aspect. The urine commonly becomes scanty in quantity, and the specific gravity may be low, but more commonly it remains from 1020 to 1030. The albumen may be only sufficient to produce a cloud on boiling and the addition of nitric acid, or it may be enough to cause the urine almost to gelatinise. This appearance of albumen is generally preceded by an elevation of temperature, from 102° to 105°, but not always. In the graver cases there is elevation of temperature, a quick, throbbing pulse, thirst, nausea or vomiting, headache, and restlessness. In some cases there is almost complete suppression of urine for a day or two before death. In one case of this kind I found a small quantity of highly saccharine urine in the bladder after death. In the severer cases of albuminuria there is commonly dropsy within a few days of the albumen first appearing. Œdema usually begins in the face, and may extend to the whole subcutaneous tissue, especially the most dependent parts, as the back, and if the patient get up, the lower extremities, the penis, and scrotum. There may at the same time be ædema of the lungs and dropsy of the serous cavities, especially ascites and hydrothorax; more rarely there is meningeal effusion and hydropericardium. Ædema of the glottis is a complication which may arise and cause sudden death. If the case terminates favourably, as we may expect it to do in the majority of cases which come under treatment at an early period, the dropsy subsides and the urine increases in amount; it may be secreted in abnormally large quantities, and it becomes pale and of low specific gravity. The albumen diminishes in amount, blood disappears, and urates are often precipitated in considerable quantities; the urine regains its natural colour; and the patient is well, except that he is somewhat anæmic and weak. The albuminuria may last only a few days, or after lasting six or seven weeks it may then disappear, or it may lay the foundation for chronic disease of the kidneys.

Dropsy is comparatively a rare sequela when the patient is kept in bed and suitably treated. Of the eighteen cases treated by me in this Hospital, from the first week of the disease there was no severe case of dropsy, and only two cases of slight anasarca, which speedily disappeared, besides those with slight puffiness of the face above alluded to. I believe that Dr. West's cases would give a similar result. There can be no doubt that exposure to cold is the most prolific cause of scarlatinal dropsy.

As a general rule, the cases in which dropsy occurs are those in which the attack has not been a very severe one, and the patient has been allowed to get up, and often to go out of doors within a fortnight or three weeks from the commencement. Severe dropsy occurs most frequently where there has not been much desquamation of skin. If we examine the urine microscopically in albuminuria, we shall frequently find red blood-corpuscles, the spheroidal renal epithelium scales about $\frac{1}{700}$th of an inch in diameter, and casts of the renal tubes; when there is much blood we find coagulated fibrin in irregular masses; and also a number of cylinders of fibrin, on which appear blood-corpuscles and epithelial cells. There are also frequently seen pus-like corpuscles, and some vesical epithelium from the bladder. Occasionally casts of tubes are seen almost entirely composed of blood; and sometimes I have seen very large waxy-looking casts as much as $\frac{1}{200}$th of an inch in diameter.

Mr. Ringer found that in the cases in which hæmaturia occurred there was always an elevation of temperature either on the same or the preceding day; blood may continue to appear for weeks after the temperature has fallen to its normal height. There appears to be no relationship between the quantity of blood and of albumen in the urine; there may be a large amount of albumen without any blood, and much blood, with a mere trace of albumen.

In two cases when the blood-corpuscles were allowed to subside, the clear urine gave no evidence of albumen on the application of heat and nitric acid.

Dropsy may occur as early as the fifth day from the commencement of the fever; this is rare. It is more frequently seen at the tenth or fourteenth day, and may be seen for the first time as late as five weeks from the date of attack.

Amongst the concomitants of albuminuria resulting from scarlatina, one of the most to be dreaded is pleurisy, single or double. I have seen this occur on the twenty-first day, on the twenty-sixth, and on the twenty-eighth days from the attack of scarlatina. It is commonly ushered in by heat of skin, and slightly increased frequency of breathing, with a quickened and thrilling pulse. There is frequently no pain on taking a full breath.

The physical signs are often not well-marked; friction may be absent. In a day or two there will be impaired resonance at the lower part of the chest on percussion, with weak respiration on auscultation, and at the upper limit of the effusion more or less blowing respiration. There will be diminished vocal resonance at the base, and sometimes ægophony near the angle of the scapula; but the signs derived from the voice in children are uncertain and cannot be much relied on.

I am anxious to impress on you the importance of frequently examining the chest in children recovering from scarlatina, if they are not progressing satisfactorily. The pleurisy comes on so insidiously in many cases, and effusion takes place so rapidly that the disease has often made considerable progress before its presence is suspected. One peculiarity of this pleurisy is its tendency to assume a purulent condition at a very early period.

The following case will illustrate what I have just said:—W. R. aged 2½ years. This boy appears to have had an attack of scarlatina of moderate severity, with sore-throat and swollen glands, from which he seemed to be recovering pretty well, when at the end of about fifteen days he complained of pain in the stomach. This was probably the commencement of his pleurisy; but it was ascribed to gastric derangement by his own Medical attendant and a Physician who saw him. At the end of four days his breathing became hurried, without cough or wheezing, and two days later he was admitted to the Hospital, when the signs presented themselves of pleuritic effusion on the right side. At the first examination they were supposed to denote pneumonia, as there was whiffing tubular breathing over the affected part, and dulness on percussion. There was not, however, the fine crepitation of pneumonia, nor the heat of skin which usually accompanies it. It was also found that by altering the position of the child the upper limit of dulness on percussion was altered in the following manner,—that is to say, that the dulness extended not nearly so high near the base of the lung when the child lay on its face, as when supported in an oblique position with his face upwards. This proved that the dulness was due to fluid. The next day there was heard a fine crackling sound, which we did not at first ascribe to pleuritic friction, but to the existence of pneumonia; but subsequent auscultation led to the belief that it was caused by lymph in the pleura, and not to anything within the lung. The child became rapidly worse; the left pleura became involved, the urine was very scanty and highly albuminous, and on the fourth day after admission, being the eleventh day from the probable day of the commencement of pleurisy, he died. No less than three and a-half ounces of purulent fluid was found in the right pleura, and three and a-half ounces of thin sero-purulent fluid in the left pleura.

There was no shivering or convulsions at the onset of this attack, no cough, and the pain which was felt was referred not to the chest, but to the stomach. Nothing but a careful physical examination of the chest could prevent error in such a case as this.

Pneumonia is another sequela not infrequently occurring, also of most fatal character. It may set in at any time after the first week of the disease, and may be unattended by symptoms which direct attention to the lungs. There is generally, however, some dry cough, increased heat of skin, and frequency of respiratory movement at the onset, with more dyspnœa and working of the nostrils after it has existed for a day or two. The pneumonia may be confined to one lung, or it may involve both. It is remarkable for running a very rapid course. It may be of the lobular variety, which is so often seen in children, or of the lobar variety, more commonly seen in adults. It may be accompanied with a certain amount of pleurisy. There is sometimes, also, pericarditis in association with it. This last affection may also accompany pleurisy, or exist independently of either affection.

Meningitis is another of the sequelæ which occur during the presence of albuminuria. This is rarer than the two previously mentioned. I have seen two cases of it.

Peritonitis is another serous inflammation which sometimes occurs. I have seen it twice, once in a lady after parturition, and once in a child who subsequently died of tubercular disease.

Diphtheria is another complication which not uncommonly occurs when that disease is epidemic. It may occur during the first week of the disease,—that is to say, the scarlatinal sore-throat may assume a true diphtheritic character, or it may occur during convalescence. I have seen it occur on the thirty-first day and on the forty-third day from the attack of scarlatina. In both these cases it proved rapidly fatal by extension to the air-passages.

Convulsions are occasionally met with also as a result of the renal disease. They are not very common, nor are they so fatal in children as in adults. Of four cases seen by Dr. West, three recovered. Of thirteen mentioned by M. Rilliet, ten recovered. Only one case (S. B., aged 10 years) has come under my notice during the last twelve months which proved fatal from the occurrence of pleuro-pneumonia. On the thirtieth day the convulsions came on, as is usually the case, without any premonitory symptoms. They were attended with very great lividity and elevation of temperature, and lasted at intervals for several hours. Shortly after recovering from these, the symptoms of pleuro-pneumonia manifested themselves, and proved fatal on the ninth day. There was enlargement of the kidneys, and the epithelium exhibited under the microscope a considerable amount of fine granular deposit in their interior; there was also some opacity of the arachnoid, both at the upper surface and the base of the brain, and the sulci of convolutions were filled with clear semi-coagulated fluid. There was nothing in the condition of this little girl on the day before her attack of convulsion to excite uneasiness except the presence of albumen in her urine, which was, however, diminishing from day to day, and the child appeared to be gaining strength.

Tubercular Disease may be induced in persons predisposed to it by an attack of scarlatina; but acute tuberculosis is much less frequent after this disease than after measles.

(To be continued.)

Pathological Society of Dublin.—The members of the above Society were received, on the evening of Wednesday, the 11th inst., by the President, Dr. Banks, King's Professor of the Practice of Medicine in the School of Physic, at a brilliant *conversazione*, given on the occasion of the close of the Session, at his residence in Merrion-square. The general company included numerous representatives of the legal, literary, and scientific circles of Dublin, and the experiment of leaving the assembly to its own resources, aided only by the well-known urbanity of the host, and without the usually supposed indispensable addition of microscopic and other objects of interest, was eminently successful.

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Medical Times and Gazette.

SATURDAY, JUNE 21.

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WOMAN'S WORK.

What this should be seems sufficiently pointed out by Nature. Man ought to toil out-of-doors to provide food and other necessaries. Woman should abide at home, and take care of the house and children. But in England and Wales, according to the Census of 1861, there were 555,012 more women of various ages than men. (a) Middlesex has 160,000 of the excess; Lancashire 86,100. Every adult woman, therefore, cannot be a wife; still every wife and mother in a civilised community requires the services of one or more other women to assist her; and it may be truly said of the various branches of what is called "domestic service," that they are emphatically that kind of work for which the sex is peculiarly fitted by original constitution.

Unfortunately, it seems to have been taken for granted, that the duties for which women were naturally adapted, required no artificial cultivation. As every woman was formerly supposed to be a nurse by nature, or a schoolmistress, so even now the duties of the household are supposed to require no particular training.

But if woman really craves for "work," she may find it ready made to her hand in the more systematic preparation for domestic life; and here we speak of women of all classes.

The radical defect in woman's education is a want of that training in precision which would be given by a little deeper study of arithmetic, to say nothing of algebra and Euclid. It is astonishing to see what a repugnance the untrained mind exhibits for precision. How many teeth has your child? How many ought it to have at twelve months? What quantity of milk does your baby consume in a day with its tops and bottoms? Let any Medical man ask these questions of almost any mother, and he will soon find that "number, weight, and measure" do not come untaught.

Women complain that their bad cooks never make a dish of the same sort twice alike; and that even the soup and gruel for the sick cannot be depended on. How should they be so, in the hands of persons who never are told to use the balance, but who instead get ineradicable habits of guessing at "handfuls?" In the most common culinary matters the habit of frequently referring to *number*, would give many an important hint, and save many a penny. Why should the housewife not know how much of that plump leg of mutton will be melted out in roasting? and having been purchased at tenpence per pound shall be sold to the marine-store dealer for threepence? Why should not a tube, from time to time, show how many inches and tenths of cream are yielded by the milk?

(a) We hope it may be allowable to protest in passing against the use of the words *male* for *man*, and *female* for *woman*. The English Bible, no mean authority, has the words *man child*; not *male*.

We will not dwell on the several branches of household organisation, but refer to the elements of human physiology—animal heat, its relation to food and the different kinds thereof; the quantity of air necessary for wholesome respiration; what is meant by cubic space; the common facts as to the growth, development, and mental and bodily peculiarities of children, and the rational principles of nursing the sick. All these are subjects on which women might well exchange their present haphazard acquaintance for a more precise and scientific knowledge. Women show the greatest possible capacity in management, economy, and the art of making both ends meet. We do not believe that they are unfitted for arithmetic, so as it be rationally taught.(b) We desire to see them applying a more precise method in learning and performing the duties peculiar to their own sex; the duties of the wife, mother, mistress of a house, and nurse for children and for the sick. Educated women should have both scientific and practical knowledge of these matters. Then every good family would be a school, and domestic service an apprenticeship in habits of order and economy. Then there might be a little more respect and consideration shown for the better class of servants. The better places in a nobleman's or gentleman's family might be divested of much that is "menial;" and "genteel" young women be tempted, to their great benefit, to enjoy the wholesome diet and active exercise of the nursemaid, instead of pining as needlewomen or shopwomen. In fact, if women want work, let them do their own work better; let them show more respect to their humble sisters in domestic service, and entice more and a better class of labourers into that field. Existing homes will then be healthier and happier; and men will not be so afraid of marrying when they know that it is no longer considered vulgar to dress a baby or make a pudding.

But the state of things in England is such, that neither marriage nor domestic service is available for all the female population, and they must turn to some other employment for support; and the conditions presented are well worthy the attention of the Medical philosopher.

Corruptio optimi pessuma. Even industry may be perverted to bad ends. There is no doubt that, without a certain amount of moral training, and without the restraints of a society in which want of chastity is a disgrace, the ability of earning an independent living is fatal to young women. Girls who work in some factories, and who carry on certain branches of trade at home,—such as lace-making,—are, in some towns, excessively unchaste, and make the worst of mothers when they marry. Unmarried women are notoriously bad mothers. Married women who support their husbands and families by labour out of the house are almost equally so; insomuch that it has been affirmed at one of the Social Science Meetings, that in certain towns where the mothers have been obliged to remain at home in consequence of the cotton famine and the stoppage of mills, there the ordinary mortality of young children has been diminished.

This, then, is the dark side of the picture. In the lowest grades of society, an amount of remunerative occupation which renders young women independent of their parents, or which tempts them to neglect their homes, leads surely to immorality and a high children's death-rate.

Notwithstanding this, we hold that every single woman, high or low, in addition to the knowledge peculiar to her sex, should have a knowledge of some occupation through which she might earn her living if requisite; and that every facility and encouragement should be given to single women in following out such occupations as their sex does not render them unfit for. Domestic service is, of course, an occupation in itself. But for such women as do not follow that, we should be glad to see every possible line of light and easy occupation thrown open. We should be glad to see them elbow out the dandified counter-skippers and man-milliners; clerks, book-keepers, readers, compositors, designers, engravers, artists, photographers, musicians, watchmakers, and teachers. There are many offices subsidiary to Medicine for which they are admirably qualified. They make neat and accurate dispensers, excellent cuppers, bandagers, rubbers, galvanists, and, above all, first-class nurses. As for the complaint that they may deprive men of occupation, men ought to be ashamed to raise it. If men cannot find work at home so as to enable them to marry, let them emigrate; man can travel alone—woman cannot; but certainly, if either sex must starve because there is not enough to do at home, it should not be the female.

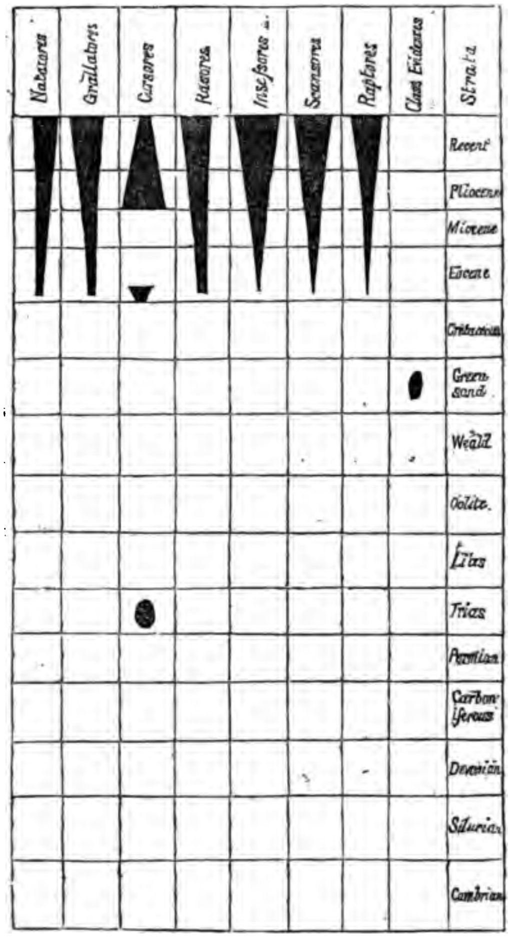
But it is not merely as a means of subsistence, but as a means of healthy occupation and discipline, that we advocate an extension of employment for women. We may divide society, so far as women are concerned, into three classes:—There is the upper or opulent class, consisting of persons rich enough to live by turns in town and country, who often travel, can afford horse exercise, and every other kind of diversion and amusement, and for whom the very routine of "society"—the interchange of visits—affords a very brisk occupation. Yet, spite of this apparent addiction to frivolity and fashionable folly, women of this class do more and know more than women of either class beneath them. They are better managers, better linguists, artists, and musicians; and, if suddenly thrown on their own resources, would be better able to earn their own living.

The second may be called the middling, or "genteel" class—the families of small gentlefolks, struggling professional men, and not very successful first-class tradesmen—persons who, in their own opinion, are above "menial" and "degrading" occupations, and who are in reality much below any other; girls who live in the long rows of suburban villas, and who get their schooling at a "young ladies' seminary where Parisian French is taught by a resident native." Who can tell the horrors of these worse than conventual houses, where poverty shuts off the hope of marriage, and celibacy has not the consolation of being a willing sacrifice; where young women, unable to afford wholesome amusement, exercise, or change, having just education enough to aspire for intellectual enjoyments to which they cannot reach, wear out their lives in unblessed monotony? Would it not be better to be a national schoolmistress, a sister of charity, a first-class sick nurse, an upper responsible nurse or governess, a matron to a madhouse, a book-keeper or accountant, artist, or, in fact, to have any occupation whatever that should fill the time, bring in some little money, and make precision, business-like habits, and greater knowledge of the ways of the world necessary? Would not such occupation make marriage more profitable, and make women more intelligent wives—better helpmates for a working professional man or tradesman? Would there not be fewer victims to hysteria? Would not woman's real work be better done by one who had gone through a training in industry? We are careful to speak of occupation for *single* women, for married women should attend to their homes, and be supported by their husbands; but the woman who has imbibed habits of order, economy, and punctuality, would make a better wife than one who had been a victim to gentility and idleness.

As for the third or lowest order, of those women who must work in order to live, we will only repeat what we have said before, that whilst on the one hand every effort should be made to give a better education in the national schools, employers should duly regard the refinement which such education brings with it; and that no woman should be deterred from domestic service, or any other work, by fear of being treated with the scorn which is ignorantly allotted to those who follow "menial" callings, or to women who are compelled to earn the bread they eat.

(b) Vicesimus Knox says, "Arithmetic and book-keeping would often be useful to women, and preserve the estates of families. Wives are often the best stewards not only in commercial but genteel life."—*Essays on Education*, Sect. 27.

Professor Owen respecting the discovery, sent a large boxful of bones of *Dinornis*, the fact was admitted, and the entire bone, of which the originally-discovered fragment was a part, was amongst them. At the present time, Professor Owen has described in the Zoological *Transactions* many species of *Dinornis* and *Palapteryx* varying from the size of the vast *D. maximus* and *D. giganteus* to almost the size of their still surviving stunted representative, the little *Apteryx* or kiwi, of New Zealand. Evidence has been lately laid before Prof. Owen, which seems to tend towards the supposition that individuals of the genus *Dinornis* may still exist in the Middle Island (New Zealand). These feathered bipeds had been supplanted by the onward march of the unfeathered biped: like the dodo of Mauritius (*Didus ineptus*); the solitaire of the Isles of Bourbon and Rodriguez (*Pezophaps solitaria*); and the great auk (*Alca impennis*) of Iceland, Denmark, and Greenland, they have become extinct since the historic period. The diagram, of which the above is a copy, was intended to offer a summary of the geological distribution of the class. The dark marks, indicating the various orders, are meant to show the relative amount of species in each successive stratum; and the lesson intended to be taught is, that the first evidence which we have of birds is of the order *Cursores* in the Trias, that "class evidences" occur in the Greensand, but that it is not until the lower Eocene tertiary strata that we have proofs of birds of the existing orders:—*Raptores*, *Insessores*, *Scansores*, *Rasores*, *Grallatores*, and *Natatores*. In conclusion, he thanked his audience for the patience with which they had listened to his course, necessarily a short one, on the various aspects under which so interesting a class as that of *Aves* might be regarded.



Geological Distribution of Aves

THE ELECTION TO THE COUNCIL OF THE COLLEGE OF SURGEONS.

With regard to the re-election of retiring members of the Council of the College of Surgeons, as with regard to any other Professional question, we advocate the policy which is most broad and liberal and fair to all parties. As we said in our Number for July 20, 1861, every member of the Council who has served his five years ought to retire as a matter of course, making way for others to have an opportunity of showing of what they are capable. That the non-election of retiring members may seem a slight at first is possible; but when the custom is established councillors will submit with a good grace. The case of the President of the Royal College of Physicians is analogous. The number of Consulting Surgeons in London and in England generally is much larger than it once was, and it is not fair that they should find themselves utterly blocked out from a share in the government of their own College by a perpetuation of that *life* system which the Charter has abolished.

THE "DOCTOR'S MAID."

The Society for the Encouragement of the Employment of Women have left one stone unturned. Last week, at Guildhall, all sorts of possible and impossible occupations were suggested for the Crinolinians; but no one thought of substituting a "Doctor's Maid" for the "Doctor's Man," still thought so necessary by many Doctors who think that patients are to be caught by the false glare known as "keeping up an appearance." There are Doctors in good practice, like the late Dr. Rigby, who never will have a man-servant in the house; and those whose practice lies a good deal among ladies, find the advantage of having their door opened, their study cleaned, and their waiting-rooms attended by a quiet, neat, kind woman, instead of a half-servile, half-impertinent, dirty-fine "man," in or out of livery. There are some things, such as calling a cab for patients, seeing them to their carriages, or fetching the Doctor in a hurry, for which a man is better than a woman; but these are often thought to be beneath the dignity of a first-class man-servant, and a second or third-class man is surely worse than useless. This seems a little matter, but it is one which involves the comfort of many a Doctor, and of many a Doctor's wife; and so we would just throw out the hint that Dr. Rigby's example is worth following; that his principle of employing only women in occupations for which they are as well fitted as men, is a true principle; and that it may be carried out in practice with very great advantage by many of our readers.

THE SHERIFF OF LANARKSHIRE.

Sir Archibald Alison, who has written a history that no man can read through, and who points out the errors of the Duke of Wellington at the battle of Waterloo, has evidently some notions of his own about Surgery which deserve to be put upon record, and which have justly attracted the notice of the Scottish Registered Medical Practitioners' Association. Mr. George Oliver, Surgeon, Garnkirk (now of Prestonpans), was summoned to visit a woman who had injured her arm by a fall. He found it broken at the ordinary seat of such an injury,—a little above the wrist. He set the arm, and at the end of six weeks removed the splints, finding the fracture united. Dissatisfied with the stiffness which always remains for a certain time in such cases, the woman consulted a bone-setter, who told her the arm had been doubly dislocated—at the shoulder and at the wrist. After weeks of what he called preparation, he gave the arm a severe pull, and told her he had effected reduction of the dislocations. An action was then raised in the Glasgow Sheriff Court against Mr. Oliver for *malpraxis*, but the Sheriff-Substitute decided in his favour. On the case being reclaimed to the Sheriff, that learned gentleman reversed his substitute's interlocutor, and gave

£5 damages, with costs, against the Surgeon. The evidence on which the Sheriff founded his judgment was as follows:—The bone-setter swore to there having been a double dislocation of the shoulder and wrist, which he reduced about eleven weeks after the accident, and three weeks after he first saw the case. While the case was under the bone-setter's "preparatory treatment," Dr. Lyon, Senior Surgeon of the Glasgow Royal Infirmary, examined the arm, found no dislocations, but evidence of a recently-united fracture above the wrist. Two other Medical men also visited the patient at this time, but found no dislocations. Upon this evidence, Sir Archibald Alison decided that dislocations of the shoulder and wrist had been caused by the accident, and had been overlooked by Mr. Oliver, Dr. Lyon, and others, thereby showing that he put more confidence in the opinion of the bone-setter than in any amount of Medical skill and testimony. The Scottish Registered Medical Practitioners' Association, feeling this decision to be an insult to the Profession, and that it would be wrong to allow such a judgment to remain unchallenged, recommended Mr. Oliver to appeal the case to the Court of Session. Accordingly, the Sheriff of Lanarkshire's interlocutor was unanimously set aside by the Judges who tried the case. A subscription to defray the expenses was opened among the members of the Medical Profession in Edinburgh and Glasgow. About £66 was subscribed, of which £21 11s. 5d. was obtained in Glasgow, and £44 4s. 6d. in Edinburgh, ten guineas of the latter being a contribution from the funds of the Medico-Chirurgical Society of Edinburgh.

THE SHEFFIELD CEMETERY RIOTS.

The inquiry respecting the desecration of human remains at Sheffield was resumed on Friday, the 13th. The part of the investigation which will most interest the Profession is as to whether the authorities or students of the Anatomical School have been at all implicated in the objectionable proceedings. Of this we do not find a shadow of proof. If it be true that the clergyman has taken fees for the proper interment of the remains after dissection, and has then never troubled himself about the matter, his conduct is highly reprehensible. If the remains were not properly coffined, it was at least his duty to make inquiries respecting them, and to represent the matter to the local authorities. The doctrines of Christianity impose a decent care for the dead, and any dereliction of duty in this respect on the part of the ministers of religion must directly tend to weaken their hold upon the minds and affection of the people.

"Since the pit full of human remains was discovered in the cemetery there have been large parties of people there, and the friends of the deceased have taken measures to ascertain whether the bodies remained in the graves in which they had been deposited. In several cases the search has been fruitless, and the conclusion is, of course, that the bodies have been removed by the sexton and sold for dissection. On the top of the pit was found a box containing the remains of a pauper who had been dissected at the Sheffield Medical School. The Act provides that the remains of persons whose bodies have been legitimately obtained for dissection shall, before removal from the place of death, 'be placed in a decent coffin or shell;' but the practice has been for the porter of the Sheffield Medical School to fetch the bodies from the workhouse in a sack, and for the sexton (Howard) to remove them from the school for interment in a rough deal box. It is but right to say, however, that the officers of the School have regularly paid a sum of money to the sexton sufficient to cover the expense of a shell and decent interment of the remains. The words 'decent burial' have of course been construed to mean that the funeral service shall be read over the remains; but this has not been done, and this has evoked a fresh outburst of popular indignation against the incumbent of the parish, the Rev. J. Livesey. When the case was first brought before the magistrates the rev. gentleman said he should *only have been too happy* to read the service over the bodies *if they had been decently coffined*; but he asked, 'How could he take into his church a box of putrid matter, emitting a most offensive smell, and read the service over it? It would, he said, have been most indecent to do so.' It is, however, alleged that he has received the fees for the proper burial of the paupers who have been dissected. On the top of the heap was also found a coffin containing the body of a child, and this body has been identified as the son of a miller, named Shearman, residing in the parish of St. Philips."

Respect for the dead is no feeling of maudlin sentimentalism. It is one of the instincts of human nature, and cannot be allowed to be openly set at nought without deteriorating the public *morale*.

AN UNQUALIFIED PRACTITIONER.

The *Chester Courant*, of June 11, contains an account of an inquest held at Tattenhall on the body of Mrs. Lyons, whose death occurred during parturition:—

"She was taken in labour on the 25th ult., and sent for a person named Parsonage, of Broxton, who it would appear practises as a Surgeon, but who in fact is a farmer and not a qualified Practitioner. He attended, and found the woman suffering from loss of blood. After waiting from half-past eight o'clock to eleven, and finding the case not progressing, he sent to Malpas, a distance of eight miles, for Medical assistance, although the necessary aid could have been had at Tattenhall. On the return of the messenger from Malpas, it appears that Mr. Price, the Surgeon sent for, was not forthcoming, and Parsonage consoled the friends of Mrs. Lyons by assuring them that she was going on very well; that it was merely a matter of patience, and there was no need of alarm. About half-past two o'clock in the afternoon the poor woman became so much worse that Mr. Brierley, jun., of Tattenhall, was sent for, and on his arrival he found her dead! An inquest was held on the body at the "Bear Inn" on the following Tuesday, before Henry Churton, Esq., Coroner, when it transpired that Parsonage had done nothing for the deceased, except giving her a little brandy, although it was an unnatural labour, requiring certain treatment always adopted by Medical men, but which was neglected in this instance. The whole of the evidence having been detailed, the jury retired to consider their verdict at one o'clock, and were in consultation till nine at night, when it was found that eleven had agreed on a verdict of manslaughter, which was opposed by three. Finding there was no chance of agreement, the Coroner suggested that additional Medical evidence should be obtained, which was agreed to by the jury, who determined to hear the opinion of Dr. McEwen, of Chester. The inquest was accordingly adjourned, but unfortunately at the subsequent inquiry one of the jurymen was unable to attend through indisposition, which entailed the necessity of a further adjournment to Thursday last. Mr. Ford, solicitor, of this city, then attended for Parsonage. Dr. McEwen's evidence was taken, which corroborated that of Mr. Brierley and Mr. Proudlove (who was present at the post-mortem examination), and the jury, after an hour's deliberation, returned a verdict that deceased had died from natural causes, at the same time blaming Parsonage for not getting Medical assistance in proper time. The coroner also censured him for his conduct. Two of the jurymen refused to sign the inquisition for the reason, as they said, that the verdict ought to have been one of manslaughter."

Supposing the above account to be correct, it seems to us that the gross ignorance and negligence which cost the poor woman her life would amply have justified a verdict of manslaughter. Had Parsonage been a qualified man, it is probable enough that such would have been the finding of the jury. But Coroner's juries are not infrequently penetrated by a fellow-feeling for ignorance and quackery, which makes them lenient.

THE INQUEST ON THE DOUBLE MURDER AND SUICIDE IN THE BLACKFRIARS-ROAD.

If an instance were wanting to prove the necessity of appointing a vigilant Medical man to the office of Coroner, we do not know that we should find one more to the purpose than th of the inquiry which has lately taken place as to the deaths of the two children of James John Mockford. As an investigation into the cause of death of the children, who were found lying near the body of the father, the inquest was a farce and a mockery. A Surgeon's assistant, Mr. James V. Henderson, who stated himself to be a Surgeon, was the only Medical witness called. The following is his evidence respecting the deaths of the children :—

> "At the same time I saw two children lying on the floor, as has been described. The lungs and liver were slightly congested, but otherwise healthy. The abdomen was quite healthy. I took out the stomach and tied it at both ends. Subsequently I opened it, and found it to contain food and air ; but I have not had sufficient time to analyse its contents. I noticed two pillows on the floor by the side of the children, and they might have been pressed on the faces of the children so as to cause death, but I cannot say that it was so. A phial was found on the floor near the bodies, which may have contained opium, and I *think* it had had a preparation of opium in it. There was another phial on the drawers containing a very small quantity of brownish liquid, which *seems to be* methylated spirit of opium. If this had been used the lapse of time would have destroyed the smell of the opium. The post-mortem appearances in the younger child were the same as in the elder, except that the lungs and brain were much more congested. I saw the cup produced. It contained castor-oil with a brownish sediment. There was no smell except of the oil. My opinion is that the children were poisoned, but death may have been produced by the compression of the pillows over their faces before the poison had time to act. The blood was fluid, but it would remain so after suffocation as well as after poison."

That the children died by the hand of their father is only too probable. But surely in such a case, occurring as it did in the Metropolis of England, public safety as well as science demands that some attempt should have been made to discover the cause of their death. No analysis either of the contents of the stomachs or of the fluids found in the cup and phials seems to have been thought necessary. The unfortunate man was undoubtedly mad, but this does not alter the case. If inquests are to be held at all, surely the death of every human being becoming the subject of inquiry should be investigated by every means which science can suggest. We do not find fault with the verdict, which was, "That the children were wilfully murdered by their father, who immediately after destroyed his own life while in a state of mental aberration," but we do find fault with the careless and perfunctory manner in which the inquiry was carried out.

NOTICES OF THE

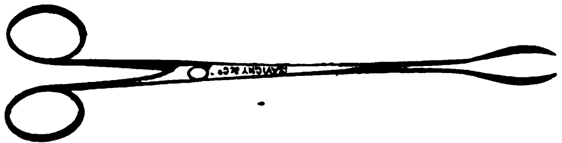
SURGICAL, MEDICAL, AND OBSTETRICAL INSTRUMENTS IN THE INTERNATIONAL EXHIBITION OF 1862.

By JAMES REEVES TRAER, Esq., F.R.C.S., etc.
Superintendent of Class 17.

I NOW proceed with pleasure to draw the attention of the Profession to the contents of Messrs. Whicker and Blaise's case. This firm, which still retains the business name of Savigny, whose successors they are, fully preserve their well-merited reputation as Surgical instrument makers, both for good manufacture as well as for originality and ingenuity of invention. All their instruments are evidently produced by superior artisans working under the notice of an intelligent master, and the various novelties which they exhibit betray considerable skill and knowledge of what is required by the practical Surgeon.

I will first notice their disjointed bullet forceps (Fig. 1), constructed on the same principle as the obstetric forceps. The blades can of course be introduced separately on each side of the bullet or fragment of shell. They can then be firmly locked, and extraction effected. A single blade of the instrument can also, when necessary, be employed as a scoop. As a proof that these bullet forceps are highly appreciated by authorities who are able to judge of their merits, it may be mentioned that a very large number have been made since their introduction by Messrs. Whicker and Blaise.

FIG. 1.



I now refer to the trivalve rectum speculum, which is exhibited by the same makers. It permits of considerable dilatation within the bowel without much stretching of the anal orifice. Its mechanism, although simple, is very ingenious, and it is well calculated to aid the Surgeon in exploring the condition of the lower part of the rectum. Fig. 2 represents the instrument closed, and Fig. 3 shows it when open.

FIG. 2.

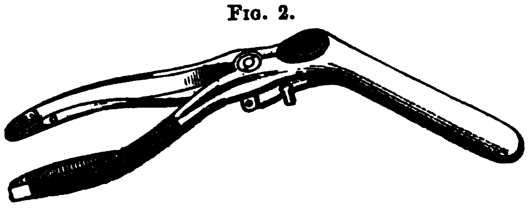


FIG. 3.

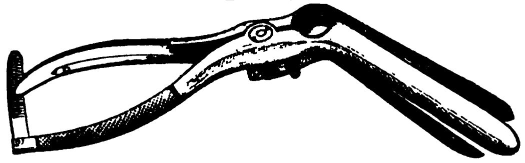


Fig. 4 is an illustration of the lithoclast,—an instrument which consists of a very strong lithotrite, and is intended to be used through the wound made in the operation of lithotomy for the purpose of crushing a stone which happens to be too large to be extracted entire. The slide, which, in ordinary lithotrites, is formed for crushing a calculus into small fragments, in this case is of a wedge shape, and therefore more useful for the purpose for which the lithoclast was constructed.

FIG. 4.

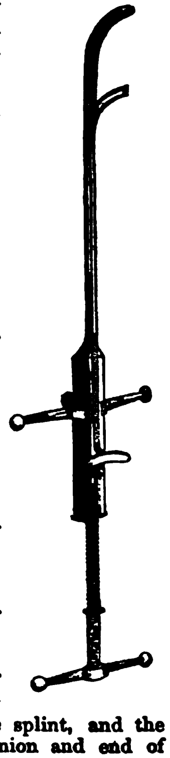


Fig. 5 (See page 649) represents the instrument made by Messrs. Whicker and Blaise for producing compression of the femoral artery. It consists of a semi-circular steel band, which fits round the body with a broad strap in front of the abdomen. From the side of the steel band an arm projects, which carries a pad capable of the most exact adjustment by means of a rack and pinion ; the degree of pressure on the vessel being easily read off on a small scale attached to the instrument. Messrs. Whicker and Blaise also manufacture a compressor with two pads, which can be very accurately adjusted to the thigh.

Their splint for the treatment of ununited fracture of the humerus is well worthy of attention. It consists of a horizontal portion on which the forearm and hand rest, and an upright portion which is curved so as to embrace and press upon the point of the shoulder. This portion of the instrument is formed of two pieces of metal which can be made to slide on each other by means of a screw, and the result is that, as the elbow rests solidly on the horizontal part of the splint, and the curved portion firmly presses on the acromion and end of the clavicle, a very accurate approximation of the ends of the broken bone can be effected, and the parts retained well in position.

The improved trachea canula, exhibited by the same makers, is represented open and closed in Fig. 6. This ingenious little instrument is made of steel plated with silver, in order to reduce its weight without losing the requisite of air into the thorax. The syringe has an aperture of ingress through which the liquid is admitted when the piston is raised, and one of egress through which it is discharged when the piston is depressed; the ball-valves being so placed in connexion with these two apertures as to admit of the passage of the liquid in the direction indicated, and in no other.

A piece of elastic tubing is connected with each aperture, so that when in use, the syringe is not in inconvenient proximity to the patient's body. The tube of ingress fits the canula inserted into the chest, and the other conveys the liquid into a basin properly placed to receive it; the simple backward and forward movement of the piston being all that the operator has to attend to. The barrel of the syringe is composed of a glass cylinder graduated into half-ounces, so that he can at once observe the quality and quantity of the liquid extracted. To prevent the entrance of air into the pleural sac during the application of the syringe to the canula, this latter is furnished with a stop-cock; and it is clear that there is less chance of its being obstructed by flakes of lymph when the liquid is withdrawn by the exhaustive action of a syringe, than when it is allowed to flow out spontaneously.

There are one or two more instruments of interest in Messrs. Whicker and Blaise's case, to which I may allude in my notice of next week.

47, Hans-place, S.W.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE DISCUSSION ON THE PARIS AND LONDON HOSPITALS.

(Continued from page 600.)

M. Gosselin observed that the real question before the Academy was, why there should be a mortality of but 30 to 40 per cent. after operations in the London Hospitals, while it rose to 60 per cent. in Paris. This anti-hygienic condition was due principally, but not exclusively, to overcrowding. Heretofore, far more attention had been paid in Paris to the anatomical conditions of purulent infection and erysipelas than to the prevention of their causes. M. Gosselin does not believe that the different modes of dressing wounds will explain the different results obtained, for these more simple modes have from time to time been adopted in Paris without any corresponding results, the more complex mode of dressing being also in use at the French Provincial Hospitals, where the operations succeed so much better than in Paris. The fact of the Paris Hospitals occupying better sites is the best proof that their hygienic condition must be bad; and the Lariboisière, with so many appearances in its favour, is no better than the rest, for its essential internal arrangements are the same.

M. Trebuchet maintained that the Paris Hospitals, so far from being bad, as stated, are models for imitation, and the admiration of strangers. The large size of the wards is not *per se* objectionable, providing that too many patients be not put into them and overcrowding produced. By multiplying small wards we multiply surfaces by which organic matters may be retained, and the smell arising from small wards is always worse than that coming from large ones. M. Trebuchet compares the returns of the various Paris Hospitals, and does not find the result in favour of the smaller establishments. The cause of mortality must be sought elsewhere than in the size of the wards or the amount of the population of the Hospital, numerous circumstances having, in fact, to be taken into account. For statistical conclusions to have any value, detailed and individual peculiarities must be inquired into.

M. Davenne is not disposed to take the English statistics of Surgical cases as entirely authentic; but even admitting them to be correct, there are certain circumstances to be borne in mind before agreeing with the conclusions sought to be drawn from them. Thus the English working man is more robust, and better able to resist unfavourable influences, while the English Surgeons operate earlier and more indiscriminately, and pay more attention to the progress of their cases after operation.

M. Briquet, as we have already shown (p. 329), has not much faith in the exactitude of our statistics, and he thinks, as regards the comfort of the patients, the French Hospitals have the advantage. Speaking of the lying-in women in these, who, during the discussion, were said to suffer almost as much as patients who had undergone operations, he asserts that as a general rule they are provided with more space than M. Larrey has laid down as necessary for the health of the soldier. The mortality is not found to be greatest among them in Hospitals having the most space, being, in fact, largest at the Lariboisière, where the amount of space is also greatest. In the same establishments, the mortality varies in different times of the year, and in all of them the puerperal women suffered much in 1861. The effect attributed to overcrowding has been exaggerated. The puerperal miasm is not generated by it or by epidemic influence, but originating in one patient is conveyed from her to any others who may be susceptible of its influence, these chiefly being found among the new comers. The true remedy is not mere enlargement of space, but isolation of the patient; and if such isolation were enforced among patients who had been operated upon, the mortality would be also diminished among them.

M. Trelat furnished M. Gosselin with a very important document, viz., a statistical account of the mortality after the great amputations, derived from official sources. Nothing of the kind has been published since Malgaigne's researches. It comprises an account of 1144 amputations performed at the various Hospitals since 1850, and of these 522, or 45 per cent., terminated fatally. There were 568 pathological amputations, with 223 deaths (41 per cent.), 470 traumatic amputations with 261 deaths (55 per cent.), and 106 for unspecified cause with 28 deaths (26 per cent.), these last chiefly relating to children. Of those operated upon, 908 were males, with 438 deaths (48 per cent.), and 236 females, with 84 deaths (35 per cent.) The slightest mortality occurred between the ages of 5 and 15. Under 5 years it was much the same as between the ages of 15 and 30. After the age of 15 it increases regularly and uninterruptedly, and after 70 it reaches the proportion of 95 per cent. In comparing these results with those noted by Malgaigne for the years 1836-41, *i.e.*, more than twenty years ago, it will be found that the mortality, after the three great amputations (thigh, leg and arm) has diminished from 62·6, 55·2 and 45 per cent., to 52·7, and 42·5 per cent.—nearly one patient in five having been thus gained.

Of M. Levy's able discourse we have already (pp. 407, 461) furnished a translation.

M. Malgaigne maintains that the English and French statistics, having been separated into different categories, are fairly comparable, and he defends the English Surgeons against M. Briquet's charge of cooking their accounts of cases. He attributes the improvement in the results of amputations exhibited by M. Trelat's tables to the better regimen of the patients. He protests against the large size of the wards of the French Hospitals, for the greater the number of patients the greater the number of centres of infection. The mere sanitary view that a certain amount of oxygen is afforded by a certain space does not suffice; for we have pathological as well as physiological emanations to provide against, the quality of such emanations having especially to be taken into account. Large wards, too, have their moral objections, and they necessitate too much opening of windows for ventilation, giving rise to chills, which M. Malgaigne regards as highly dangerous in puerperal and surgical cases, and takes every means to prevent, even to the tying the bed-clothes to the beds. The differences noticed in the mortality of the various Hospitals of Paris, and which, it has been observed, is not always in proportion to their population, greatly depend upon the gravity of the traumatic lesions brought to the respective establishments. Speaking of the Surgical mortality of the Lariboisière, M. Malgaigne shows from the returns that it is 59 per cent. after amputations, although the general mortality of the Paris Hospitals is but 47, and was even twenty years ago but 56! So that the Hospital so cried up and so admired by strangers is, in fact, the most abominable of all. Something may be due to the filthy state of the privies in this "Versailles of the wretched," and more to overcrowding; for although the wards are each habitually inhabited by but thirty patients, yet, on emergencies, this number is raised to sixty or seventy, and this just at the time when a bad Medical constitution prevails, and when greater precautions to prevent overcrowding are more than ever requisite. M. Husson taxes M. Malgaigne's statement with exaggeration, as the supplementary beds do not raise the number to beyond forty per ward.

M. Tardieu, one of the Physicians of the Lariboisière, observed that a great mortality of an Hospital does not necessarily imply its insalubrity; and, indeed, the different Hospitals of Paris exhibit great differences in this respect in different years, sometimes one and sometimes another taking the bad precedence. The population of the Lariboisière offers some exceptional characters, inasmuch that the acute diseases observed there are especially severe, while chronic diseases, phthisis among the number, predominate excessively. The Hospital is situated in a part of the town in which are numerous manufacturing industries, giving employment chiefly to foreigners, who do not seek aid until disease has already made many ravages. Again, it is much resorted to by destitute persons of the middle classes, who, driven to their last resource, and unable to pay longer for advice, prefer the Lariboisière because its appearance is not so revolting as that of some of the other establishments; and for such a class of patients the luxuriousness of this Hospital is to be commended rather than blamed.

M. Briquet, after repeating his opinion that the English statistics are not upon a sufficiently wide basis to allow of deductions to be safely drawn from them, showed, from a comparative examination of the mortality of the different Paris Hospitals, that this was not in proportion to their population. He thinks race and constitution have much to do with the results, the great impressionability of the French working man being an unfavourable circumstance. Contrast this with the impassibility of the lower animals, a horse, at Alfort, for example, commonly undergoing some thirty operations before it is slaughtered. The doctrine of overcrowding does not explain puerperal epidemics, for M. Briquet has found these arise quite independently of it in the lying-in wards of La Charité. When such epidemics do arise, free ventilation and additional space may extenuate the evil, but it can only be arrested by ceasing to bring new subjects within the verge of the contagious influence set up. As to the general mortality of the different Hospitals, this is far more dependent upon their localities, and upon the gravity of the cases taken to them, than upon their ventilation and amount of population. The term "overcrowding" has been somewhat loosely used during the discussion. There is, however, a test indicating this as certainly as the thermometer indicates the temperature—viz., the generation of typhoid affections, and the extension of contagious diseases. The influence of overcrowding in the generation of typhoid affections, and upon the propagation of contagious disease, is a matter of notoriety, as seen in the habitations of the poor and under other circumstances; but during M. Briquet's thirty years' experience of Hospitals he has never known an epidemic to be generated within their walls, nor contagious diseases, such as variola, scarlatina, measles, typhoid or diphtheria, to become propagated therein. The power of transmission becomes lost there; and surely such an immunity would not be observed if Hospitals were as unhealthy as they have been said to be. M. Briquet will not admit that the bad smells observed in the Hospitals are necessarily prejudicial, for persons following occupations in which these abound enjoy most excellent health.

M. Gosselin observed, in conclusion, that the mischief of overcrowding has long since been admitted, but the difficulty is to point out when this commences. Compared to what they were formerly, and in the time of war, the French Hospitals may indeed be said not to be overcrowded now, and diseases once so produced, as typhus, dysentery, ophthalmia, hospital-gangrene, and cholera, do not now ravage their wards; but there yet remain some affections upon the development, gravity, and frequency of which even the present amount of agglomeration exerts a mischievous effect, and especially is this the case with those affecting puerperal women and persons who have undergone operations. Many persons have long since believed that the mortality of Paris in this description of cases is due to the vitiation of the air in the midst of which these patients exist; but the opinion has not heretofore been supported by sufficient proof. But the present discussion has brought out a new fact in aid of this view—viz., that the results of operations performed in the London Hospitals are more favourable, and that the hygienic condition of these is better than that of those of Paris. It is no answer to this statement to say that for other categories of disease the Paris Hospitals are (if they are) as healthy as those of London. The question here solely relates to puerperal women and patients who have undergone operations.—*Bulletin de l'Acad. de Méd.*, Tome xxvii. Nos. 2 to 16.

REPORTS OF SOCIETIES.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 10.

Dr. Babington, President, in the Chair.

Mr. Bernard E. Brodhurst communicated some observations

ON OLD DISLOCATIONS, AND ON THEIR REDUCTION.

The object of this communication was to show that dislocations might with great advantage be reduced at a much later period, now that chloroform is in use, than formerly; yet the author contended that this fact has in great measure been overlooked, and that the teaching of Sir Astley Cooper—namely, eight weeks for dislocations of the hip, and three months for those of the shoulder, was still all but universally observed. He referred to the obstacles to the reduction of old dislocations, and he then considered the means of overcoming them. He pointed out two great distinguishing features of old dislocations—namely, on the one hand, the recovery of motion and the formation of a new joint; and, on the other, a painful position of the head of the bone, together with a motionless condition of the limb: and he suggested that interference was to be deprecated when motion was being restored and the new joint was becoming perfect, but that reduction might at any time be attempted whilst the limb remained motionless and painful. A case was related of a muscular man, fifty-three years of age, who, having dislocated the humerus beneath the pectoral muscle, came under the author's notice when the dislocation had existed nearly six months. The author reduced it on the 175th day. The reduction was most easy and immediate; there was no disposition for the bone again to become displaced, and the patient recovered almost the entire use of the limb. In conclusion, it was observed that extension ought not to be employed primarily in the reduction of old dislocations, and the argument adduced was as follows:—The adhesions round the head of the bone must always be ruptured prior to reduction. If they are ruptured by the use of the pulleys, so much force is required in extension, when the dislocation is old and the adhesions are tough, that there is danger of rupturing the muscles and breaking the neck of the bone; but if they are ruptured by to-and-fro movements the pulleys are unnecessary to replace the limb, traction and manipulation being sufficient for this purpose. The author summed up thus:—"With chloroform, no precise time can be set as a limit to the reduction of an old dislocation. When useful motion is being regained—when the new joint is being formed and pain has subsided, attempts at reduction may be deemed unjustifiable; but while the limb remains painful and motionless, the dislocation is reducible, and it ought to be reduced."

Mr. Pollock said that Mr. Brodhurst had only adduced one case in support of his plan of treatment. It was not uncommon for dislocation of the shoulder-joint to be reduced under chloroform after an interval of five or six months. He (Mr. Pollock) related some cases in point. He thought that Mr. Brodhurst would modify his opinions with respect to the use of the pulleys in cases of old dislocation of the hip-joint. When extension was made in the right direction, under chloroform, these dislocations were to be reduced with more facility by the pulleys than by any other means. He alluded to those cases in which the head of the thigh-bone was dislocated into the ischiatic notch. It was not necessary that pulleys should be used in cases of dislocation of the shoulder-joint. He inquired if Mr. Brodhurst had had any experience in the reduction without pulleys of long-standing cases of hip-joint dislocation.

Dr. Wynn Williams said it was his lot to practise for a good number of years in a neighbourhood where nearly all fractures and dislocations were treated by what were termed "bone-setters;" consequently he had had under his care numerous cases of unreduced dislocation. Now, if the teaching of the London Schools was still such as stated by the author of the paper, he (Dr. Williams) could only say that practice had shot far ahead of teaching. He could answer for himself as well as for his brother Practitioners practising in the vicinity of the Carnarvonshire and Merionethshire slate quarries, that since the introduction of chloroform they had followed no general law, but had attempted the reduction of old dislocations whenever there appeared to be any chance of success. He could call to mind two cases in his own practice which would fully bear out what he had stated. The first was that of a man who consulted him as to the possibility of reducing a dislocation of the elbow-joint of four months' standing. It had been caused by the man having fallen from a load of hay, his right forearm passing through the riples of the cart and arresting his further descent. The bones of the forearm were driven backwards on to the humerus. He had been under the care of a bone-setter, who, instead of reducing the dislocation, placed and kept the arm in a perfectly straight position, so that it hung useless by the man's side. Dr. Williams found the joint immovable; indeed, it appeared as if union had taken place between the bones of the upper and forearm. He placed the man fully under the influence of chloroform, and applied extension by pulleys for some time, using considerable force, but without any effect. He then placed his knee in the elbow, and suddenly bent the forearm on the arm, and felt a distinct crack, as if a bone had broken. It was caused by the separation of the ulna from the humerus, a small portion of the former (a fragment of the olecranon) remaining attached to the humerus. After this reduction was not difficult, and the man acquired a very useful arm. The other case was that of a boy between eight and nine years of age who, having fallen from a height with his legs separated, dislocated the left hip-joint. He had been attended by a bone-setter for about five months previous to being seen by him (Dr. Williams). He determined to attempt reduction, and went with his assistant on the following day to do so. After administering chloroform, he thought he would try to reduce the dislocation in the first instance without using the pulleys. To his surprise he found no difficulty in doing so. The difficulty was to keep the bone in its place after it had got there, for the moment he ceased making extension out it went again. He, however, fixed it in position by means of a long splint and a pad. But several times in the course of treatment the little fellow would suddenly start during sleep, and out would go the head of the bone. He taught the boy's father how to reduce the dislocation and tighten the bandage, so that the bone was reduced almost immediately. After a few weeks some thick gutta-percha was moulded so as to embrace completely both buttocks, the gutta-percha being brought well round on either side. By this means he was enabled to keep the head of the bone firmly in position, and the last time he saw his patient he was gathering water-lilies out of one of the lakes.

Mr. **Brodhurst** had had no experience in the reduction of dislocations of the hip-joint after a long period. He could not imagine, however, that pulleys would be more useful in this accident than in dislocations of the shoulder-joint. He had brought his case before the Society in consequence of great Surgical authorities having stated that long-continued dislocations of the shoulder-joint were usually irremediable. In these cases, where there was some degree of motion and no pain, he had never been successful in reducing them. When, however, the joint was immovable and there was pain, there was no great difficulty in effecting a cure.

A Paper, by Dr. Dickinson, was read

ON THE TREATMENT OF ACUTE RHEUMATISM, CONSIDERED WITH REGARD TO THE LIABILITY TO AFFECTIONS OF THE HEART UNDER DIFFERENT REMEDIES.

This paper was based upon a tabular condensation of the cases of acute rheumatism which were admitted into St. George's Hospital during the five years ending on December 31, 1861, and in whom the heart was, on admission, unaffected by the disease. The method of treatment adopted in any particular case depended very much upon the chance of the patient coming under one Physician rather than another; and a comparison of the results would, to a certain extent, be a guide to the value of the means used. The cases, therefore, were classified according to the treatment made use of. As the main object of the investigation was to ascertain the effect of remedies in preventing cardiac mischief, the arrangement was not altered by measures adopted in consequence of its occurrence. The tables were fourteen in number. The first gave the results of eight cases in which venesection was early resorted to, other medicines being at the same time used. In three of the cases endocarditis or pericarditis was clearly recognised. In one there was incomplete evidence of cardiac derangement. The heart, therefore, was absolutely uninjured in only half the number. The patients remained in the Hospital for an average period of forty-one days. Bouillaud, who is the great advocate of bleeding in this disorder, and trusted to it almost exclusively, expresses his opinion that such complications are the rule, and not the exception. The second table gives the result of six cases treated solely with repeated doses of calomel and opium. In two subsequent classes were seen the effects of the same medicines aided by saline draughts, with and without nitre. The progress of the disease under each plan appeared to be much the same. The total of twenty-four cases presented six of inflammation of the heart or its membranes, of which two proved speedily fatal. The average number of days in Hospital under mercurial treatment was thirty-seven. The action of some reputed specific remedies was then considered. With regard to opium, reference was made to some tables published by Dr. Sibson in the *Association Medical Journal.* Twenty-one cases are here recorded, in which, when the treatment was commenced, the sounds of the heart were natural. Opium was given in frequent doses, sometimes as much as a grain an hour, besides other remedies supposed to have an effect in rheumatism. No less than fourteen of these cases, or exactly two-thirds, manifested while under treatment symptoms of valvular or pericardial inflammation. The cases, seven in number, treated with nitre alone, gave only one of cardiac complication. The average duration of the treatment was reduced to twenty-seven days. Further evidence in favour of nitre was deduced by comparing the result of cases treated with saline remedies alone, and those which had salines with nitre in addition. A table contributed by Dr. Basham to the *Transactions* of the Society was quoted. Of sixty-seven cases of acute rheumatism treated with large doses of nitre, the heart being in each case unaffected at the commencement of the plan, six only had symptoms of inflammation of that organ. In considering the treatment of saline remedies, the use of the term was limited in an arbitrary manner. It was assumed that the salts which potass and soda form with the vegetable acids undergo such changes in the system as to become equivalent, or nearly so, to the same quantity of alkali in combination with carbonic acid. Whether a certain quantity of potass is given as citrate, tartrate, acetate, or carbonate, the effect upon the urine and upon the system generally was held to be much the same. The arrangement was made accordingly. Those patients treated with an aggregate of such salts not reaching three drachms a-day were considered as under saline treatment; those taking as much as three but less than four drachms, as under partial alkaline treatment; those taking from half an ounce to an ounce and a-half, as under full alkaline treatment. Sixty-two cases appear to have been subjected to saline treatment, alone or with other remedies. These afforded a proportion of heart affection of 1 in 3·6. The conclusion was that salines in such quantities had but little influence upon the course of the disorder; when used in conjunction with more potent remedies, the result always corresponded with the observed effect of the additional medicines when used independently. With the increased doses, which the author distinguished as partial alkaline treatment, no diminution of the heart symptoms was observed, although the disorder terminated in rather a shorter time. The full alkaline treatment was exemplified by two tables. It consisted in the administration of the salts which potass and soda form with carbonic and the vegetable acids, in quantities varying from half an ounce to an ounce and a-half daily. Half a drachm of the acetate, with twice as much of the bicarbonate of potass, dissolved in the haustus ammoniæ acetatis of the Hospital Pharmacopæia, furnished an ordinary form of prescription. This was given every four or six hours, and sometimes made to effervesce by the addition of a little citric acid. Salts of soda were sometimes resorted to. The total of forty-eight patients thus treated passed through the dangers of the disease, with only a single instance of any cardiac affection. In the exceptional case the murmur came on within twenty-four hours of the commencement of the treatment, and did not prove permanent. The average number of days in Hospital, when this treatment was applied simply, was twenty-five, the smallest of all; when other medicines, as colchicum, were used in addition, five days were added to the average period. Dr. Garrod's published cases, in which bicarbonate of potass was used alone, were quoted as rather less successful than those at St. George's, in which neutral salts were given in addition. Twenty-four of Dr. Garrod's cases afforded three of inflammation of the heart or its membranes. It was concluded that the carbonates of potass and soda, and those of their other salts which in the body are capable of being converted into the carbonates, exert an especial curative power in rheumatic fever, and, if given in time, will completely protect the heart from the dangers by which it is surrounded. Taking the proportion of heart affection under the alkaline system, one in forty-eight, and, with this as a standard, reviewing the other plans of treatment, the result was striking. One hundred and thirteen cases where other remedies were used gave thirty-five instances of cardiac mischief, or a proportion of 1 in 3·2. Nitre, next to the alkalies, was the most successful. The general symptoms were shortened under its use, and the frequency of cardiac inflammation was reduced to 1 in 10. Regarding the other remedies which have been credited with the cure of acute rheumatism, it simply became a question which were useless and which injurious. Mercury allowed a proportion of cardiac inflammation of 1 case in 4. Saline treatment gave a worse result. With bleeding one-half of the cases became thus complicated. Under opium the mischievous influence of the disorder attained its maximum. Two-thirds of the cases so treated had the symptoms of endocarditis or pericarditis. With the exceptions stated, it was maintained that the more active the remedies the more untoward, generally speaking, is the progress of the disease. It was shown that the use of colchicum retarded the recovery of the patient. The practical deduction was, that acute rheumatism is best treated by giving at short intervals a solution of nitrate, acetate, and bicarbonate of potass in such doses that ten or twelve drachms of the two latter salts together are taken in the twenty-four hours. Half a drachm of the acetate, with a drachm or a drachm and a-half of the bicarbonate, and ten grains of nitre, would answer the purpose. A brief review of the history of the alkaline treatment of rheumatism concluded the paper.

Dr. **Goodfellow** had long been in the habit of employing the nitrate of potash in cases of rheumatism, in doses of ten grains to two scruples every four hours. This mode of treatment had no material influence on the duration of the disease, but prevented cardiac complications. In one case out of sixty only was the heart affected. He combined, however, with the nitrate the bicarbonate of potash. He always took the precaution in these cases of covering the chest with cotton wool. He had found this mode of proceeding most effectual in preventing cardiac disease. He had tried other remedies, however, in combination with the nitrate of potash, such as Dover's powder and the acetic extract of colchicum. Opiates at night with the colchicum seemed to cut short the duration of the disease, and prevent heart affection. Under this treatment also relapses were rare.

Dr. **Fuller** had long employed alkalies in cases of rheumatism. Under this treatment he had never found the heart become affected, except in two or three instances, where inflammation had set up within twenty-four hours after the commencement of the treatment. He was in the habit of employing large doses of the alkalies with a view of producing an alkaline condition of the urine. When this was effected, he thought that it was unnecessary to test the condition of the heart, as he considered the patient safe from such complications. The duration of the disease under this treatment he thought was decidedly lessened. It was not necessary that the alkali should be potash, for the carbonate of soda had the same effect. His experience, however, of the carbonate of ammonia was that it was not productive of such decided results.

Dr. **Gull** remarked that alkalies had been extensively employed in Guy's Hospital in cases of rheumatism. Dr. Golding Bird was the first to recommend this plan of treatment. The practice, however, in his (Dr. Gull's) hands had proved a decided failure. He had never thought that there was any proof that there was an acid state of the blood or urine in these cases. The perspiration was not always acid in the worst forms of the complaint. In some cases the patient's sweat had assumed three distinct forms—alkaline, neutral, and acid. He could, therefore, see no expectation of relieving the patient by adopting a merely chemical plan of treatment. Colchicum, Dover's powder, hot baths, nitrate of potash, opium, and other remedies he had tried without satisfactory results. His experience led him, therefore, to treat the disease empirically. After all he thought it should be regarded mainly as an affection of the nervous system. He had been most successful by keeping the patient perfectly quiet, confining him to his bed, preventing the influence of all disturbing causes, and supporting him on the simplest diet. He had found rheumatism thus treated usually do well. Under it the heart was kept from disturbance, and consequently from anything like inflammatory disease. This treatment, with the addition of a little extract of taraxacum and peppermint water, administered as a placebo, had been most effectual in their hands. Out of sixty-four cases which he had thus treated, there was scarcely a case in which the heart had been affected. The author of the paper had adduced forty-eight cases in support of the treatment which he advocated; but this was altogether too small a number on which to found a theory. Rheumatism was so different at various times that it must always be studied in reference to what he might call its natural history. He doubted exceedingly whether the alkaline treatment could be regarded as specific against the occurrence of heart disease. Dr. Goodfellow, who so strongly advocated the employment of the nitrate of potash, seemed glad afterwards to add something else to his remedy. If the alkaline treatment was so successful, why did he do so?

Dr. **Stewart** agreed in the main with the observations made by Dr. Gull. He had found that the perspiration in cases of rheumatism was not always acid. On the contrary, he had found it in some instances intensely alkaline. The disease must be treated on common principles. Under simple remedies, with a due regard to the conditions of the patient, the greatest success would be attained.

Dr. **O'Connor** differed from Dr. Gull in regard to his do-nothing treatment. On the whole he thought the mode of treatment recommended by Dr. Dickinson the best; but he considered that the bicarbonate of potash should be combined with the nitrate of potash or the acetate of ammonia, so that they might act upon the skin; the object of treatment being, in fact, to eliminate from the system a morbid matter. Rheumatism was a disease which must be treated according to the symptoms presented to us, and the condition of the patient. In exceptional cases moderate bleeding might be advantageously employed. In other instances, the administration of opium and calomel might be indicated. In fifty cases which he had treated at the Royal Free Hospital, only two women had been the subjects of cardiac inflammation.

Dr. **Dickinson**, in reply, stated that the doses of alkaline remedies administered in the cases which he had brought forward were much larger than those which had been resorted to in Guy's Hospital. To be effective the remedy must be carried out with energy and perseverance, and it was only in such cases that the treatment which he had advocated could be fairly tested.

Dr. **Gull**, in reply to Dr. O'Connor, remarked that, so far from his treatment of rheumatism being liable to the charge of a do-nothing system, it was, on the contrary, a most careful and active mode of treatment. The patient must be watched and subjected to the most stringent rules which the Medical attendant could adopt. So far from doing nothing in such cases, he did everything that the nature of the case under his treatment required. By regarding rheumatism as a disease essentially differing under different circumstances, the Practitioner who took into consideration the state of the patient and the indications presented to him, would, in his opinion, be more successful than the man who adopted a theory as applicable to all cases, and carried it out.

Dr. **Babington** had been surprised that in the discussion which had taken place no allusion had been made to the influence of lemon-juice in the treatment of rheumatism. No remedy would appear to have been more effectual in controlling its duration, or preventing cardiac complications.

A Man Shot with Wadding.—A man named George Swinhoe has lately met with his death, at Cleadon, near South Shields, from a piece of paper wadding fired at him, it is believed in sport, by a young farmer named Stephenson. They formed part of a party who were celebrating a wedding by the firing of guns. While the firing was going on, Stephenson, addressing Swinhoe, and pointing his gun at him, said, "I will shoot you." He immediately fired, when a portion of the paper wadding struck Swinhoe on the neck behind the ear. Swinhoe when struck fell to the ground, and almost immediately afterwards died.

OBITUARY.

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THE LATE DR. KNIGHT, OF STAFFORD.(a)

Edward Knight, the third son of the Rev. John Knight, Vicar of Milwich and Incumbent of Fulford, in the parish of Stone, was born in October, 1780, and from his earliest youth was designed for the Medical profession. He studied successfully at Edinburgh at a time when that great School of Medicine was renowned for its teachers in every branch of Medical science, and he subsequently enjoyed all the peculiar advantages obtainable by diligent students at Guy's Hospital, London, where such celebrities then ordinarily lectured as Fordyce, Baillie, Cruickshank, Cline, and Astley Cooper. He was, moreover, a private pupil of the widely-famed Keate, and his most intimate friend was Dr. Paris, the late President of the College of Physicians. He also attracted the special attention and consequent patronage of Sir Lucas Pepys, the then head of the Medical Board. Mr. Knight being appointed by warrant an Hospital mate, he held that position with such credit until 1802 that by the united desire of the Physician and Surgeon-General to the Forces he tendered his resignation, that by graduating at Cambridge University he might enable himself to become eligible to the more important rank of Physician to the Forces. Shortly after his graduation he received this honourable and responsible appointment, in 1809, and his first trying duties commenced at Ramsgate, where he was in attendance on sick troops recently disembarked from the Peninsula. His zealous assiduity exposed him to the prevailing fever in the Military Hospital at that station, and on his recovery he was placed on duty in the Eastern district, where he continued until his services were urgently required at Walcheren. That memorable and miserable expedition is not yet forgotten. The stupid and supine commander of the expeditionary force (the Earl of Chatham, brother of W. Pitt) quarrelled with the dashing admiral his colleague, and the result was the deadly delay of the British army in the marshy swamps of the Isle of Walcheren. A malaria of the most fatal character seized hold of our stoutest soldiers, and multitudes of our poor fellows were flung into gigantic graves. Dr. Knight, in conjunction with Dr. Eyre, had the dangerous superintendence confided to them of such a mass of disease and discomfort on a hostile land as probably no Medical man had ever before encountered, but they bravely executed their dangerous duties. Dr. Knight remained among thousands of prostrated officers and men until the evacuation of the island, when he was sent home in charge of sick troops. Immediately on landing he was attacked with the Walcheren fever, under which he was a sore sufferer for two years. It having appeared from the usual Medical examination and certificates that Dr. Knight was rendered permanently incapable of active army services, the Commander-in-Chief, adhering rigidly to the churlish strictness of the army regulations, hastily, and in opposition to the Doctor's wishes, ordered him to be placed on what was termed the reduced list, which only allowed half-pay rank to such officers as had completed certain periods of service. But on subsequent appeal to the Government, the Lords of the Treasury reversed this inequitable decision, and, in generous consideration of Dr. Knight's services and sufferings, awarded him, as the just meed for extraordinary exertion, the amount of retiring pension, not due to filled-up time, but to merit, which occasionally overleaps years. From this date (1815) Dr. Knight took up his permanent residence at Stafford, and soon became, as he well deserved to be, a widely-practising Physician. His scientific attainments were considerable, and he united to these a practical soundness of judgment which results from well-weighed experience, and which never fails to create confidence. Constantly keeping up his acquaintance with the alleged improvements in Medical art, he nevertheless exercised a wise discretion in refusing to adopt novelties which did not accord with his sober and matured convictions. We can affirm with truth that for nearly fifty years Dr. Knight has been looked up to as a highly-prized Consulting-Physician in Staffordshire and the neighbouring counties. His skill was never questioned, his zeal and sympathy were remarkable towards his patients of every class, and his gentlemanly and ingratiating manners made him acceptable in those higher circles where the union of urbanity with Medical ability is indispensable. But above all other characteristics of Dr. Knight as a Physician, was his boundless benevolent attention to the sick poor. To them he was emphatically a Medical friend, and innumerable witnesses would readily attest the truthfulness of the title here assigned him.

Possessing, as Dr. Knight undoubtedly did, much versatile power of mind and excellent business habits, he worthily, and without any apparent strain of effort, devoted his attention, as we have before cursorily remarked, to almost every public object within a suitable sphere of usefulness. He was for the space of fifty-four years Physician to the Staffordshire General Infirmary. To the County Asylum for the insane, Dr. Knight was Physician from the commencement of that establishment, and he filled the same highly-responsible function at the Coton Hill Asylum. These appointments naturally belonged to his superior position as a Medical man, but Dr. Knight did not shrink from the discharge of other duties which, in succession, devolved upon him. He was Mayor of Stafford in 1822. He was an active and judicious county magistrate, which led to his further and merited elevation to the distinction of Deputy-Lieutenant, and it has been often noted, as a striking proof of his public efficiency, that he had been for long years, and up to the latest assizes, always on the grand jury panel, selected from the usual notabilities of Staffordshire. Dr. Knight's illness was brief, but from the outset presented symptoms of pleurisy, with which his advanced years left not sufficient strength to contend. He died placidly, surrounded by his affectionate family, who deplore his loss, and will long cherish his memory.

The funeral of Dr. Knight took place on Friday morning, the 13th instant, when the body was placed in the family vault in St. Mary's Churchyard. The ceremony was strictly private and unostentatious. A few personal friends of the Doctor preceded the coffin, and the Medical gentlemen of the town, the Mayor, the Chief Constable of the County, etc., testified their respect by following his remains to the grave. The shops in the town were closed, and business suspended from eleven o'clock until noon, and the respect in which the deceased gentleman had been held by the more humble classes of society was manifested by the numbers who thronged the church to witness the last religious rites for the dead.

MEDICAL NEWS.

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Royal College of Physicians of London.—At the Comitia Majora, held on Saturday, June 14, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Nathaniel Hellings Lloyd, Tiverton, Devon: Thomas Stevenson, Rainton, Yorkshire; Charles Alworthy, Bishop Auckland; Robert Henry Spencer Carpenter, Durham; Francis Samuel Worthington, Lowestoft; Gregory Haines Atwell, 13, Campden-hill-villas, Kensington; John Williams Pridham, Ringwood; James Newcombe, M.D.; Walter Garstang, M.D., Blackburn; Thomas Cotton, Spalding, M.D.; Edward Moore, 15, Charles-terrace, Victoria-park.

On the 6th inst. the following gentleman passed the first part of the Professional Examination for the Licence:—

Edward Harley, King's College.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 12th inst.:—

Messrs. George Richard Lawrence, Faccombe, Hants; Thomas Martyn Cann, Virginstowe Rectory, Devon; Alfred Freeman, Kennington; John Berry Mulock, Dublin; Jabez Carter, L S.A., Bedford; Samuel Kitching Ellison, Poplar; Robert Speir Braine, Nova Scotia; Charles Philip Moss, St. Helena: and Stephen Joseph Manock, Calcutta.

The following Members having undergone the necessary Examinations, were admitted Fellows at a meeting of the Council on the 13th inst.:—

Messrs. Joseph Gillman Barratt, Cleveland-gardens, Hyde-park, Diploma of Membership dated May 31, 1841; John Cawood Wordsworth, Queen Anne-street, Cavendish-square, April 11, 1845; Edward Cousins, Camden-road-villas, Camden-town, July 11, 1845; James Ogden Fletcher, Lever-street, Manchester, October 6, 1848; John Tremlyn Streatfeild, Upper Brook-street, Grosvenor-square, June 11, 1852; Arthur Chester, Assistant-Surgeon 74th Highlanders, April 28, 1856; George Ferguson, Giltspur-street, May 4, 1857; James Baukart, Guy's Hospital, December 28, 1858; and Alfred Catt, Brighton, July 15, 1859.

(a) The obituary notice of this well-known Physician has already appeared in a local newspaper.

The following Members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 13th inst. :—

William Sherwin, Sydney, Diploma of Membership dated July 7, 1826; Thomas Pritchard. Park-gate, Essex, April 23, 1830; Samuel Campernowne Sadler, Purton. Wilts, April 6, 1832; George Cornelius Dale, Adelaide-terrace, Bayswater, March 14, 1843; John Thimbleby, Spilsby, April 22, 1840.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 12, 1862 :—

James Procter, University of Edinburgh; Edward Morgan, Middlesex Hospital; William Davies, London Hospital.

As an Assistant :—

Watkin William Jones, Cardigan.

The following gentlemen also on the same day passed their First Examination :—

John Baily Grewcock, University College; John Prior Purvis, St. Thomas's Hospital.

THE following are the names of the eligible Fellows who are Candidates for seats in the Council of the Royal College of Surgeons of England, at the ensuing Election on Thursday, the 3rd of July next :—

EDWARD COCK, St. Thomas's-street.—*Retiring from the Council in rotation.*

THOMAS TURNER, Manchester.—*Nominated by* Joseph Atkinson Ransome, Manchester; George Southam, Manchester; John P. Halton, Liverpool; Henry Stubbs, Liverpool; R. D. Grainger, Highgate; John Boutflower, Manchester.

JOHN BISHOP, Bernard-street.—*Nominated by* Henry Hancock, Harley-street; Henry Lee, Savile-row; A. M. McWhinnie, Crescent, New Bridge-street; Frederick Davies, Upper Gower-street; George Lewis Cooper, Woburn-place; Robert Wade, Dean-street, Soho.

THOMAS PAGET, Leicester.—*Nominated by* John E. Erichsen, Cavendish-place; Barnard Holt, Savile-row; Henry Thompson, Wimpole-street; Thomas P. Teale, Leeds; Thomas Green, Bristol; Thomas W. Benfield, Leicester.

JOHN ADAMS, Saint Helens-place.—*Nominated by* T. B. Curling, Grosvenor-street; James Paget, Harewood-place; George Critchett, Finsbury-square; John Wiblin, Southampton; John Erichsen, Cavendish-place; F. Le Gros Clark, Saint Thomas's-street.

SAMUEL ARMSTRONG LANE, Grosvenor-place.—*Nominated by* Henry Spencer Smith, Sussex-gardens; Robert Norton, Westbourne grove West; Alexander Ure, Upper Seymour-street; John Perry, Eaton-square; Henry Lee, Savile-row; Henry Charles Johnson, Savile-row; Joseph Toynbee, Savile-row; John Erichsen, Cavendish-place.

LONDON GAZETTE.

June 13.

20TH SUFFOLK RIFLE VOLUNTEER CORPS.—Her Majesty has been graciously pleased to accept the resignation of Honorary Assistant-Surgeon Frederick Hills Harris.

June 17.

1ST MANCHESTER, OR 6TH LANCASHIRE RIFLE VOLUNTEER CORPS.—Her Majesty has been graciously pleased to accept the resignation of Assistant-Surgeon Frederick Melland.

2ND WARWICKSHIRE (COVENTRY) RIFLE VOLUNTEER CORPS.—Edmond Waters to be Assistant-Surgeon; dated June 13. 1862.

APPOINTMENTS.

ANDERSON.—Basil W. Anderson, L.A.H. Dub., has been appointed Apothecary to the Meath Hospital, and County Dublin Infirmary, *vice* John James Parr, L.A.H. Dub., deceased.

BUBB.—John Bubb, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Dispensary department of the Cheltenham General Hospital, *vice* Mr. Clement James Hawkins, F.R.C.S. Eng., L.S.A. Lond., promoted Surgeon to the Hospital.

COX.—Richard Cox, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., and L.M., L.F.P.S. Glasg., L.M. Glasg., has been elected Medical Officer and Public Vaccinator for Districts Nos. 1 and 6, and the Workhouse, of the Bradfield Union, Berks, *vice* Henry Waldron, M.R.C.S. Eng., L.S.A. Lond., deceased.

DYSON.—Alexander Dyson, L.S.A. Lond., has been elected Medical Officer for the new Workhouse at Deanehouse, Huddersfield.

INGRAM.—Charles Penfold Ingram, B.A. and M.D. Cantab., M.D. Oxon., M.R.C.P. Lond. (exam.), Assistant-Physician to the City of London Hospital for Diseases of the Chest, has been appointed Assistant-Physician to the Hospital for Sick Children, Great Ormond-street, *vice* Thomas Hillier, M.D. Univ. Lond., M.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., who has been elected Physician.

JEFFERY.—John Dacie Jeffery, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for District No. 2 (being part of the District lately held by Mr. Greening, which at his death was divided into two parts), and the Workhouse of the Worcester Union, *vice* John Greening, M.R.C.S. Eng., L.S.A. Lond., deceased.

JONES.—George Turner Jones, L.R.C.P. Edin., M.R.C.S. Eng., is President elect of the North Wales Branch of the British Medical Association, in succession to Thomas Taylor Griffith, F.R.C.S. Eng. (Hon.), L.S.A. Lond., and not to the late Dr. Richard Lloyd Williams; the latter was President in 1851.

PALMER.—Francis Paul Palmer, M.R.C.S. Eng., L.S.A. Lond., has been reappointed one of the Medical Officers for the Walsall Union, Staffordshire.

THEED.—Frederick Theed, F.R.C.S. Eng., L.S.A. Lond., having now undertaken the whole of the Medical duties to the Rhyl Convalescent Institution, it is not intended to appoint a Physician in the place of Dr. Williams, lately deceased.

TWEEDIE.—Alexander Cunningham Tweedie, M.R.C.S. Eng., L.R.C.P. Edin., has been elected Parochial Medical Officer for Galashiels, Selkirkshire, *vice* George MacDougall, L.R.C.S. Edin., deceased.

WHYMPER.—George Hughes Whymper, M.R.C.S. Eng., L.S.A. Lond., has been reappointed one of the Medical Officers for the Walsall Union Staffordshire.

WOODWARD.—William Woodward, M.D., M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer to District No. 1 of the Worcester Union, being part of the District lately held by Mr. Greening, deceased. He has also been appointed Public Vaccinator for the Parishes of St. Nicholas and St. Martin, and the Tything of Whistones.

DEATHS.

BOWEN.—June 6, Evan Bowen, of Talgarth, Breconshire, M.D. Univ. Edin., late Surgeon R. N., Magistrate for the County of Brecon, aged 72.

BYLES.—December 13, Alexander Byles, of Exeter.

HARRIS.—June 6, Samuel Harris, of Quorndon, Leicestershire, L.S.A. Lond., aged 59,

HORNER.—June 6, Fewster Robert Horner, of Hull, M.D. Univ. Edin., L.R.C.S. Edin., late Senior Physician to the Hull General Infirmary and Dispensary.

KENT.—June 12, Walton Kent, of Walsham-le-Willows, Ixworth, Suffolk, L.S.A. Lond., aged 59.

MACELMAIL.—June 8, at Maryhill, Glasgow, Peter MacElmail, late of Paisley.

MACGEORGE.—May 16, in Ayr, Canada, Dr. Charles MacGeorge, aged 44.

SMITH.—June 9, Thomas Smith, of Crawley, Sussex, M.R.C.S. Eng., L.S.A. Lond., aged 58.

WHITESIDE.—June 15, William Whiteside, of Ayr, M.D. Univ. Edin., L.R.C.S. Edin. (retired), aged 69.

THE PROFESSORSHIP AT MELBOURNE.—We are requested to state that the gentleman to be elected to the Professorship of Anatomy and Physiology at Melbourne, will receive £300 for his passage, outfit, etc.

THE LATE MR. BUCKLE—A letter in the *Times* of the 18th inst. states that this gentleman died of typhus fever at Damascus, on Thursday, May 29. He had gone to the East to recruit his health, which had suffered from the overwork in bringing out his last volume.

RESIGNATION OF MR. BOWMAN.—Mr. Bowman has resigned the Surgeoncy to King's College Hospital. It is rumoured that another Surgeon will not be appointed, but that the beds will be divided amongst the Assistant-Surgeons.

ROYAL COLLEGE OF PHYSICIANS.—On the retirement of Dr. Mayo from the office of President of the Royal College of Physicians of London, the following resolution was unanimously agreed to by the Fellows:—"That the sincere and cordial thanks of the College be returned to Dr. Mayo, the late President, for the indefatigable zeal and entire devotion, the never-failing courtesy, and the dignity with which he has presided over the College during upwards of five years, and especially for his great and disinterested services in promoting and carrying into effect, during his period of office, important changes in the state and constitution of the College."

DISEASED MEAT.—At the Police-court last week, Sheriff Hallard presiding, William Robb, a flesher, residing in Causewayside, pleaded guilty to a contravention of the Police Act, in so far as on the 7th instant he had in his possession, in Lord Cockburn-street, the dressed carcase of a cow which had died of disease, and was in a state unfit for human food. Robb was fined £10, or thirty days' imprisonment. The fine was paid. Mr. Linton stated that he understood there was an individual residing not far from Edinburgh who fed pigs on the flesh of diseased cattle, but that when he got a carcase which he thought might pass with a little dressing up, he sent it to the market for human use.—*Edinburgh Courant.*

ROYAL NAVAL HOSPITAL, MALTA.—During the recent short sojourn of his Royal Highness the Prince of Wales at Malta, he visited the Naval Hospital on the 7th inst., accompanied by the Governor, Admiral, and some members of his suite. He was received on landing by Dr. Armstrong, Deputy Inspector-General, by whom the officers of the establishment were presented to His Royal Highness. He then visited the wards, officers' cabins, stores, and every part of the Hospital, made many inquiries as to the mode in which the duties of the establishment were carried on, and at the conclusion of his visit he expressed to Dr. Armstrong the pleasure it had afforded him, and spoke in the highest terms of the state of the establishment. His Royal Highness then honoured Dr. Armstrong with a visit at his private residence, from whence he subsequently proceeded to embark on board the *Osborne*, and left the harbour soon afterwards. Dr. Armstrong, who was about to proceed on leave of absence, had the honour of accompanying His Royal Highness to England.

Medical Weights and Measures in America.—The Committee of Revision of the American Pharmacopœia have decided on retaining the troy weight, but have discarded the terms scruple, drachm, and pound. Quantities less than half an ounce are to be expressed in grains.

The Royal Medical Benevolent College.—The Tenth Annual Festival of this charity was held at Willis's Rooms on Wednesday, the 18th. The Right Hon. the Earl of Powis presided. He was supported by the President, Lord Chelmsford, and the Master of the Temple. A large party of gentlemen, both professional and lay, met to forward the charitable work commenced by Mr. Propert. Subscriptions to a large amount were announced in the course of the evening. Our readers have already been made acquainted with the principal features of the last report.

The late M. Ludger Lallemand.—The loss of this eminent man, who had scarcely attained his forty-second year, has caused a most painful impression in the Paris Medical circles. Entering the army at the age of eighteen, after passing a year in Algeria, he soon, by reason of his unwearied assiduity and great ability, obtained, through the *concours*, excellent posts in the Strasbourg and Paris Instruction Hospitals, and afterwards an Assistant-Professorship at the Military School of Vâl-de-Grace. Although well supplied there with subjects for investigation, he was anxious for a more active career, and obtained, on solicitation, permission to join the Crimean army. His extreme devotion during a terrible epidemic of typhus which raged in the Hospitals of Constantinople, obtained for him the decoration of the Legion of Honour; and since his return from the East he had been much employed in preparing a work on Typhus, which he has left incomplete. As soon as he heard of the Mexican expedition he again sought for active service, and he was placed at the head of the Medical Department. He had passed unscathed through the intermittents in Algeria, the cholera in Paris, and the typhus at Constantinople, but he soon fell a victim to the yellow fever at Vera Cruz—his robust frame having yielded to the incessant demands made upon it by his unwearied and excessive exertions during the prevalence of the disease in the army. He was the author of a most elaborate Report on "Accidents produced by Chloroform," and a still more celebrated work on the "Action of Alcohol."

Lunacy (Scotland) Bill.—The House of Commons went into Committee on this Bill on Tuesday. On the clause of continuing the Board of Lunacy Commissioners for two years, an amendment, on the motion of the Lord-Advocate, was agreed to continuing the permissive appointment of Deputy Commissioners. The amendment was withdrawn, and the clause agreed to. On Clause 6, enacting that when, in the opinion of the Commissioners, a new district asylum ought to be erected, and the district board failed to provide the requisite accommodation, the Secretary of State may authorize the Commissioners to apply to the Court of Session to appoint a person to perform the duties of the district board relative to the provision of such additional accommodation, Mr. Blackburn objected to the powers conferred upon the Secretary of State to supersede the district boards in the performance of their duties. It was unfair to over-ride all the counties by this clause because a few of them had neglected their duty. The Committee divided:—For the clause, 57; against, 9; majority, 48. The clause was then agreed to. The remaining clauses were also agreed to, and some additional clauses were added.

Venomous Caterpillars.—A most singular case, perhaps the only one on record, of death caused by caterpillars occurred a few days ago in the commune of Dardilly, near Lyons. A little boy, not more than eight years old, had gone into a neighbouring wood, in quest of birds' nests. Perceiving one on the top of a tree, he climbed up, but in so doing shook down an immense number of caterpillars, many of which fell on his shirt, his only upper garment, and soon covered his breast, which was bare, and penetrated to his arms and shoulders. For a few minutes the child took no notice of this, but he soon felt such an itching sensation that he was compelled to get down again and run home for assistance. Upon examination his skin appeared covered with large red spots, which were soon followed by a general swelling, then by fever, somnolency, and delirium; and, notwithstanding all Medical care, death ensued in the course of a few hours. The kind of caterpillar which caused this disaster was the *Bombyx processionea* of Réaumur, a very venomous species. Botanists know that if a nest of these insects be touched, or only stirred up with a stick, the person so doing, and remaining for some time near the spot, within reach of the emanations arising therefrom, will be attacked with a papulous eruption of a more or less confluent nature, which will last several days, and be attended with violent itching. Dr. Calmell, Physician to the Hospital of Charenton, had preserved a nest of these caterpillars in a large glass phial, which was not opened for upwards of ten years. At length, the phial being accidently wanted, it was opened in the presence of several persons, who all caught the eruption. This strange property has even suggested to several members of the Faculty the idea of using these caterpillars in cases in which it is required to subject the skin to a strong and permanent irritation. We may remark, in conclusion, that the number of caterpillars which infest the trees this year all over France is quite unprecedented,—a circumstance which has called the attention of the authorities and of various learned societies to the question of protecting insectivorous birds, the only really efficacious enemies of the caterpillar.—*Galignani's Messenger*.

Medical Evidence in Lunacy.—The following letter from Dr. Mayo has appeared in the *Times*:—"Sir,—I am sure that the importance of my subject will attract your attention to a few remarks on it. In the Act to amend the Law relating to Commissions of Lunacy recently brought forward by the Lord Chancellor, after stating the length of time within which the facts of the case must be comprised, his Lordship expressly lays down that 'the opinion of no Medical Practitioner shall be admitted as evidence of the insanity of the person who is the subject of the inquiry.'(a) Now, what is here laid down in regard to Medical evidence? Not that it should be absolutely excluded from courts of justice, which would be far more reasonable in reference to the above clause of the Lord Chancellor's Act, but that the Medical witness should state facts and not the opinions or hypothesis on which he adduces them, whether in proof or disproof of the presence of insanity. Hence, so far as he is concerned, the weight of his facts must depend upon the value attached to his name and authority; not on the reasons which he might assign, if permitted, for adducing these facts. His reasons are to be got at, if got at all, through the professionally one-sided views which the counsel on each side may entertain; for it is not expressed in the above clause that he may communicate the opinions on which he has made his selection of facts even to the Judge! This hazy view of the method after which the Medical witnesses must be compelled by law to perform certain duties to the public, for which their competency might be presumed from their education, is based upon the supposition evidently adopted by the Lord Chancellor that the Profession of Medicine, if ever it contained intellect and learning, must, in one of its most important subjects, have lost them in the present day. Why else, being applied to for our opinions on every other subject of disease, are we to be deprived of our right to express them on this? The reasoning which has influenced the Lord Chancellor in this conclusion may be thus expressed,—Because Physicians have differed on a most important case—important, I mean, in its philosophical import, and not merely in its relation to property—a case involving ample grounds for difference, since the jury decided one way, and the Lords Justices, I think I may say, decided in another when they refused Mr. Wyndham's costs; because, I say, the Medical witnesses differed on such a case, therefore they are to be henceforth presumed unfit to express an opinion in a court of justice on the existence or non-existence of insanity! But the Lord Chancellor does not see his way clearly through the difficulties of Medical evidence in cases of lunacy. The noxious element which requires exclusion in order to render it efficient in such cases is furnished by his Lordship's profession. The Medical witness is too apt to imitate the counsel by whom he is cross-examined; *ex parte* reasoning is contagious, and he in his turn becomes an *ex parte* reasoner. Against this state of things the protection of the Bench would prove the most effective safeguard. Indeed, I cannot help thinking that the cross-examination of Medical witnesses, unless the Lord Chancellor succeeds in excluding them wholly from court, ought to be placed entirely in the hands of the Judge.—I have the honour to be, Sir, your obedient servant, Thomas Mayo.—June 13."

(a) Third clause.

THE MIDDLESEX CORONERSHIP.—At a special meeting of the Middlesex Magistrates on Monday last, the Eastern Division of the County was formally assigned to Mr. John Humphreys. A curious episode in the affair was then developed in the shape of an application from Mr. J. Payne, Coroner for the Duchy and Liberty of Lancaster, to be appointed to one of the Divisions. He contended that, though he held his office by letters patent from the Crown, as Coroner for the Duchy and Liberty of Lancaster, he was a Coroner for the county in the true meaning and construction of the Act, and the Duchy was part of the county, therefore he was a Coroner of the county. If he was not a county Coroner, why were his fees paid out of the county rate? They were not paid out of the revenue of the Duchy. The Magistrates seem to have decided that Mr. Payne, though a Coroner within the county, was not a Coroner of the county, and the Lord Chief Justice Cockburn expressed the same opinion when Mr. Payne applied next day to the Court of Queen's Bench for a *mandamus*. The writ *De Coronatore eligendo* will be forthwith issued from the Crown-office in Chancery for the election of two Coroners for the divisions of the Central and Western parts of the county. The Sheriff, on the receipt of the writ, will fix the day of election, which, by the Act 7 and 8 Victoria, cap. 92, cannot take place less than seven days nor more than fourteen after the receipt of the writ. The nomination for the Central Division will take place at Marylebone, and for the Western Division at Brentford. The freeholders can only vote where their property is situate. The ninth clause of the Act 7 and 8 of Victoria, cap. 92, provides "that from and after the time when any county shall have been so as aforesaid divided, every election of a Coroner for any such district shall be held at some place within the district in which he shall be elected to serve the office of Coroner; and that every person to be so elected shall be chosen by a majority of such persons residing within such district as shall at the time of such election be duly qualified to vote at the elections of Coroners for the said county." The expenses of the Sheriff are to be paid by the candidates in equal proportions. By a recent Act (23 and 24 Victoria, cap. 116) the polling is confined to one day. The salary of the late Coroner was fixed at £1800, including his expenses, and the Middlesex magistrates will have to determine the sum to be paid to the new Coroners, with an appeal to the Home Secretary on either side; but it is understood that the Central Division will get the lion's share. Dr. Challice, who was on three public occasions specially pointed out by the late Mr. Wakley as the fittest man to succeed himself, retires from the contest in order that the Medical succession may not be imperilled. The Medical interest in the Central Division centres, therefore, in Dr. Lankester. In the Western Division, Mr. Gwyn continues in the field, but Dr. Macgregor Croft has retired in favour of Dr. W. Boyd Mushet, whose canvas is continued with an activity which we hope forebodes success.

PRESENTATION OF A TESTIMONIAL TO MR. SANDS COX.—At the weekly Board of the Queen's Hospital, held on the 6th inst., Mr. J. W. Walsh presiding, after an address from the Chair, the following resolution, enclosed in a massive silver box, was presented to Mr. Sands Cox:—"At a meeting of the Committee of Council of the Queen's Hospital, Birmingham, held on the 25th of April, 1862, Mr. Samuel Vincent Horton in the chair, it was resolved unanimously:—That the grateful thanks of the Council be recorded to the founder, William Sands Cox, Esq., F.R S., upon the completion of the new wings at an expense of £1,679 11s. 2d., raised solely by the founder in public contributions of penny postage-stamps, an event evincing a degree of devoted industry on the part of a single individual, in aid of the suffering poor, unsurpassed in the annals of charitable institutions. That in honour and in commemoration of the event, the new wards be henceforth called 'The Founder's Wards.'" In concluding his speech of acknowledgement, Mr. Cox said:—"One word more: the object of my life has been to elevate my Profession, and to advance the welfare and best interests of my native town; and I enjoy (which cannot be taken from me) the priceless satisfaction of having endeavoured, through good report and evil report, at the painful sacrifice of esteemed friends, personal interest, and private fortune, faithfully, fearlessly, and conscientiously to do my duty; and I trust that as long as I am connected with the Queen's College and the Queen's Hospital, I may continue to merit and deserve the same good opinion, the same affectionate regard and esteem, you have this day evinced towards me. I learn that the costly box destined to enclose your invaluable testimonial has been presented by my old and tried friend, Mr. Samuel Vincent Horton: had it been less costly it would have been regarded by me beyond all price; and though I have neither chick nor child to whom I can hand down this splendid present and its invaluable contents as a heir-loom, yet I have a large family of adopted sons in whom my best hopes and best wishes are centred. I shall bequeath it to their Alma Mater, in the hope that when I am gone to 'that bourne from whence no traveller returns' it may serve as a stimulus and an example to those who may follow after me in future years in the Queen's Hospital 'to go and do likewise.' Accept these feeble expressions of my gratitude. It is an additional gratification to me to receive the testimonial from the hand of the great benefactor of the charity, and to the last hour of my life the proceedings of this day will be indelibly engraven on my memory. May your lives long be spared to carry forward with increasing usefulness and increasing prosperity the great and noble Institute entrusted to your care."

ETHNOLOGICAL SOCIETY.—At the fortnightly meeting of the Society, held on Tuesday, the 17th instant, John Crawfurd, Esq., F.R.S., President, in the chair, a paper was read by the President "On Colour as a Test of the Races of Men." In this he argued against the theory that a long course of ages would suffice to bring about all the varieties of colour, as well as of form, which now prevail; and entered at great length into the abnormal phenomena presented by Albinos. Four hundred years ago the very existence of one half of the world was unknown to the inhabitants of the other half; and but for modern discoveries in astronomy and navigation, such would have been the case at the present day. To people the countries discovered within the period in question with such a number of inhabitants as was found to possess them when first seen, would be an achievement beyond the power of all the nations of Europe put together; and yet this is the enterprise which rude and savage men are supposed to have performed from a single point of the earth's surface. The different species of terrestrial animals and plants are, for the most part, confined to narrow localities, called by naturalists "Provinces." In Europe, Asia, Africa, America, Australia, and in the Indian and Pacific Archipelago, the genera and families of animals and plants are often the same, but the species, with few exceptions, different. Was it not, then, more consonant with the wisdom of the Almighty Author of the Universe that He should have pursued a similar order in the creation of man than that He should have left the great work of distribution to chance and the caprice of savages? Sir Edward Belcher made a few remarks on the phenomena of colour in the various races of mankind. Mr. Carter Blake pointed out the histological anatomy of the skin in the white and negro, and indicated that the greater development of the pigment cells contained in the *rete mucosum* of the Ethiopian was merely a difference of degree, and not of kind. Agassiz had promulgated a theory of human development lately, hinting the possible derivation of the melanous races of man from the melanous apes of Africa, and of the xanthous races from the yellow or red orangs of Sumatra and Borneo. Such a theory had no certain foundation, and was based upon a misapprehension of the actual phenomena. Dr. Ward exhibited specimens of the woolly frizzed hair of the natives of the New Hebrides. Mr. Burke, Mr. Ameuney, and the President also joined in the discussion. Mr. Reginald Stuart Poole, of the British Museum, next read the abstract of a paper on "Egyptian Hieroglyphics," in which the records on the monuments were adduced as examples, showing the cognisance by the Egyptians at an early historical period of black, red, white, and yellow races of mankind. The physical and linguistic characters of the nations bordering on Egypt were discussed in detail. The meeting adjourned until the 1st proximo, which will be the last meeting of the Session, and on which occasion the pre-historical human remains from the Valley of the Trent, and many other interesting relics, will be laid before the Society.

THE following Address has been issued by the Medical Officers of St. Thomas's Hospital. They seem scarcely to speak out in a manner consistent with the respect due to themselves. Who, we inquire, first decided that the abstraction of a small piece of the garden by the railway would render the Hospital unfit for the reception of patients?—"To the President, Treasurer, Grand Committee, and other Governors of St. Thomas's Hospital. — The undersigned Physicians and Surgeons of St. Thomas's Hospital feel it to be a duty incumbent on them again respectfully to address the Governors of the Hospital on the present lamentable position of this ancient and important charity. In February last, feeling how seriously the public interests committed to our care might be jeopardised by the then impending changes, we deemed it right to call the attention of the Governors to those points which appeared to us, at that time, to demand the most careful consideration, and the best attention of those most qualified to form an opinion. And we especially insisted on 'the paramount importance that everything possible should be done to ensure a full and free discussion of the various issues likely to be raised.' Since we last addressed the Governors, various questions of vital interest to this great Medical charity have come under discussion, for the elucidation and determination of some of which, it might have been supposed, the opinion of the Medical staff, as of those who must be the best, if not the only persons qualified to form a correct judgment, would have been sought. It is, nevertheless, true that our former address has remained unnoticed, and that our views have been either altogether ignored or misrepresented. But notwithstanding such discouragement, the duties imposed on us by the Governors themselves in the formal 'Charge' delivered to us on our appointment, and by public opinion, alike compel us to entreat the serious attention of every Governor to the incalculable injury which the charity must inevitably sustain by the forced closure of the present Hospital before another permanent Hospital is provided. That one of the largest, richest, and most ancient of the metropolitan Hospitals should be temporarily suspended from the exercise of that benevolence on which the lives and happiness of thousands of our suffering fellow-creatures depend, cannot be viewed otherwise than as a public scandal, as well as a great calamity. To avert such a catastrophe surely demands every possible effort and even large pecuniary sacrifice. We learn that, with a view to mitigate, if possible, so great an evil, long foreseen and justly condemned by the unanimous public voice, various efforts have been made to secure beds in other Hospitals; but that finally it is proposed to lease the Surrey Gardens for a term of two and a-half years, and to expend a large sum of money in fitting up the Music Hall for the temporary reception of patients, and a still further sum in providing accommodation for the Resident Officers. In reference to any arrangements for obtaining the use of beds in other Hospitals, it is needless to remark, what must be evident to all, that this would be only paying out of the Hospital funds for the maintenance of those afflicted poor, who would otherwise be provided for to a great extent, if not altogether, by the public, in the respective Hospitals to which they might be admitted, and that it would be a virtual suppression of St. Thomas's Hospital. In reference to the Surrey Garden Scheme, whilst we readily admit that it is open to less objection than others, inasmuch as it provides for the maintenance of, perhaps, 200 of the 500 beds at present occupied in St Thomas's Hospital, it nevertheless involves a most deplorable curtailment of the benefits dispensed by the existing Hospital, probably very inferior accommodation for the sick, great injury and injustice to the suffering poor, irreparable injury to the Medical school, and, as a necessary consequence, great difficulty in finding proper candidates for the numerous minor offices (now about thirty) necessary for the care of the patients, and hitherto always filled by pupils of the school. However great may be the inconvenience and discomfort occasioned to the resident officers, whether Medical or non-Medical, by any such temporary scheme as this of the Surrey Gardens, it can only affect the Physicians and Surgeons by diminishing their duties. We may, therefore, with the less danger of being misunderstood, say that we are deeply convinced it would be difficult to over-estimate the evils that would be entailed on the charity, and on the suffering poor, by an abandonment of the present before another permanent Hospital is provided. We would, therefore, most urgently press on the Governors the necessity of obtaining such a modification of the Bill now before Parliament, as shall secure the maintenance of this time-honoured charity in its present site, and the continuance of the priceless blessings which it dispenses, until another site can be procured and another Hospital erected. Nor can we believe that any serious objection would be raised to such a procedure by the Railway Company, when it could be shown how entirely the legitimate interests of all parties might be thus secured.—T. A. Barker, M.D.; James R. Bennett, M.D.; R. Goolden, M.D.; T. B. Peacock, M.D.; J. S. Bristowe, M.D.; William Brinton, M.D.; E. Clapton, M.D.; John F. South; Gilbert Mackmurdo; Samuel Solly; F. Le Gros Clark; John Simon; Sydney Jones.—London, June, 12."

STERN REALITIES OF WAR.—The *New York Evening Post* contains matter which might have been written during our Crimean war.—"With all that skill and unwearied care can do there must remain a great deal of what seems unnecessary suffering among the sick and wounded of so numerous an army as General M'Clellan's on the Peninsula. We who live at home cannot, even if we personally look after the poor fellows who come to us from the camps fevered and exhausted, appreciate the frightful condition from which these have been rescued by the forethought which provided steamers to accompany the army up the York and the Pamunkey. The accounts which reach us from White House, one of the principal Hospital stations in the rear of our army, show that there is still too much ignorance, carelessness, and 'red tape' among the corps to which the disabled are consigned. There are constantly at White House, we are informed, from a thousand to fifteen hundred sick and wounded. These are sent down to the boats, on their way home, at the rate of from fifty to two hundred each day, and as fast as they leave others arrive from the army in front to take their places. White House is on the south shore of the Pamunkey River, near the crossing of the Richmond and York River railroad, on which our troops are now running cars to bring up their supplies from West Point. To attend to the wants and comforts of so many men, a large Hospital force is needed, and it was scarcely to be expected that there should not be among these attendants persons selfish or idle enough to shirk their duty. But we are sorry to learn that some of the regimental officers, not Surgeons, who are in charge of the place, are found more of a hindrance than a help. It required some courage on the part of a volunteer Surgeon to transgress the positive orders of a red-tape-bound superior before an ox could be killed to make nourishing broth for our wounded and sick men. Cattle roamed about the neighbourhood, but it may be supposed that they too belonged to the Custis Estate, and must not be 'desecrated,' for fear, probably, of exasperating the rebel proprietor. Surgeons and others returning from White House report that the negroes all along the route have been of the greatest assistance to our helpless wounded men. They constantly bring in supplies from their huts; they aid the Surgeons in attending upon them; and by their unceasing readiness and kindness do a great deal to ameliorate the sufferings of our soldiers. We hear, too, that very much is owing to the efforts of the Sanitary Commission. Their boxes and bales of clothing, and other supplies, have been most welcome at White House; and a Surgeon who mentioned the matter to us, said that the Sanitary Commission saved enough misery and suffering during two cold stormy nights, by their opportune supplies of blankets and other clothing, to establish by that single service a lasting claim on the gratitude of the country. Relays of Surgeons are going down to the Peninsula at frequent intervals. On Sunday evening last twenty skilful Massachusetts men arrived at White House, chosen and sent by Governor Andrew."

CALAGOUK, OR CURLEW ISLAND, IN THE BAY OF BENGAL, AS A SEA-COAST SANITARIUM.—A report, by Dr. D. Macpherson, Inspector-General of Hospitals in the Indian Army, relative to the establishment of an Island Sanitarium off the Tenasserim coast, has lately been transmitted to Government. Dr. Macpherson, after pointing out the advantages offered by an island of moderate dimensions as a sanitarium for Europeans over elevated sea-coast localities situated on the main land, and after comparing the relative merits of several sites, proceeds to describe the geological, climatal, and hygienic advantages of Curlew, or Calagouk Island, in the Gulf of Martaban, situated thirty miles south of Amherst, point in latitude 15° 52′, and in longitude 97° 42′. The island is eight miles long, exclusive of Cavendish Island, which lies at its extreme south end, and which is half a mile in length. The greatest breadth of Curlew Island is one and a-quarter miles; its highest parts are about 500 feet above the level of the sea. It is at present the head-quarters of the Alguada Reef Lighthouse Establishment. The points of superiority it offers are thus summed up at the conclusion of Dr. Macpherson's report:—"As I have already observed, no place has come under my observation within these tropics, during a long period of close inquiry, possessing the numerous advantages for a 'watering-place,' or a sea-coast or marine sanitarium, which this island presents. The equability of its climate, its protected sandy bays and beaches, and its pure sea-water, with the whole expanse of the gulf in front, make it a peculiarly desirable locality for bathing purposes. The numerous means of recreation that always present themselves on the sea-shore, its excellent water supply, well raised surface, eligible sites for buildings, and the fertility of its soil, its moderate dimensions, whereby the entire island can with ease be kept under satisfactory hygienic control, and the facility of its approach at all seasons, and, above all, its already proved excellent qualities as a sanitarium,—under many disadvantages,—mark it as a most promising locality, especially where structural disease is threatened, and demands that Government take an interest in its development. In conclusion, I may state that no case of sickness or death has occurred amongst a large number of women and children, families of the working residents, since the first occupation of the island."

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 14, 1862.

BIRTHS.

Births of Boys, 900; Girls, 882; Total, 1782.
Average of 10 corresponding weeks, 1852–61, 1608·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	586	533	1119
Average of the ten years 1852–61	531·5	486·8	1018·3
Average corrected to increased population..	..	..	1119
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	..	3	8	3	5	12	1
North ..	618,210	..	5	9	1	5	31	4
Central ..	378,058	..	10	5	2	6	12	4
East	571,158	..	26	6	5	13	20	6
South ..	773,175	..	6	11	2	7	7	5
Total.. ..	2,803,989	..	50	39	13	36	82	20

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·540 in.
Mean temperature	55·3
Highest point of thermometer	70·
Lowest point of thermometer	43·4
Mean dew-point temperature	48·9
General direction of wind	W.S.W.
Whole amount of rain in the week	0·92 in.

NOTES, QUERIES, AND REPLIES.

He that questioneth much shall learn much.—*Bacon.*

Dr. G. B. Halford's Paper shall appear next week.

We know of no separate work on Disinfectants. Some information will be found in Dr. Pickford's work "On Hygiene."

Salisbury.—Our eye shall be kept on the affair. Send full particulars when the thing is ripe.

Hay Fever.—Mr. Sutton may consult with advantage a valuable monograph by Professor Phœbus, of Giessen, entitled, "Die typische Fruhsommer Katarrh, oder das sogennante Heu-Fieber, Heu-Asthma, 8°, Giessen, 1862." Its price is five or six shillings, and it contains a *resumé* of the opinions of some of the most celebrated Physicians in Europe, procured by means of a circular asking for information, issued by Professor Phœbus.

We have been requested to publish the following letter received by Mr. Propert, the Chairman of Dr. Lankester's Committee, from Dr. William Farr:—

"General Register Office, Somerset House, June 17, 1862.

"Sir,—I attach the greatest importance to the office of Coroner, as, when properly filled, it prevents crime, dissipates suspicions, and discovers the causes of death.

"Medical knowledge is necessary,—firstly, in judging from the preliminary information whether inquests shall be held; secondly, in conducting the inquiry; thirdly, in deciding whether Medical or scientific witnesses shall be called; fourthly, in instructing the jury; and fifthly, in returning the causes of death under the Registration Act. Death is, in some cases, an impenetrable mystery, and in nearly all cases its physiological causes are entirely beyond the ken of non-Medical Coroners, who thus are liable to mislead, or to misdirect, or to fail in aiding the juries to sift Medical evidence, and to return in their verdicts the true causes of death. The object of the office is thus defeated.

"Inquests were held in England on 21,801 bodies, according to a recent return, and in only 432 cases was the verdict "Homicide." This shows how many of the inquests are purely Medical. The Coroner's jury instituting only a preliminary inquiry, the accused persons detected were tried by the Judges of the land, and 109 were convicted. This part of the procedure is very properly conducted by the highest judicial authorities. The duties of a Coroner are of a totally different character.

"Dr. Lankester, in my opinion, possesses all the knowledge of medicine and of jurisprudence which is required to enable him to fill the office creditably to his Profession and usefully to the country. I hope to see him elected their Coroner by the enlightened freeholders of Middlesex.

"I have the honour to be, Sir, your obedient servant,
"To John Propert, Esq., M.R.C.S., etc." "William Farr.

Medical Ethics.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If Mr. Clarke will name the Surgeon whose conduct he complains of, he will answer the charge made against him to the satisfaction (he believes) of the Profession generally, if not of Mr. Clarke in particular.

I am, &c.
Oxford, June 15. M.R.C.S.E.

The Easiest Way of Obtaining a Licence.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you or some of your correspondents tell me what is the cheapest and shortest mode of entering the Profession, and that which causes the least tax in money or brains? By entering the Profession, I mean becoming a "registered" or duly qualified Practitioner, no matter under what title, or under the auspices of what College, Hall, University, or Corporation, in any part of the United Kingdom. I want to know, for the benefit of a father of many sons, what is the quickest and cheapest road by which a young fellow, having industry and talent, but no money, may become a qualified Practitioner. I am, &c.

Hoxton, June 17. Delta.

Union Medical Officers.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I cannot help thinking that a plan which would more effectually benefit Union Medical Officers than Mr. Griffin's, would be to allow every Surgeon holding an appointment under the Poor-law to retire on a certain proportion of his salary after a certain number of years' service, and, as they are nearly the only class holding civil service appointments who have not this privilege, it behoves them, as a body, to petition the Government to allow them to be included on the same scale as other civilians. Certainly no one is worked harder or worse paid than the Union Surgeon; but it would be a satisfaction for him to feel he had something to requite him for his services when he was unfit for work. I am, &c.

Oliver Goldsmith.

Rigidity of the Os Uteri.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read with much interest Mr. Mushet's case published in your impression of last week, and should much like to ask him two questions through your columns respecting it.

1st. Why should he as a rule prefer an incision of the uterine opening to digital manipulation?

2nd. Why could not digital manipulation have been resorted to at an earlier period with advantage in this case?

I do not ask these questions in any spirit of criticism, but with a "live and learn" desire for information; having a very extensive midwifery practice, I am always glad of a wrinkle. I constantly in my own cases apply a certain amount of digital manipulation at a much earlier stage in cases of rigidity. I am, &c. Robert Oke Clark.

Farnham, June 13.

Treatment of External Piles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Permit me, through your columns, to lay before your readers a "Simple Method" of treating external piles.

Mr. ——, aged 27, of florid complexion and regular habits, consulted me in March for piles, from which he had been suffering for the past year. For some weeks he had been suffering severely, in consequence, he said, of neglecting the state of his bowels. Three days ago he took a fast ride into the country, and felt better on his return. The following morning he suffered terrible pain when he went to stool. At the time he became much alarmed in consequence of having passed a quantity of blood. On this account, I made a careful examination with the finger (which I always find not only the most tactile and convenient, but the most reliable method of examination) for internal piles; none, however, existed. Perhaps it may not be wholly uninteresting to inquire what was the source or cause of the hæmorrhage. My own idea is, that it came from a fissure which lay between two of the piles, which, after failing to discover by means of the speculum *per se*, I discovered after the application of belladonna. I cannot state that this was the only source, for if my patient's tale was trustworthy, there was hæmorrhage to a very considerable amount. It is to the treatment, which, I must admit, I was led from a wish of the patient's own, to adopt, that I desire attention to be directed. After the application of the belladonna, he felt so much relieved from any uneasy sensations as to beg either its continuance or the application of some drug that would produce a permanent contraction. In order to obtain this object, as also for the sake of saving him from the excruciating pain which either excision (as usually adopted) or ligature may produce, I applied the compound gall-ointment with camphor, to be continued for two days; after which a linseed-meal poultice was to be applied, and the ointment to be continued. In a week I had the pleasure of finding my patient rid of his old enemy. Up to this time there has been no return of his troublesome illness, and I have no reason to fear there will be. This case may serve as a useful example to show how unnecessary the injection of astringent medicines sometimes are in those cases where blood has been passed by the rectum. It also points out how useful the application of belladonna may be in enabling us to discover the cause of the hæmorrhage in all those cases where we have had no opportunity of seeing the quantity of the discharge. It also seems to show how unnecessary is the usual severe treatment by excision; and I have no doubt but an equally good result can be obtained from the application of astringent or sedative ointments.

I am, &c.

June 16. STET NOMINIS UMBRA.

DOCTORS IN DURHAM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am a Medical student, having yet made but a slender approach to the portals of the Profession,—but if it really be, that what I have hitherto held as a liberal Profession, have all the littleness of small tradesmen in an obscure village, I must reconsider my destiny and weigh, if the honour be the same, whether I might not as well be a mechanic.

I am at present an assistant in the County of Durham, and when I inform you that opposition in this district runs so high that at Hurworth a fully qualified man can volunteer attendances at Midwifery, including a fortnight's visits and the medicines for 7s. 6d.; that at Aycliffe, a person representing himself as fully qualified, advertises week by week in the newspapers and sends cards about amongst the inhabitants; and that here at Spennymoor, the enclosed bill is regularly given to the workmen at 6 o'clock at night when the workshops close,—what can I think of the Profession? To what descent must we next come? Please let the Profession know to what a pass matters are coming to in the North by the insertion of this note and enclosed hand-bill; and thereby obliging me.

I am, &c. JOHN ROBERTS.

Spennymoor, Durham, June 11.

"Mr. Smeddle, legally qualified Medical Practitioner, begs to intimate to the inhabitants and workmen of Mount Pleasant, Spennymoor, and vicinity, that having commenced Practice, he will be in attendance at his residence, Temperance Hotel, Mount Pleasant. For the convenience of the workmen, Mr. Smeddle has made arrangements to receive fortnightly subscriptions."

"Temperance Hotel, Mount Pleasant, May 24."

THE ECHIDNA HYSTRIX.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your Journal of last week there is some account given of the Echidna hystrix, and it is there stated that—"The *Echidna* does not possess the power of rolling itself up in a ball like *Erinaceus* or *Dasypus*." Now, according to the works I have consulted, one may not unfairly arrive at an opposite conclusion.

Cuvier ("Animal Kingdom," translated by H. McMurtrie, M.D.) having previously mentioned the hedgehog, says:—"It appears that whenever in danger, they also possess the faculty of rolling themselves into a ball." Mr. Dallas, ("Orr's Circle of the Sciences—Org. Nat.," vol. iii. page 391,) speaking of Echidna hystrix and Echidna setosa, says:—"When surprised, they either make their escape by burrowing into the earth, or roll themselves up in the manner of a hedgehog, so as to expose their spiny covering to the enemy." According to the "National Cyclopædia,"—"It appears to be nocturnal in its habits, and, like the hedgehog, is capable of rolling itself up so as to present a panoply of spines against its enemies."

It might, perhaps, be inferred, from the notice in your Journal, that the specimen recently dead was the first living echidna brought to this country; but from the last-named work it appears not to be the case. "In the spring of the year 1845, a living specimen of the echidna was exhibited in the gardens of the Zoological Society." "When irritated it curled itself up, and assumed the same position during sleep." In "Maunder's Treasury of Natural History" there is a reference to the above-mentioned specimen, and is as follows:—"The only action when irritated, was to roll itself into a ball like a hedgehog, the bristles being then erect.—(Ann. Nat. Hist)."

The question now is,—Does it, or does it not possess the power of rolling itself into a ball like a hedgehog? Apologising for taking up your valuable space,

I am, &c.

H. L. MAYSMOR, M.D., F.R.C.S.E.

Springfield-lodge, Park-village East, Regent's-park, June 17.

MR. J. BISHOP, F.R.S.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As there are many inquiries, especially from the country Fellows of the Royal College of Surgeons, respecting the claims of Mr. Bishop to be re-elected to a seat in the Council, I feel it to be only a matter of justice (being acquainted with his labours) to set them before the public at this particular juncture.

Mr. Bishop had for many years the public Surgical practice of a large district in the northern portions of the metropolis, comprising Islington, Somers-town and Camden-town, and containing a population of upwards of 150,000. Commencing at a period anterior to the erection of the University and the Northern Hospitals, this district afforded an ample field for Surgical practice. He was during many years a Member of the Physiological Committee of the Royal Society, whose office it was to examine original physiological and anatomical papers of the highest order, and report on them to the Council. He obtained two of the Montyon prizes in anatomy and physiology in the Royal Academy of France, in competition with all Europe.

At a time when Surgeons were unable to discover the cause of difficult intonation and articulation, and many were cutting various parts of the vocal organs, Mr. Bishop succeeded in detecting the real sources of the imperfection, and he laid down the principles for recovery. He is one of the largest contributors to the "Cyclopædia of Anatomy and Physiology," and his profound paper "On Animal and Muscular Motion" is the text for reference in the anatomical schools.

Mr. Bishop delivered the Lettsomian Lectures "On the Physical Constitution and the Diseases of Bones" to the Fellows of the Medical Society of London, and in 1859, the Hunterian Oration at the Royal College of Surgeons. He has written papers on various subjects published in the *Transactions* of the Royal Society, and in the Medical periodicals, and his treatise "On the Treatment of Deformities of the Human Body" is a standard work on that subject.

I think, therefore, it may be safely affirmed that few Surgeons of the present day have contributed more to the scientific literature of this country than Mr. Bishop.

I am, &c. F.R.C.S.

QUACKISH ADVERTISEMENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A quackish advertisement has seldom reached me in a more repulsive form than the enclosed, assuming as it does the disguise of a charitable request. I need hardly remind you how greatly such an application from such a friend (?) is likely to injure the cause of a poor boy, in whose favour, it is pretended, it is made.

I know nothing of Mr. Hare, but I do think that such a piece of quackery should not be allowed to pass unnoticed in the *Medical Times and Gazette*. It is publicity the author seeks, and by all means let him have it.

I am, &c.

June 15. T.

"9, Langham-place, London, June 4, 1862.

"Madam,—I beg to address a few lines to you on behalf of Mastr. Heald (the son of a late Surgeon at Leeds), who is a candidate for admission into the establishment at Epsom.

"I was acquainted with the father of the youth, who was, in every respect, a most estimable character, and his widow is equally good.

"We anticipate that the youth will do well in future life by obtaining a good education, for which the establishment appears to be well adapted; and we shall be obliged by your favouring Mrs. Heald or myself with your votes at the next election,—which will be her son's last,—and am sure Mrs. H. will be very grateful for the favour.

"I have the honour to be, Madam, faithfully yours,

"To Miss ———. "S. HARE.

"*What are the advantages of my treatment in spinal deformity?*

"1.—It is based upon a strict and careful observance of the laws of nature.

"2.—It is safe, easy, efficient and rational.

"3.—It is, comparatively, of short duration.

"4.—Growth of the body, and increase of flesh uniformly take place.

"5.—It improves the figure, the health, and the constitution generally.

"6.—The invalids become less subject to nervous irritability, and their comfort is increased.

"7.—The capacity of the chest is increased, and the difficulty in breathing, so generally experienced by patients with spinal deformity, is improved in proportion.

"8.—The enjoyment of better health in future may reasonably be depended on.

"9.—These effects are produced without the least inconvenience. The principle of the treatment has stood the test of more than forty years' experience, during which time the most close attention has been constantly paid to it.

"10.—It is especially useful in the cases of children and young persons; and, as a rule, is the more successful the earlier it is commenced.

"A great point for the patients and their friends, is to endeavour thoroughly to understand the importance and value of the plan of treatment;—this will ensure steady perseverance, and amply repay them, as regards the improvement of the figure and general health of the patient.

"Mr. Hare's 'chest expander and spinal support' may be mentioned, which prevents any pressure on the chest or abdomen,—and only weighs from three to six ounces.

"*Extract from 1st Ed. of practical observations, &c.*, 1838, p. 112.

"'It is on the study of the laws of nature, that all human science is founded, and the treatment of disease, to be successful, must have their careful observance for its basis.'

"At home, for consultation, Tuesdays, Thursdays, and Saturdays, from 11 to 1.

"9, Langham-place, London, W."

IN-DOOR v. OUT-DOOR RELIEF FOR DECAYED PROFESSIONAL MEN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I observe with some degree of satisfaction that Mr. Kesteven has (on the 31st ult.) remarked on your "Leader" of the 24th ult. I would with deference do the same; though not at all agreeing with Mr. Kesteven, and consequently not entirely so with your remarks, I beg you will pardon my importunity and obtrusion, and not object to give insertion to the few feeble remarks I may add.

I grant Mr. K. the "contraries to the spirit of the times," etc., in full; but while the "times" are such that every year furnishes a long list of decayed and infirm Medical men as candidates for admission to the almshouses (far above the vacancies), I would ask where can be the hardship and vexation? and in the next breath reply, how blest are they who find such a home! and how bitterly disappointed those who leave the ballot-room as unsuccessful candidates. I cannot see the cruelty in such residences; there is no restraint upon them; but they are supposed to have been gentlemen, having laboured in sunshine, and at length, maybe, overtaken by disease common to all mankind, or probably poverty, alas! too common to many after the burden and heat of day is past. And after these toils for thirty, forty, or fifty years, where can they go better, to take "*otium*" in its truest sense, than where, with some degree of "dignity," the grey-headed veteran in physic can go out when he likes, in when he pleases, take his valued "gold-headed cane" in his hand, walk to Epsom Town, to Epsom Downs, or the neighbouring places, and look back with joyful heart,—that whereas a while ago he was uncared and unprovided for, now he is at ease.

As touching the out-door relief, permit me to ask how this is to be substantially effected? or rather, what amount of funds would be required to afford so good a thing as they now enjoy? I grant that they may have a cottage at from £8 to £15 rent, but where is it situated? Where many of the present poor, hardworking Medical men are,—in some alley in a crowded town, or in a range of cottages, ascended, perhaps, by one step out of some by-street, with shuttered casement on either side the door, with scarcely a square foot of land in shape of yard or garden. It is most true that the Medical Benevolent Fund is a charity of inestimable value and comfort to the Profession, and it provides "Providence-place" for six decayed men; yet they are alms-houses, and, perhaps, with no extreme privileges: it distributes a great deal in temporary relief by £5 or £10 donations, and, no doubt, these sums are very opportune and wanted. But yet I may be allowed to add my idea, that this is not equal to Epsom College, which offers homes (in its embryo state) to some twenty or twenty-five decayed men and widows. As touching the fund for relief or support of those out of the College, instead of "Building," I would again ask, how vast must this fund be to allow £15 for a house, and say only £25 a year maintenance to twenty-five aged people? The answer is, more than half the sum spent in building the College from the beginning to the present time, as shown in the Table of May 24 (£37,000 odd), and suppose you give them this £40 a-year, how much better off are they than assistants, who, in these days, are treated as gentlemen at our domestic table at salaries from £25 to £50?

A few words in conclusion, touching the scholastic department. I for one can speak in the most unqualified and highest terms of the class of education, and in all good humour and deference to Mr K., I cannot agree with him that such an education cou'd be had anywhere (except on some charity) at "lower charges." My own boys in preparing or "breaking in" for this College cost me more money at a "Provincial Commercial Academy;" and if Mr. K. will not be angry with my further remark, I would most modestly intimate that he puts the "cart before the horse" when he says "let Epsom College do the same, and it will be supported," etc. I say let the "four-fifths" of the Profession, nay, let every man with only a semblance of a practice (say nothing of those with £10,000 a-year) contribute his quota of from 5s. to £5 annually to the Epsom College, then he will see that every orphan boy is clothed, maintained, and educated free; and every boy as exhibitioner (no bad soubriquet) educated and maintained for the minimum sum named as charged by the naval or other school. I am, &c.

FRED. MANBY.

THE CARMICHAEL PRIZES.—WITH REMARKS OF THE TESTATOR ON THE STATE OF THE PROFESSION.—BY DR. EDWIN LEE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Every now and then inquiries are made in the Medical journals respecting those prizes which were offered by bequest of Mr. Carmichael for the best and second-best essays on the state of the Profession, "with a view to render it a more respectable and efficient body" Such being the avowed object, the Profession at large is interested in the matter, and in knowing why the benevolent intentions of the testator have not been carried out. There were no special conditions or positive programme imposed on the writers of the essays, though certain suggestions were made as to the topics to which their attention ought to be more especially directed. The award of the prizes was to rest with the Council of the College of Surgeons of Ireland, which body, however, unwarrantably delegated it to three of its members; and it is scarcely necessary to say that so small a junta would be more likely to be biassed in their judgment, or to entertain circumscribed views on the subject than the larger body.

Several essayists responded to the appeal, and, having devoted a considerable portion of my attention to the Medical organisation of this and other countries, I sent in an essay which entered fully into the several parts of the question, more than fulfilling the requirements specified by the testator. It was favourably spoken of in the report on the essays, but was stated not to have fulfilled all the conditions of the programme.

A few days ago I addressed a letter to the President of the College, stating the above mentioned circumstances, and reminding the Council that competitors were induced to take the trouble of writing these essays in the *bona fide* expectation that the prizes would be awarded as directed. I also stated that parts of my essay had been published at my own cost, and had been very favourably reviewed in several Medical and other journals in England, America, France, and Germany, but that I could not put myself to the further expense of publishing the remaining portions, treating of Medical studies, Hospital elections, examinations for diplomas, private practice, etc., and that I had reason to believe that the real cause of the rejection of my essay was that among the propositions I made for improving the Profession was that of substituting three central examining boards—in London, Dublin, and Edinburgh—for the numerous existing licensing bodies (which suggestion, tending to deprive the Dublin College of its licensing power, was not likely to be approved by the adjudicators); and I submitted to the Council, that as no further steps had been taken with regard to the bequest, whether compensation from that fund should not be made to those competitors whose essays were favourably reported of, and who used their best endeavours to second the wishes of the testator in improving the state of the Profession. To this letter I received an answer to the effect that the Council were not empowered to comply with my request.

My chief object in competing was the expectation that my essay, if approved and published under the sanction of a body that showed itself to be actuated by higher motives than the promotion of corporate interests, or the retention of privileges opposed to the welfare of the Profession, would receive more attention, and be likely to do more good than if it emanated from myself individually. Besides, I think it unjust that when a sum of money was specially devoted by a wealthy and eminent member to the purpose of endeavouring to improve the Profession, others less favourably circumstanced should be allowed to make sacrifices and left to their own unaided efforts in attempting to promote this object. That no essay superior to mine could be produced, was proved by the circumstance, that though the amount of the prizes was subsequently doubled none was forthcoming, and the fertility of the excuse that it did not fulfil the conditions of the programme is likewise shown by the amount of matter comprised in upwards of 400 folio pages of MS., and by the encomiums of the press upon the parts already published. Moreover, my attention having been directed to the observations made by Mr. Carmichael himself, as President of the Medical Association of Ireland, as reported in the *Dublin Medical Press*, June, 1840, I therein find suggestions for the improvement of the Profession, very analogous to those made in my essay. As these observations, so forcibly expressed, are nearly as applicable to the state of matters at the present juncture as to that existing at the time when they were uttered, and as they seem to be especially *apropos* to the result of the recent division in the Medical Council respecting the regulations promulgated in opposition to its authority and to the spirit of the Medical Act by the College of Surgeons, inasmuch as they tend to show the incorrigible nature of some of the licensing bodies, and point out the most efficient remedy for the evil, no apology is needed for making a few extracts from them.

"That men incompetent to the due performance of this duty (the charge of the health of the community) are everywhere to be met with, is obvious to every one. But it could not be otherwise since there are eighteen chartered corporations or Colleges (at the present day many more) empowered to grant licences to practise, which instead of competing with each other to supply for the public service the most highly qualified and well-informed Practitioners, on the contrary exert a miserable rivalship in the accumulation of money. This state of the Profession calls loudly for legislative interference to prevent a continuance of the evils which must in consequence be inflicted on society. If it (Warburton's Bill) does not lay the axe to the root of the evil, and deprive the several corporate bodies of their licensing power who thus in the abandonment of all principle shamelessly sell their honours to the highest bidders, but lowest in point of competence, they may as well allow the present system by misrule and abuses to remain unmolested. The people are not judges of the qualifications of a Medical man, therefore the necessity of a paternal Government which watches over the health of the people, should take special care to provide them with well-educated Practitioners in Medicine, leaving then the market open, when the selection can only fall on a material of good quality. Physic and Surgery should in education be combined, and Pharmacy encouraged as a science distinct from both. There should be but three licensing bodies—one in each capital in the Empire—who should, by frequent communication, preserve uniformity of education and equality of examination. It is only in this way that the ranks of a Profession at present crowded to excess, and sadly interfering with each other, can even *in prospectu* be legitimately thinned. The licence thus obtained would permit the possessor of it to practise either Physic or Surgery, or both, in every part of the Empire.

"Where the number of licensing bodies is reduced to three, and the qualification to be permitted to practise shall be raised to a much higher standard than at present, the Profession from this cause alone will rise in public estimation, for society will be no longer inundated as it is by unnecessary and struggling hordes of Medical men.

"There is no thinking or candid man in the circle of our Profession that does not admit the absolute necessity of Medical reform. At present the public are totally destitute of protection against the scheming of interested or ignorant pretenders to Medical science. Not only health, but the lives and liberty are at the mercy of the man who chooses to dub himself 'Doctor.' Let not, therefore, secret and underhand manœuvres of interested individuals be permitted to oppose the welfare of the public.

"Our object is to raise the qualification of candidates to the very highest standard, and to elevate the Profession itself by keeping out of it the tag, rag, and bobtail that, unfortunately for its character and the interests of society, are, from the abuse of the licensing power, every day making their way into its ranks. While I admire the spirit and energy of not a few members of our Profession in seeking for reform, I cannot but lament the apathy of many of our brethren respecting the state of Medical Practice. If no *esprit de corps* or feeling of honourable Professional pride can excite them, perhaps self-interest may; and let them recollect that much may arise from union, which, when better organised, must advance the interests of the Profession, not only collectively, but individually."

London, June 14. I am, &c. EDWIN LEE.

COMMUNICATIONS have been received from—

Dr. RAMSKILL; Messrs. FOWLER and WELLS; NEMO; Mr. [illegible]; EXASPERATUS; Mr. A. FAÇON WATSON; T.; Mr. R. OKE CLARK; Dr. EDWIN LEE; Mr. KEITH MACDONALD; Dr. GEORGE ELLIS; Mr. [illegible]; Dr. LEARED; Dr. MOORE; Mr. BRANDON; Mr. ADAMS; Dr. [illegible]; A STUDENT; Mr. J. ROBERTS; Mr. WHEELER; Dr. [illegible]; Mr. E. F. WESTON; Dr. YOUNG; Dr. GILLESPIE; Dr. THOMSON; Dr. [illegible]; Dr. MORIARTY; Dr. GEORGE JOHNSON; Messrs. PARKES and SON; Mr. [illegible]; Dr. CLAY; F.R.C.S.

APPOINTMENTS FOR THE WEEK.

June 21. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St Mark's Hospital, 1½ p.m.

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. Salter, "On Amaurosis." Dr. Goodfellow, "On Arterial Obstructions." Mr. Spencer Wells, "On a Syphon-Trocar for Ovariotomy." Mr. Holmes Coote, "Case of Rupture of Left Ventricle." Mr. French, "On Treatment of Boils."

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

27. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Lithotrity; Fistula in Ano; Removal of Growth from Lower Jaw; Removal of Dead Bone from Tibia; Removal of Dead Bone from Foot.

By Mr. Wood—Radical Cure of Hernia (two cases); Removal of Growth from Tongue.

COMFORT FOR INVALIDS

BY HER MAJESTY'S ROYAL LETTERS PATENT

J. ALDERMAN, 16, Soho Square,

LONDON.

No. 1,2,3, is J. Alderman's Patent

Graduating Elastic Spinal and General Invalid Couch, which is fitted up with two, three, or four distinct graduating actions, so that an Invalid can be adjusted imperceptibly to any position without being touched by the nurse, and free from all pressure, that being avoided by his Elastic Ventilating Mattress and his Patent Elastic Adjusting Foundation, so that a patient cannot become bedsore by long confinement.

No. 4, 4, is J. A.'s improved Spinal and General Invalid Couch and Carriage. The Couch has three distinct movements, so that a patient can be placed in any position; it has also a Shifting Stand for the room, upon large easy castors, so that the Invalid can be lifted with the couch from its stand, placed upon the Carriage, and go out for an airing when required, without being touched.

No. 5, 5, is J. A.'s Patent Graduating Elastic Self-adjusting Invalid Chair. This Chair, like the Couch, is made to follow Nature in every respect, as the back, the arms, the seat, and the leg-rest are made to work at the same time, so that not a muscle of the patient need be disturbed. The arms are also made to put on and off in an instant, so that the patient can get on and off from either side while the leg-rest is out.

No. 6 is J. A.'s improved Self-propelling Chair, which renders an Invalid perfectly independent, being able to run from room to room without any assistance.

No. 7 is J. A.'s improved Exercising

Horse, which he fits upon a variety of ways, so as to give any amount of exercise.

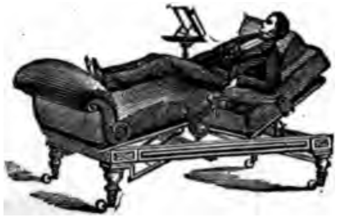
No. 8, 8, 8, is J. A.'s Patent Portable Equilibrium Carrying Chair, which enables an Invalid, however weighty, to be carried up and down stairs with perfect ease and safety; the Chair always adjusting itself, enables the two persons who carry to walk up and down stairs in the usual way, quite erect, with their arms straight down, which avoids any strain upon their muscles. It is also a perfect Easy Chair for the patient to sit in during the day, the carrying handles being made to hook on and off in an instant.

No. 9 is J. A.'s improved Four-wheel Albert Chair, fitted for hand or pony. The body is mounted upon C and under springs behind, and elliptic springs in front, so that it makes a most elegant and easy Carriage, free from all oscillation.

No. 10 is J. A.'s improved Four-wheel Brighton Chair, which is mounted upon C and under springs both back and front, together with his new wrought-iron perches or cranes, instead of the old-fashioned wood perches. It is also fitted for hand or pony, and is the most elegant and easy Carriage in use.

No. 11, 11, is J. A.'s improved Three-wheel Albert Chair, with and without a hood. It is elegant and easy.

No. 12 is J. A.'s improved Three-wheel Garden or Bath Chair, with or without a hood.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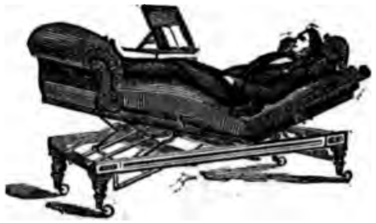
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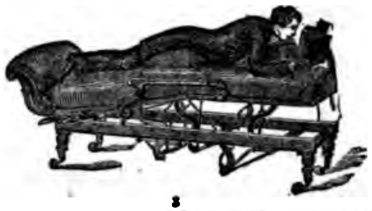
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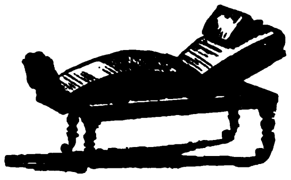
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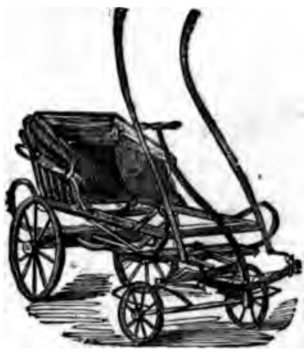
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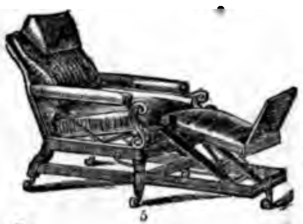
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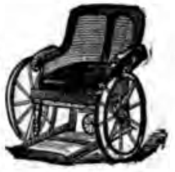
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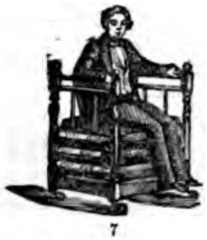
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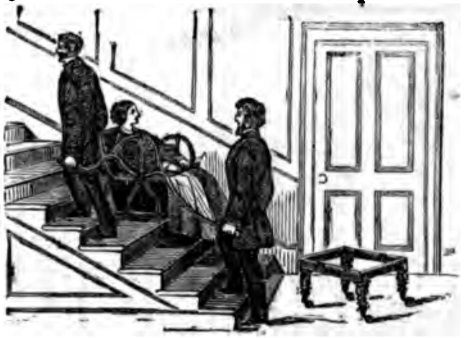
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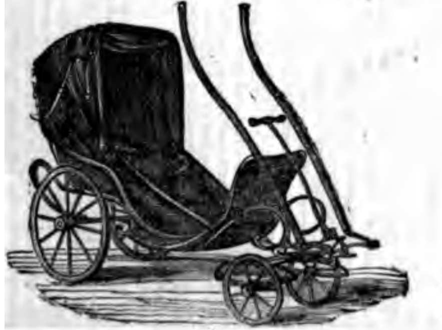
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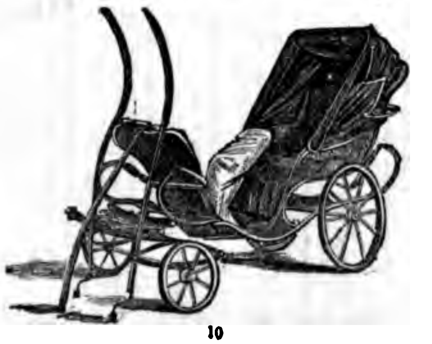
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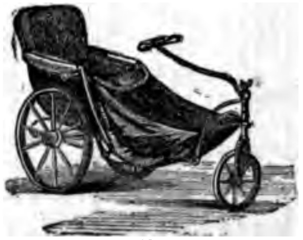
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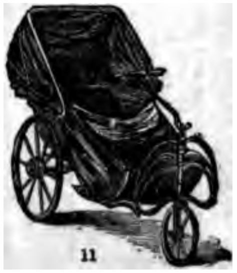
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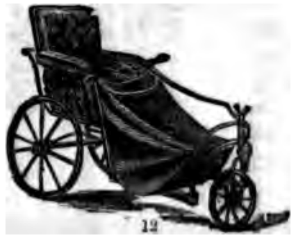
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gout or blindness. The inmates are provided for for life. There is neither literary teaching, amusement, nor industrial occupation employed in this Institution.

2. The Richmond National Institution for Industrious Male Blind, established, in 1810, by voluntary contributions, partial payments by pupils, the bequest of Bishop Stearne, and the proceeds of sales. The pupils are kept from three to seven years, and the only industrial education now given is basket-making. Music has been given up for some time past, but reading on the raised letters is still continued. The school age is from 15 to 30.

3. In 1815, the Molyneux Asylum, in the city of Dublin, was established by private benevolence, for the maintenance and instruction of blind females of the Protestant religion. It is supported by voluntary contributions and the pew-rents of its church. A new Asylum and handsome church have been recently erected, at a cost of 11,500*l*., in one of the healthiest portions of the suburbs of Dublin. The inmates are received for life and at all ages, and are taught music, knitting, basket-making, and other similar industrial pursuits, and also reading upon the raised letter.

4. The Ulster Institution, at Belfast, for the Deaf and Dumb, erected in 1835, receives a limited number of male and female Blind for a period of four years; the pupils must be under a certain age, and are taught mat-making, knitting, and needlework. They also receive literary instruction. This Institution was built and is still supported by voluntary contributions.

5. The Limerick Institution was also established in the year 1835, by voluntary contributions; it supports a limited number of blind females for life. They are taught knitting and music.

6. The Cork Asylum was established by means of a loan fund and public charity in 1841. It is supported by voluntary contributions and payments made for pupils by Poor-law Unions; both sexes are admitted. They are taught basket and mat making, knitting and sewing, etc.

The accommodation supplied by these six Institutions, which afforded the only provision made for the destitute blind at the time of taking the Census of 1851, was 270; but for want of funds there were at that time only 131 inmates exclusive of officers. Since that period three other Asylums have been erected for the maintenance of the destitute blind in Ireland.

7. A small one at Armagh for males, supported by the bequest of Arthur M'Clane. It is merely an Asylum.

8. St. Mary's Catholic Asylum for Industrious Blind, under the care of the Sisters of Charity, opened at Portobello, in the City of Dublin, in 1858, for females, who are taught knitting, sewing, weaving, basket-making, mat-making, also vocal and instrumental music, and reading, etc. It is supported by voluntary contributions and sums (generally £10 per annum), paid by Poor-law Guardians for paupers from the different Unions.

9. St. Joseph's Catholic Male Blind Asylum, under the management of a religious community, was opened in 1859, in the vicinity of Dublin; the pupils are taught basket, mat, and brush making, besides music and reading.

At present the accommodation afforded by the Asylums in Ireland amounts to 465, and when the Census was taken for the night of April 7, 1861, the number of inmates was 357, viz., 160 males and 186 females.

By permission of my brother Census Commissioners, I beg to state that the number of blind in Ireland in April, 1861, was 6874, or 713 less than in 1851. But, in consequence of the decrease of the people during the last ten years, the proportion to the population is now somewhat greater than at the former period, being at present 1 in 839. The proportion of the sexes, according to the recent Census, was 100 males to 118 females. Of this number of blind, 1634 were in the civic, 309 in the rural districts, and as many as 951 in Workhouses. Compared with their populations, the cities of Cork and Limerick were the highest; being in the former, 1 in every 348 of the population; and in the latter, 1 in 343. This great number of blind in these localities is, however, in part due to the Workhouses and public Asylums for the blind situated therein.

Of the total blind in Ireland,—5632 were Roman Catholics; 725 belonged to the Established Church; 412 were Presbyterians; 44 Methodists; 59 were of all other Christian persuasions, and 2 were Jews. At the time of taking the last Census we received a return of 1288 case of ophthalmia for all Ireland for the night of April 7. Of these, 980 were in Workhouses and Workhouse Hospitals. According to the Poor-law Commissioners' reports we perceive that ophthalmia has been gradually lessening in the Workhouses, from 16,013 cases which occurred in 1853, to as few as 5416 in 1860.

Having received upon the original household schedules of the recent Census, the name, age, sex, and locality, etc., of each of the 6814 blind in Ireland, we have instituted a secondary inquiry as to their condition and the cause of blindness, etc., the results of which will be published in the reports now in process of compilation. The foregoing notices, however, show that outbreaks of ophthalmia have on several occasions formed items in those great "epidemic constitutions" that have from time to time affected mankind in this island, and were either preceded by, accompanied, or were succeeded by diseases of the lower animals, and also those affecting vegetable life. Indirectly, by inducing famine and disease, the uncertain nature of the food generally employed in Ireland for the last 200 years has assisted to produce the results to which I have referred in the foregoing pages.

The crowding together of multitudes of badly-fed children and young persons in close, ill-ventilated, and unsewered temporary Workhouses, which the exigencies of the recent great famine and pestilential period necessitated, tended to produce an ophthalmia of unparalleled extent, and which either by causing ulceration or sloughing of the transparent cornea induced destruction of one or both eyes, or rendered the usually smooth-polished surface of the eyelids so rough and granular, as by their incessant attrition to cause that part of the eye to become in time opaque.

This latter wide-spread result of the great Workhouse ophthalmia of the last fifteen years, generally known as the disease called "granular lids," and producing what is termed "pannus," is, by keeping up a state of chronic ophthalmia, at present one of the chief causes of impaired vision and partial blindness in Ireland.

The great and sudden variability of climate, and the peculiarly moist state of the Irish atmosphere, appears to promote the rapid growth of that condition of the eyelids denominated "granulation," and also to produce those frequent relapses to which such patients are liable.

The continuance of east winds, not merely during the spring, but on many occasions far into the summer, is a frequent cause of ophthalmic affections, affecting the external tissues of the eye. To the same condition of climate may be attributed the frequency of rheumatic affections, which very often attack the internal structures of the eye.

The extreme apathy and indifference of the Irish people with regard to diseases of the eye also contributes to swell the number of the blind.

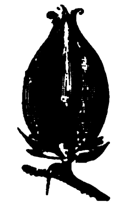
The immense emigration during the last twelve years has, by diminishing the number of the healthy, young, and adult portion of the population, increased the proportion of the aged and decrepit, the lunatic and idiotic, the deaf-and-dumb, the sickly, the weak, and the blind. The latter class (even if their friends were willing to take them abroad) would not be received by emigrant vessels.

The want of special Hospitals for the care and treatment of persons labouring under diseases of the eye is another cause of blindness. Very many cases (the result of the epidemic ophthalmia) could be relieved, and the cost of their future maintenance saved to the country, if timely received into, and retained for a sufficient length of time in, such Institutions. There is at present but one special Hospital—St. Mark's—in the city of Dublin, erected by and chiefly maintained through private benevolence. The only other Institution specially arranged for the treatment of ophthalmic diseases is a small portion of the City of Dublin Hospital,—an establishment also chiefly supported by voluntary contributions; but neither of these Institutions have either accommodation or means of support adequate to the wants of the country; and both being educational establishments, the number of chronic cases, such as those alluded to, which could be admitted must of necessity be few. Moreover, the Poor-law Guardians either do not possess the ability or the desire of availing themselves of the advantages of Ophthalmic Hospitals for the paupers labouring under diseases of the organs of sight.

Many of the returned emigrants from America and Australia labour under diseases of the eyes; and a large proportion of Irish soldiers discharged from the British Army are in the same condition.

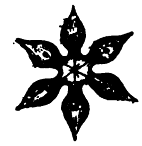
remedies have so speedily attained such pre-eminence, not so much in books as in the unwritten Materia Medica of the practical Physician." The present use of the Veratrum Viride dates back to 1850, when Dr. Wesley C. Norwood, of Cokesbury, S.C., first called the attention of the Profession in the South to its remarkable properties as an arterial sedative in the treatment of inflammatory diseases. Dr. Norwood deserves the credit of first pointing out these virtues. In 1856, the writer tested the drug as an independent experiment: he dug the root, and made a saturated tincture by displacement. It was tried in his father's and his own practice, and found to realize the expectations that had been raised. Then it was distributed to the members of the Middlesex East (Mass.) District Medical Society (our local association), and their essays resulted the same; so much so, that a committee of three, consisting of the writer, Dr. Truman Rickard, of Woburn (since deceased), and Dr. William Ingalls, of Winchester, Mass., was appointed to bring the matter before the Massachusetts Medical Society (the parent association). This was done in May, 1858, by means of the plant, root, 400 two-ounce vials of the tincture made by the Committee from roots (which only are officinal) collected by their own hands mainly, and a mutual paper made up of contributions from the members of the Middlesex East (Mass.) District Medical Society. This paper may be found in the *American Journal of Medical Sciences* (Hays') for October, 1858. The Committee have since received the experience of some of the members of the Massachusetts Medical Society, and published it in the same journal, October, 1861. Besides these, the American Medical journals have almost teemed with glowing articles from individual Practitioners, all going to prove almost incontrovertibly the high claims of the Veratrum Viride to be ranked as the most reliable arterial sedative, not in cardiac disease alone, but in the wide range of sthenic and asthenic inflammatory complaints.

The early appearance.



The seed capsule (natural size).

The root.



The flower (natural size).

The action of the Veratrum Viride is very easily studied in health. Take examples :—

Example 1.—The writer weighs about 125 pounds; nervous temperament. April 7, 1862.—Put 60 minims into a vehicle composed of syr. gum acaciæ, and aq. font. āā f℥ss. 6½ p.m.—Took one-seventh of the whole. Pulse 60. This tincture, it should be remarked, was made from roots dug in July, when the top was in full growth, and was taken for the purpose of testing its comparative value. 7 p.m. (one half hour).—Pulse 52. 7½ p.m.—Took another dose, and went to choir rehearsal. 9½ p.m.—Pulse 52. Took another dose, and engaged busily in writing. 10½ p.m.—Pulse 48; no nausea or unpleasant symptom, except a very slight uneasiness at the epigastrium; retired to rest and slept soundly as usual.

Example 2.—By Dr. B. Woodward (*Medical and Surgical Reporter*, Philadelphia, November 3, 1860, p. 109). He was nearly 50 years of age; very nervous temperament; natural rate of pulse 90; respiration 20; weight 115 pounds; healthy. "At 8 p.m., after a busy day, took eight drops of Norwood's tincture of Veratrum Viride; pulse 94. In one hour, pulse 87; respiration 18; at 10 p.m. pulse 80; respiration 16. Took four drops more; at 11 p.m. pulse 75; respiration 14; lassitude; 12 m., pulse 65, with a sense of sinking about the heart; respiration 12. Took three drops more; in ten minutes felt nausea; pulse 60; respiration 8. In fifteen minutes more I vomited; pulse 42; respiration 6; profuse diaphoresis, and sense of utter prostration." He slept well that night, awoke with a delightful sense of relaxation and rest; eat a hearty breakfast, and went about his business as usual. He perceived no effect upon the brain.

Example 3.—By Dr. Samuel Osgood (*American Journal Medical Sciences*, August, 1835, p. 302). "At 12 m. I took two grains of the finely pulverised extract (made by inspissating the juice of the fresh root); at 1 p.m. a slight sense of uneasiness at the stomach; at 1½ p.m. vomiting, which continued for an hour, attended with chills and coldness of the whole body, with moisture of the skin. This was followed by dimness of sight, dilatation of the pupils, vertigo, faintness, and somnolency; pulse at the wrist 40, scarcely perceptible. I then took twenty-five minims of laudanum, and fell asleep. After the lapse of an hour, awoke with a continuance of the same symptoms, together with a dull pain in the epigastrium, and immediately repeated the laudanum. But finding no relief, the dimness of sight increasing and, on motion of the body or turning the head, amounting almost to blindness, stiffness of the voluntary muscles, and prostration, the opiate and alcoholic stimulants were pushed with entire relief." This interesting and truthful observation was among the earliest made. It seems singular now that Dr. Osgood did not comprehend the significance of his experiment upon the pulse. He was attracted by the deobstruent and alterative properties, and overlooked the effect which is now deemed of primary importance. His mode of obviating the full effects, namely, by alcoholic stimulants and opiates, is the one now adopted, and found the most efficacious.

These three instances of the physiological use of the Veratrum Viride are very fair types of the therapeutical indications of the drug. The first gives an example of its effect as a simple arterial sedative, without any other appreciable or notably disturbing result. This use of the Veratrum Viride is indicated in functional and organic diseases of the circulatory organs. The simple sedation of the cardiac, arterial, and capillary systems is all that is desired; and when it is found practically that this therapeutical action can be induced and maintained for an indefinite period without appreciably interfering with the performance of the other functions, the great value of the Veratrum Viride in this class of cases becomes apparent In thoracic and abdominal aneurism, a late American writer, Dr. W. E. Cole, of Boston, Mass., in a very able monograph upon the subject, calls the Veratrum Viride a "sheet-anchor." So long as it is kept within the bounds of nausea no difficulty is experienced, and upon desisting in the use, the effects speedily pass away. The dose, however, in this class of cases is differently given from the manner signified in the example cited. The dose of the tincture (made according to the formula of the Middlesex East District Medical Society) is eight minims thrice daily. This is the full dose for this purpose; however national peculiarities may make a difference, for which the judicious and intelligent prescriber will allow.

The physiological effects gained in Example 2, namely, the diminution of the frequency and fulness of the pulsations of the heart, the diminution in the frequency of the respirations, the diaphoresis, the increased diuresis, (this has been ascertained by Dr. S. W. Abbott, Assistant-Surgeon, U.S.N.,) and the vomiting, have been found of great value in the treatment of all fevers and inflammatory affections, whether idiopathic, traumatic, rheumatic, or eruptive, sthenic or asthenic, which are not of the severest type. It is not desirable to produce the vomiting, but to keep just within the nauseating point, for the peculiar bradycotic effect is generally produced by this time. As in health so in disease, the Veratum Viride is readily borne, and its effects are as well if not better marked as there is higher pulse, respiration, and heat of body, besides a diminution of secretions to begin with. The diseases in which it is thus employed in the early stages are pneumonitis, pleuritis, puerperal irritation, acute rheumatism, irritation of the brain and membranes, colitis, and the febrile stages of the exanthemata.

In pneumonitis it is most used and most liked. The patient is put upon eight minims of the Society's tincture—dissolved or rather suspended in water or some other simple vehicle, so that a teaspounful of the mixture contains the dose—every two hours, unless nausea or vomiting supervene, then the dose is to be diminished either in quantity or frequency, and the influence of the Veratrum Viride maintained in the same manner as is done in the treatment with the tartrate of antimony and potassa. The writer would insist upon this mode of administration for reasons which will be specified.

Unless those who have and are thus employing it are very much mistaken, by this treatment pneumonitis is shortened but not distended arteries; the larger ones yield immensely, the next in size less so, and the smallest least of all; the whole arterial system is acted upon as a cylinder of fluid, and the blood is propelled by the heart through the capillaries into the veins.

The thoughtful Physician will gather from this that whenever, from thickening or deposit, the mitral valve cannot be raised by auricular, but acquires, in addition, ventricular force, then must we expect retardation and weakness of the arterial current, with consequent sluggishness of the venous stream, local congestions, anarsaca, etc.

One suggestion as regards ligaturing the femoral artery: Would it not be better to pass the aneurism-needle from the outer side instead of, as I believe is usually done, from the inner side? the vein getting so often external to the artery below the giving off of the profunda.

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CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital,

AND BY

J. HUGHLINGS JACKSON, M.D.

Physician to the Metropolitan Free Hospital.

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HOSPITAL FOR SICK CHILDREN.

CLINICAL LECTURE ON SCARLATINA AND ITS SEQUELÆ.

By T. HILLIER, M.D., Physician to the Hospital.

LECTURE II.

Continued from page 643.)

I WILL conclude by a few words on *Treatment*. In estimating the effects of treatment, it is very important to remember that in this, as in many other diseases, some cases are so severe that no treatment will prevent death; that other cases are so mild that they will recover even if left to themselves, or badly treated; whilst a third set of cases of intermediate severity, if well treated, will recover, and the speed and completeness of their recovery will be influenced by the mode of treatment; but the same cases, if injudiciously treated, will not recover at all, or recovery will occur only after more protracted illness, and with greater damage to the constitution.

Fully to judge of the value of our treatment, we ought to know how similar cases progress if left to themselves; this our Homœopathic neighbours, if they practise as they profess, might give us an opportunity of observing. We may, of course, learn much by comparing cases treated on one plan with others treated on a different plan; but here, too, we must be careful to compare cases of equal severity, and as nearly as possible alike. We have not arrived at any specific antidote to the poison of scarlatina by which we can either prevent its taking effect, or counteract its influence when in operation. As a preventive belladonna has been vaunted, but it has not stood the test of careful experiment. We know of no means of prevention but the avoidance of exposure to the infection.

This disease is frequently spread in public schools by children convalescent from the disease returning too soon after their illness to associate with other children; it is also not uncommonly spread by patients conveyed in cabs and other public vehicles. Medical men should always wash their hands after touching a case of scarlatina, and, if possible, walk some time in the open air, and change their coats, before seeing other children.

Some future Jenner may discover that the inoculation of a disease bearing the same analogy to scarlatina which cow-pox does to small-pox, will prove a protection against it. At present all we can do is to combat symptoms as they arise, and help Nature to get rid of the poison. Mild cases of scarlatina require but little Medical treatment. The patient should be kept in bed for a fortnight, and not allowed to leave his room for three weeks; the diet should be bland and simple (animal food being forbidden); the bowels may be regulated by mild aperients; the skin may be sponged frequently with tepid water; and the bed-room should be kept cool and well-ventilated. Some simple saline medicine may be given. The plan adopted in this Hospital instead of sponging, has been to anoint the whole surface twice a-day with suet. It is grateful to the patient, relieving the sense of tingling and burning heat which is frequently complained of. During convalescence the use of warm baths is indicated. If desquamation is active the hot-air bath is very useful in combination with warm water baths. This measure is especially desirable if there be albumen in the urine and anasarca.

In severer cases, quite at the outset an emetic of ipecacuanha should be given, and if the tongue be much coated an aperient dose of rhubarb and sulphate of potash may follow at the end of twelve hours. In the malignant cases, with much depression and sensorial disturbance from the first, the emetic and aperient should be omitted. In these cases, I believe, the best medicine to give is the sesquicarbonate of ammonia; and to promote the action of the skin, it may be combined with a good dose, one or two drachms, of liq. ammonia acetatis. The carbonate of ammonia may be given in doses of two, three, four, or five grains, according to the age of the child, and with frequency proportioned to the severity of the case.

In cases where the nervous symptoms predominate, such as delirium and convulsions, and the heat of skin is very great, a remedy has been recommended, which I have only tried once, but on that occasion it certainly seemed to do good. It was first recommended by Currie, and has since been occasionally praised by others; it is spoken of very favourably by M. Trousseau. I refer to cold affusions. They have been less frequently resorted to than they probably otherwise would have been, owing to the apparent boldness of the practice, and its running counter to popular prejudice on the subject. Trousseau says:—"For a long time I have employed these affusions. I declare to you that I have never administered them without deriving from them some benefit. I do not pretend that all my patients have been cured; those who have died have experienced temporary relief; the affusion, far from being injurious to them, has always moderated the symptoms, and has always appeared to retard the fatal issue." He then quotes several very severe cases in which this practice was attended with apparently the greatest benefit, and the patients made favourable recoveries.

His mode of proceeding is as follows:—The patient is placed in an empty bath, and there are thrown on him three or four pails of water of a temperature from 68° to 77° Fahr. The patient is immediately afterwards wrapped in bed-clothes, and placed on the bed without being wiped, but suitably covered up. Generally reaction is established before fifteen or twenty minutes have elapsed. The affusions are renewed once or twice in twenty-four hours, according to the gravity of the symptoms."

The benefits derived from this treatment, according to Trousseau, are a reduction of the frequency of the pulse, a lowering of temperature, a cessation of delirium, and a diminution of the patient's restlessness and general distress. He also states that it usually renders the eruption more vivid, and never has the effect of "striking in" the rash, as it is called.

In the case in which I employed it there had been delirium and restlessness, and great heat of skin; there was no rash. The affusion was practised with water at a temperature of about 80°. The patient expressed herself as feeling much more comfortable a few minutes after the treatment; the temperature three hours later was nearly as high as before, but the skin did not feel so pungent or so dry. From this time the patient continued to improve without an unfavourable symptom. It is true that the treatment was here applied about a date when improvement frequently occurs,—namely, on the sixth day of the disease; but I confess that I have not often seen a case suddenly take such a decidedly favourable turn on any other plan of treatment. I intend, when another suitable case presents itself, to make a further trial of this remedy. As originally practised by Currie, the water used was of a lower temperature (the coldest he could procure), and affusion was repeated every two or three hours if the patient's symptoms called for it. Where the heat of skin was not so great, tepid water was used. This remedy is not applicable to cases where reaction is not well established, as tolerably free from pain. The vomited matter is of a watery and mucous character, little or no solid food being taken.

He is very much emaciated, but has no appearance of cachexia; has the look of a man suffering from starvation rather than from malignant disease.

The abdomen was much shrunken, but no evidence of any tumour could be elicited by palpation or percussion.

He continued in this condition for ten days, gradually becoming weaker, the vomiting occurring immediately after taking liquids. Under the impression that the cardiac orifice might be involved, and with a view to supply nourishment, the stomach tube was introduced into the stomach without meeting with any obstruction. He died Sept. 27, exhausted.

Post-mortem.—With the exception of the stomach, all the viscera were healthy. At the pyloric end of this viscus a small tolerably firm tumour could be felt apparently surrounding the pylorus, and of the size of a large walnut. On opening the stomach, which was much contracted, its mucous membrane was perfectly healthy till close to the pylorus; here the cicatrix of an old ulcer was found, rather larger than a shilling, and within a line or two was the tumour. The canal through the pylorus barely admitted a small probe. On opening the canal, the tumour on section presented a whitish aspect, and a small amount of juice exuded; but the microscope showed no trace of cancer-cells either in it or the tumour; this latter was entirely composed of organic muscular fibres.

Remarks, by Mr. Cooke.—It must remain doubtful whether the first attack of vomiting indicated the presence of an ulcer in an early stage, and whether the interval between the two attacks represents the time occupied in the cicatrising process with the gradual hypertrophy of the pylorus; but it would seem that the healing of the ulcer was the immediate cause of the hypertrophy, Nature's attempt at keeping the part in repose during the healing process, carried to too great an extent. The constipation is explained by the absence of contents passing into the bowels. Without the aid of the microscope, this case would doubtless have been classed as one of scirrhus of the pylorus.

Speaking of scirrhous pylorus, Dr. Wilks, in his Lectures on Pathological Anatomy, says:—“There are degrees of this condition, as regards its extent and degree of malignancy. The simplest form of disease is where the orifice is slightly thickened, and on examination there is seen to be some hypertrophy of the muscular coat and submucous tissue.”

A True Fraternization.—With the sincerest pleasure we place on record the following circumstance:—On the occurrence of the recent terrible outbreak of cholera at St. Louis, Mauritius, the President of the General Medical Association of the neighbouring French island, Réunion, made an offer to the Governor of Mauritius, on the part of its members, to at once repair to that island, in case that circumstances might render such assistance desirable, seeing that experience has shown that a provision of Medical men sufficient for ordinary purposes ceases to be so during the ravages of an epidemic. The Secretary of the Governor and the Mayor of St. Louis, in reply, state that this considerate offer, owing to some irregularities in transmission, did not come to hand until the epidemic had begun to decline; but that it had excited the most lively feelings of gratitude in the minds of the inhabitants of Mauritius, and would tend to draw still closer the ties of fraternity which ought to prevail amongst all classes of society in these two sister isles.

Is Rabies communicable to the Pup?—A curious occurrence is taking place at the Veterinary School at Alfort. Two bitches, both big with young, and just bitten by a mad dog, were brought into the Infirmary. They were placed in separate well-secured cells, and gave the most violent evidence of having become the subjects of rabies. After a few days they were both delivered of pups, and it was very curious to see the contending influence of the disease and of maternity manifesting themselves. Sometimes the poor brutes were mild and calm, suckling their young, licking them with tenderness, and sheltering them with their fever-struck bodies. Then, again, they become more furious than ever, until a cry from their young ones aroused the maternal sympathies, which were manifested by the tenderest caresses. They both died within a day of each other, and the pups eagerly partook of milk which was offered to them; and it is a subject of curious speculation as to what will be the fate of these little creatures so often suckled and covered with saliva by their mothers.

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“HOMO ANTIQUUS.”

Geology has preserved no records of a golden age. Her teaching, although suggestive of a grand idealism of its own, stands in contravention alike to the fables of mythology and the day-dreams of poetry. The pickaxe of the excavator strikes on no trophies of departed heroes—the progress of the tunnel is arrested by no mausolea of demigods low buried in the drift. Works fashioned by man's device are certainly discovered, but they are only comparable with the rudest productions of the most degraded hordes; his osseous remains also, but these of so low a type, that theorists are already claiming them as proofs of a common descent with the higher Gyrencephala, and regard the victory of transmutation as half won. To such conclusions, we believe, mankind will be long before they yield an unqualified assent. It may be shown, we think, that the anatomical grounds on which it is attempted to base them are insufficient for the purpose. Nevertheless, some of the discoveries recently made are, to say the least, so curious, that we willingly embrace an occasion offered by the appearance in the last number of the *Geologist* of two papers,—one “On Human Remains from the Valley of the Trent and from the Heathery Burn Cave,” by Professor Huxley; the other “On the Crania of the most Ancient Races of Man,” by Mr. Charles Carter Blake,—to again direct our readers' attention to the subject.

It is generally known that man, as evidenced by works of art, dates farther back than man as evidenced by organic remains. The best proof of this is the proportion of extinct species of animals found associated with each kind of evidence. Implements of war and of the chase have been discovered in conjunction with bones of the cave lion, the cave bear, the ursus priscus, the cave hyæna, two species of sabre-toothed carnivores (*Machairodus*), two species of fossil elephants, the tichorhine and leptorhine rhinoceri, hippopotamus major, the Irish elk (*Cervus megaceros*), five other species of extinct cervidæ, the fossil bison (*Bison priscus*), and the huge extinct bull (*Bos primigenius*).

Instances of the discovery of organic remains of early man may for our present purpose be referred to two classes:—The first may comprehend those cases in which the remains found have been of such a kind as to throw no light upon the structural peculiarities of the individual to whom they belonged. Such was the discovery of a few human teeth with remains of the cave lion, cave bear, and cave hyæna in the Bone cave of Massat. It may also include cases in which the evidence of contemporaneous deposition of the fossils is avowedly doubtful, or, at least, has been called in question by competent judges; and, in addition, cases in which the human remains found are *probably* of early date, but their presumed antiquity does not rest on palæontological evidence be deposited; and the chemical evidence which Dr. Schauffhausen adduces, "that the bones adhere strongly to the tongue, although, as proved by the use of hydrochloric acid, the greater part of the cartilage is still retained in them, which appears, however, to have undergone that transformation into gelatine which has been observed by Von Bibra in fossil bones," is equally applicable as proof of antiquity to remains of undoubted Roman age. The Muskham skull deserves, we think, more consideration. We have had an opportunity of examining it, and can confirm both the general accuracy of Mr. Mackie's drawing and of Professor Huxley's description. The great peculiarity of this skull is the backward position of the occipital condyles and foramen, and the remarkably backward direction of the plane of the latter. Mr. Huxley says: "When the base of the skull is turned upwards and the glabello-occipital line is horizontal (its length being 6·7 inches), the anterior edge of the occipital foramen lies 1·5 inch above the line, and a perpendicular let fall from it would cut the line 3·9 inches from its anterior end. A similar line let fall from the posterior edge would cut the glabello-occipital line at 5·3 inches from its anterior end, and that edge is only 0·9 of an inch above it. In a length of 1·4, the plane of the occipital foramen, therefore, has a fall of 0·6 towards the glabello-occipital line. In a well-formed European skull, whose glabello-occipital line measures 7·0 inches, while its extreme length is 7·25, the distance of the anterior edge of the occipital foramen from the glabella, measured in the same way along the glabello-occipital line, is 3·8; of its posterior edge, 5·3. The anterior edge is 1·1 vertically above the line, and the posterior edge 1·0 above it. Thus in a length of 1·5, the occipital foramen has a slope of only 0·1 inch, so that, instead of being greatly inclined backwards, it is nearly horizontal." To this position and plane of the occipital foramen in the Muskham skull are added a strong occipital spine, and a marked development of the occipital crests, indicating great power in the structures which prevented the head from falling forwards. The jugular eminence also assumes the form of a well-defined par-occipital tubercle for the attachment of the *rectus capitis lateralis*. These latter structural peculiarities, however, are to be found in skulls in which no such obliquity of the foramen magnum exists. The skull is small in size; it might be taken for a female's, were it not for the strong development of the muscular processes. The facial portion is unfortuuately wanting. In its general contour, Professor Huxley says it belongs to a type which seems to have been widely distributed over the British Islands, and he instances the skull from Blackwater River in Ireland as strongly resembling it. The same obliquity of the occipital foramen does not, however, obtain in any other human skull, ancient or modern, with which it has been compared. Professor Huxley allows that this peculiarity may be accidental. Mr. Blake goes a step further. After noticing the backward and oblique position of the foramen magnum in the anthropoid apes, he writes:—"The almost horizontal direction of the *foramen magnum* in the human species, co-related with the character (*situs erectus*) applied by the Linnæan definition to man, is modified in the Valley of the Trent skull, and such modification is in the direction of the inferior type." And again, the peculiarities above described "seem to indicate that an entirely erect position was not the normal attitude of the pre-historical contemporary of *Bos primigenius* in the Valley of the Trent." Before accepting this generalisation, we would remark that not only must other like specimens be exhumed, but we must have the evidence of the vertebral column to support it. The spinous processes of the upper vertebræ increased to a size approaching that attained in the Gorilla and Orang, would be far more conclusive proof than large occipital ridges and par-occipital tubercles, for the latter are to be found in individuals who possess the *situs erectus* equally with the highest races. Besides, there is one point of structure in the Muskham skull which to our mind is entirely inconsistent with Mr. Blake's conclusion. It is the full development of the mastoid processes. Judging not only by teleological law, but by the law of correlation of structures, we hold that fully-developed mastoid processes are inseparable from the erect bearing of man. In the Gorilla these processes are only rudimentary; in the Orang and Chimpanzee they do not exist. Their use and their meaning is obvious, and as markedly so in the pre-historic congener of Bos primigenius as in the navvy to whom science is indebted for the discovery of his remains.

Still, it must be allowed that reasoning, not only from the Muskham and Neanderthal crania, but from others figured by Professor Busk in the "Natural History Review," and by Mr. Blake, that the aboriginal inhabitants of Europe belonged to races on the whole craniologically inferior to ourselves. It is not improbable that they were the originals of the dwarfs and giants of Northern fable. Looking back through the long vista of ages which separate them from us, we are in danger of allowing the wanderings of imagination to take the place of scientific deduction, and to lead us far away from sober fact. Two reflections, however, are yielded by the retrospect: one is the enormous capability of improvement inherent to man as a species, separating him at once and for ever from the whole of the inferior creation; the other, the marvellous changes which the mastery of human intellect has wrought not only in the physical condition, but in the life-history of this planet.

THE CONTEST FOR THE CORONERSHIP.

Every one of our readers may do something to help in this matter. Every one can look over the list of freeholders, and ask personally or write to at least two or three electors. Most things are fair at elections, and a very slight acquaintance justifies any one in asking a vote. To establish the election of Medical men for Coroners as a fact and precedent, is worth some exertion. It may be said that not one Medical man in a thousand can ever aspire to the office. But the knowledge that such an office is attainable will have the most beneficial effect on the whole Profession. Those studies which make men conversant with matters of fact, natural philosophy, and natural history, with chemistry and toxicology, and those studies, such as logic and mathematics, which tend to the more exact appreciation of evidence, will receive higher cultivation, and the whole Profession will rise to the duties imposed upon it.

The argument is commonly advanced that the Coroner ought to be a Lawyer and not a Medical man, because it is his province to receive and weigh Medical as well as other testimony, and that it would be wrong for him to intrude Medical opinions of his own. But it must be remembered that the Coroner is, in the first instance, judge of the necessity of holding an inquest at all. Certain facts are brought before him by the beadle or registrar, or some other of his satellites, from which he forms a *prima facie* opinion of the cause of death, and the necessity of inquiry. Without Medical knowledge the Coroner is quite at sea. He may pass over some cases of fraud or violence, and have the parade of inquiry into others where a Medical eye would see that death had been natural.

Dr. Lankester in the Central, and Dr. Boyd Mushet in the Western division, are the candidates who present the greatest claims. By vote, voice, letter, presence, and support at the hustings, and every other conceivable mode, we hope that our readers will give their emphatic support to the doctrine that a Medical Coroner will better protect the lives of the public. Let every Medical Practitioner lend his carriage for a couple of hours to bring up voters to the poll. This would cost little, and be worth everything.

NOTICES OF THE

SURGICAL, MEDICAL, AND OBSTETRICAL INSTRUMENTS IN THE INTERNATIONAL EXHIBITION OF 1862.

By JAMES REEVES TRAER, Esq., F.R.C.S., etc.
Superintendent of Class 17.

In continuation of my notice of last week, I wish to refer to two more instruments that are manufactured and exhibited by Messrs. Whicker and Blaise. The first of these is a hysterotome. Fig. 1.) Light and of great simplicity, it is both safe and efficient. It is safe, inasmuch as the stud projecting on either side prevents it from being introduced too far into the uterus; and it is efficient, for the incision can be made with rapidity, and its depth can be accurately determined by the arrangement shown in the illustration. The other instrument in Messrs. Whicker and Blaise's case which I wish to notice, is their tubular lithotomy staff (Fig. 2). It fulfils the purpose of the ordinary staff, and also that of a catheter for filling the bladder. The handle of the instrument is furnished with a stop-cock, which can be attached to a syringe, and from this point to the commencement of the groove it is hollow. By means of this instrument it is clear that if there is any difficulty found in striking the stone, in consequence of the bladder being empty, it can be injected without removing the staff.

Fig. 1.

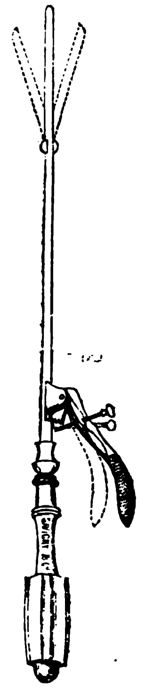
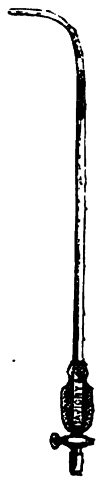


Fig. 2.



On taking leave of the contents of the case belonging to this firm, I wish to repeat the expression of the high opinion I have formed of the merits of the instruments they exhibit.

I now beg to draw the attention of the Profession to some of the novelties introduced by M. Charrière, and I take this opportunity of paying full tribute to the originality displayed by him in the construction of Surgical instruments. His system of applying several blades to the same handle, as represented in Fig. 3, is very ingenious, and permits of many instruments being carried in a pocket-case of small size. The illustration shows the mode of application. The left thumb separates the two portions of the handle, the blade is then put in position so that the small hole at its extremity is filled by a projecting piece of metal at D; and on the left thumb being withdrawn, the elasticity of the handle keeps the blade in its place. The advantages of this plan are three,—viz., economy, the facility with which the instruments are cleaned, and the small space which they occupy. It seems, however, quite possible that in process of time a certain amount of "wear" must take place, and then of course the requisite rigidity would be lost. His plan of articulating scissors, bone-forceps, etc., is also simple and clever. Fig. 4 represents the blades of the ordinary scissors; one is furnished with the "tenon" (A), and the other is pierced (B) to receive it. but in such a direction that they cannot become separated except when they are as wide apart as possible, which condition is never likely to happen when the instrument is in use. This "articulation à tenon," as M. Charrière terms it, is applied by him to all analogous instruments; but I am inclined again to suggest the possibility of such a joint becoming loosened by frequent usage. Fig. 5 is an illustration of a bistoury with moveable handles, the blade of which is fixed in the way alluded to above. The pin (A) is engaged in the mortise cut in the side of the base of the blade, and the whole at the extremity fixed on the projecting point (B); the handles are then brought together and fixed by turning the catch (C). The plan by which M. Charrière applies to the branches of a pair of ordinary dressing forceps, others of different lengths and shapes, is also very ingenious; and by means of these two methods he is enabled to place together in a case, of about eighteen inches in length, ten in breadth, and four and a-half in depth, all instruments that are in general use, except those for lithotomy, lithotrity, and obstetric purposes. To this case M. Charrière gives the name of "Arsenal Chirurgical."

Fig. 3.

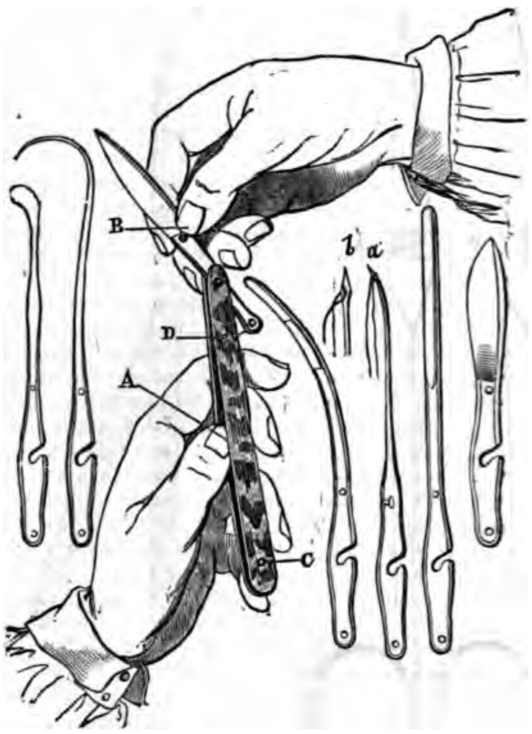


Fig. 6 shows a contrivance by which forceps of different kinds are kept closed, the "*point d'arret*," as it is called; but Charrière now gives preference to an arrangement in which a projecting bead on one handle can be fixed in a corresponding series of small holes pierced in the other. This plan gives more rigidity, and in either case the handles are disengaged by a very slight manipulation.

A "porte-ophthalmoscope," suggested by M. Desmarres, in order to facilitate the student in the use of the instrument, is represented in Fig. 7. It consists of a steel rod (A), which by means of a cork (B) can be attached to the support (C); and two branches (D D), one of which carries the ophthalmoscope (G), and the other a lens (H) of suitable focal length. These two arms can be approximated and separated at pleasure, and can be kept in any position by the screw indicated in the figure. This little apparatus is contained in a small pocket-case, and is both light and simple; with it the ophthalmoscope of Liebreich, Donders, and others can be used, and the reflector and lens can be attached and removed with great facility.

FIG. 4.

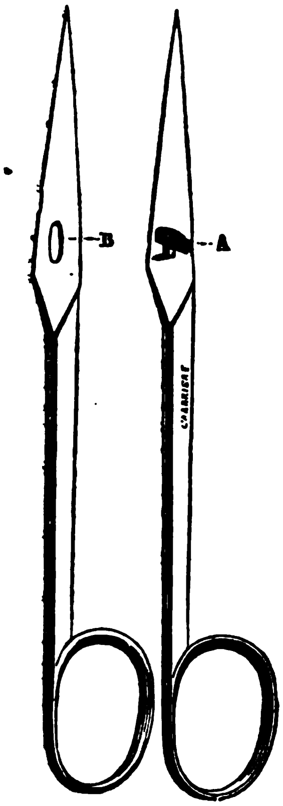


FIG. 5.

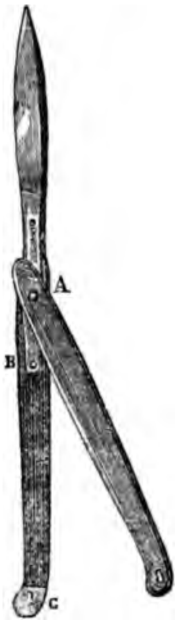


FIG. 7.

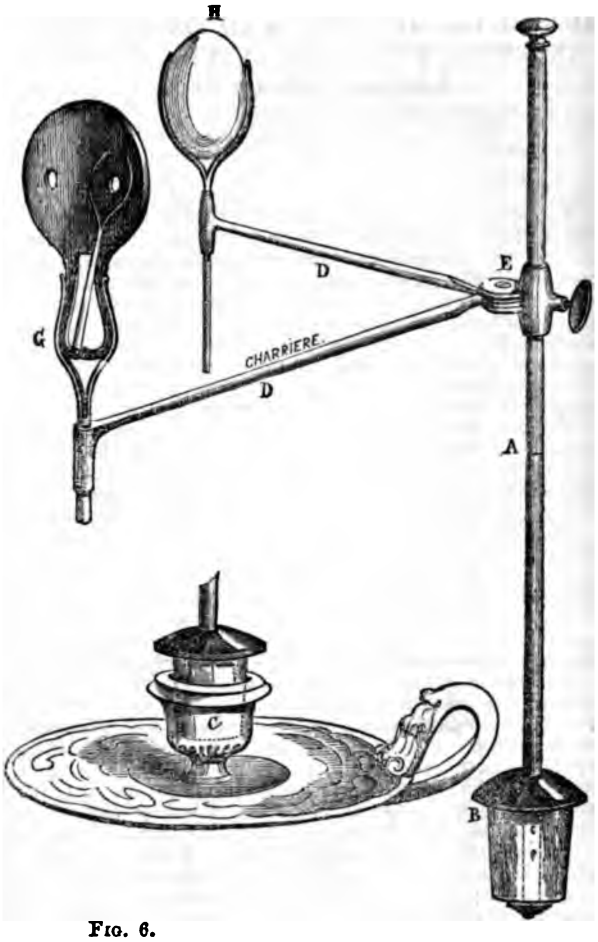


FIG. 9.

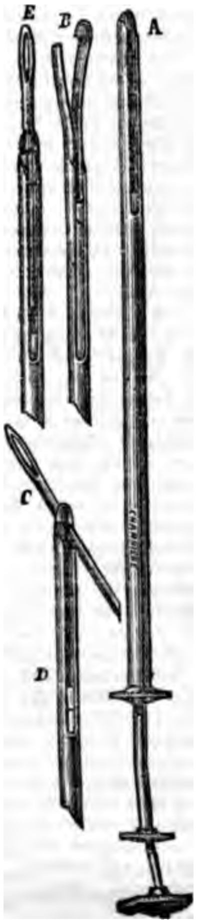


FIG. 11.

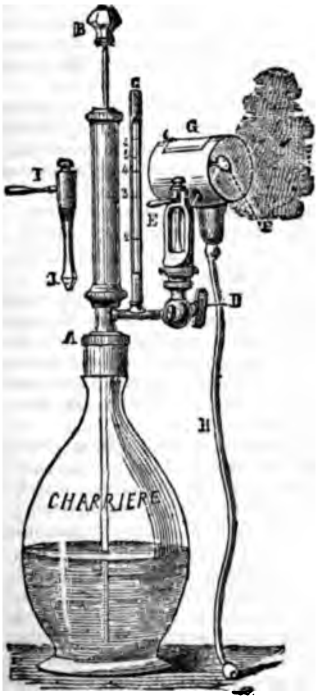


FIG. 6.

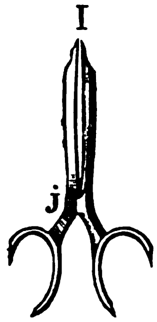


FIG. 8.

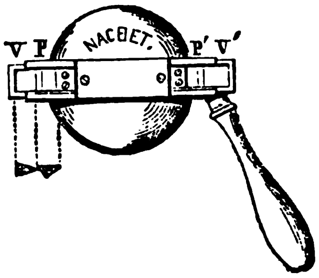


FIG. 10.

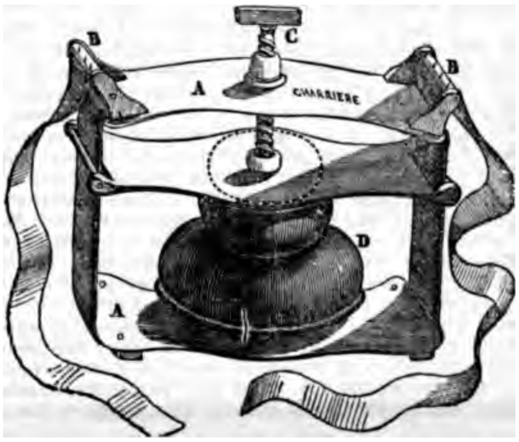


Fig. 8 represents the binocular ophthalmoscope devised by M. Giraud-Teulon, and made by Nachet, the optician. Its mode of application is at once apparent, and it is said to allow of very accurate examination of the eye. A section of the prisms employed is shown in the drawing.

Fig. 9 is an instrument constructed in accordance with suggestions furnished to M. Charrière by Professor Nélaton, for the extraction of certain foreign bodies from the bladder, such as hair-pins, bodkins, etc. It consists of a forceps which glides in a steel canula, which is bevelled off at its extremity like a cut quill pen. One of the branches of the forceps is hook-shaped, and longer than the other; this seizes the foreign body and holds it. The two blades are brought into contact by withdrawing them within the canula, and this movement causes the substance to be extracted to enter the groove already mentioned, so that its removal from the bladder is then a matter of great facility. At A, the instrument is shown ready for introduction; at B, the two branches are seen open; at C, the foreign body (in this case a bodkin) is represented as being seized and drawn into the groove destined to receive it (D); and at F, the instrument appears ready for withdrawal with its prey. This ingenious contrivance was presented to the French Academy of Medicine in 1860.

Fig. 10 represents the tourniquet *à pression continue*, of Monsieur Charrière, which has been adopted by the French Navy, and is furnished to all the Surgeons of that branch of the service, as well as to those of the Army. The steel-plate A, with its pad, is placed on the side of the limb opposite to that on which the artery lies; the straps are then brought round, passed through the slits indicated in the drawing, and fixed by the points shown at B. By turning the screw C, pressure is exerted over the course of the vessel, and is rendered continuous by the elasticity of the steel-plates.

The pulverisation of liquids, as invented by Dr. Sales-Girons, has recently occupied much attention in France. Fig. 11 shows an apparatus for the purpose, which has been constructed by Monsieur Charrière. It consists of a glass vessel containing the liquid, to the neck of which (at A) a syringe is attached. By pressing the piston (B) the air in the interior is compressed, and on turning the stop-cock (D) it drives the fluid with such force against a metal plate contained in G, that it is instantly converted into a fine mist which the patient can easily inhale. The tube H conveys away such portions as are at once condensed. It is unnecessary to refer to the complicated portions of the apparatus; it suffices to draw attention to the general principle, and to add, that by means of such an instrument, liquids can be reduced to such a state of subdivision as renders their inhalation perfectly feasible. At the thermal establishment at Pierrefonds this mode of treatment is carried out on a very extensive scale, and it has received the approbation of high Medical authorities in France. I shall recur to some other instruments exhibited by Monsieur Charrière, in my notice of next week.

47, Hans-place, S.W.

DEATH FROM CHLOROFORM.—A death from chloroform took place on Saturday last at the United Hospital, Bath, during an operation for the removal of a tumour on the lower jaw of a woman named Susan Harrison, aged 40. At the inquest, the House-Physician, Mr. Barter, deposed to administering a drachm of chloroform on a napkin, and afterwards a second drachm when the first had evaporated. Her pulse at that time was very good, and in six minutes she was totally insensible. The operation was then commenced, and the tumour was laid bare; this took about four minutes, and by this time the second quantity of chloroform was almost inhaled, and the patient was becoming slightly conscious; he therefore poured another drachm on the napkin, which he held to her mouth, and she took one inspiration, when he noticed the pulse suddenly stop. He removed the napkin from her face, and the operation was suspended. She gave three or four gasps, and in about half a minute she was dead. Every effort was made to restore animation, but without effect. Mr. Gore, who performed the operation, said that no precaution was neglected which it was customary to take in such cases. On post-mortem examination it was found that the deceased was suffering from fatty degeneration of the heart, which, it was stated in evidence, it was impossible to discover during life. The jury returned a verdict that death was caused by the effects of chloroform.

REVIEWS.

Recherches sur la Syphilis, Appuyées de Tableaux de Statistique Tirés des Archives des Hôpitaux de Christiania. Par W. BOECK, Professeur de la Faculté de Médecine de Christiania. Ouvrage Publié aux frais du Gouvernment. Christiania: 1862.

Researches on Syphilis, Supported by Statistical Tables Drawn from the Archives of the Hospitals of Christiania. By W. BOECK, Professor of the Faculty of Medicine of Christiania. Published at the expense of the Government. Pp. 509. Christiania: 1862.

WE do not propose to enter upon a critical review of this volume. Not that we shrink from the task as involving too much labour, nor that the work is not eminently worthy of all the labour that the most accomplished critic could bestow upon it, but because we believe that we shall best consult the interests of our readers by simply laying before them the views entertained by the author, and the general conclusions which he derives from the facts detailed. To do this alone will occupy a large portion of our space; but we must add that it could not be more usefully allotted. A few words will suffice to explain the character of the work, which has been published very wisely in French at the expense of the Swedish government. The basis of the work is the registers of the Hospital of Christiania during the long period of thirty years, commencing with the year 1826. It is only by embracing a long series of years that we can ever hope by the application of the statistical method to arrive at some of the most important of the truths which we seek to bring out in our inquiries as to the history and results of syphilis, whether as respects the individual or his descendants. The greater part of the volume is occupied by elaborate tables, the more important points which it is the author's object to elucidate being noted in each case recorded. So far as the analysis of these tables goes, we must say that M. Boeck has exhibited great fairness, and does not presume to draw from them more conclusive results than they logically furnish. Apart from these, however, matters are entered upon respecting which there are great differences of opinion among syphilographers. We shall state these opinions without discussing them,—in doing so we shall not be understood as endorsing them.

And first of all, there is one great principle or theory which dominates every point which the author introduces. It is the theory of *unity* in contradistinction to *plurality* of syphilitic poison. Having so recently put forward the opinions held by the majority of specialists at the present time, we are glad of the opportunity now afforded us by the work of M. Boeck of briefly stating the views he holds as an exponent of a different school. We shall not follow the author exactly in the order in which he proceeds:—

1. *Unity of the Syphilitic Virus.*—M. Boeck thus sums up his views:—"The soft chancre is produced by the same virus as the indurated chancre; the two forms arise from the intensity of this virus being different. Soft chancres are the product of the most energetic virus, which, by its intensity, developes in its circumference an inflammation which puts an obstacle in the way of absorption; indurated chancres are the product of a virus of less intensity, which does not develope an inflammation sufficiently strong to hinder absorption. When the matter is very intense we get a definite soft chancre; if it is of little intensity we get a definite indurated chancre. It is with matter of an intensity different from these that we obtain intermediate forms of chancre, in which, with all our experience, we are uncertain whether or not the primary affection will be succeeded by constitutional syphilis."—P. 68*b*. He thinks that there are exceptions to the rule that soft chancres are not followed by constitutional symptoms; and as regards indurated chancre, he says that it is almost impossible to assert if the rule of its being followed by constitutional syphilis has also its exceptions. He adds that while multiple indolent glandular enlargement is the usual concomitant of the latter form, it sometimes happens that the glands inflame more than is customary, and suppurate, and then that this matter may be inoculable. In support of his theory of unity, he observes that a chancre may be soft at its commencement, doubtful in character after a few days, and finally be decidedly indurated, and maintains the doctrine of the character of the sore being influenced by its seat. He

conclusions, and pass on to his method of treatment by syphilisation, which it appears he applies without hesitation even to new-born infants suffering from hereditary syphilis. We must premise, however, that he confines this practice to patients who have not undergone previous treatment by mercury, and this because the results of syphilisation are much less favourable if mercury has been formerly employed. He says:—" I take the virus from an indurated chancre, contracted by coïtus, or from a pustule or an artificial ulcer on those who are at the time under treatment by syphilisation. I make the first inoculations on the sides, three on each side. After three days I make three other inoculations on each side, taking the matter from the pustules produced by the last inoculation. I continue to inoculate on the sides every three days, always using the matter of the last pustules, until I get a result absolutely negative. Then I commence inoculating the two arms, and I continue in the same way as on the sides until no more effect is produced. Having arrived at this point I take the matter from another individual, and I inoculate it on the sides or on the arms, or on both at once, and I continue with the new matter in the same way as with the first until it ceases to act. When an immunity is thus gained for the second time on the sides and arms, I commence the inoculations on the thighs, and continue in the same way up to the attainment of immunity. On the three places mentioned I inoculate yet again, with matter taken from other patients, until no matter that I can get takes any more. When I have a matter which has already passed through several individuals, and which I know is not too intense, I choose it to begin with. As the syphilisation proceeds, more intense matter can be borne; it does not produce phagedena."—P. 472. There are certain other precautions which he considers it essential to observe, such as not placing the inoculations too near to one another, etc.

" When infants with hereditary syphilis are inoculated, it will often be observed that the first inoculations do not take. In this case I repeat it every three days until it begins to take, and then it generally happens that not only the last inoculations but all the series made produce pustules simultaneously, which, as well as the consequent ulcers, depend for their extent upon the size of the child. The inoculations having begun to take, I continue them every three days in the way described. But it happens pretty often that even at a later period the inoculations have not the same regular progress as in syphilisation made for an acquired syphilis; the positive result of the inoculations often ceases after a short series, and after two or three weeks it is possible to recommence it. The consequence of this is, that the treatment takes in general a longer time."—P. 472.

5. *Hereditary Transmission of Syphilis.*—Dr. Boeck treats of this first as respects syphilis imparted from the mother, and next from the father. He holds the view that syphilis in the parent may appear in the offspring in a "masked" form. " I believe that scrofula, tubercle, rachitis, meningitis, and caries, often derive their origin from syphilitic diseases in the parents."—P. 4. This is a point, however, which notwithstanding the labour he has expended upon it, he admits that he fails to prove by the researches now published; but we must keep in mind his individual bias in reading the latter part of his volume. The general conclusion that he derives we may give in his own words:—" As a general rule, the female who is the subject of constitutional syphilis after the period of puberty gives birth to syphilitic children, whilst the man subject to constitutional syphilis does not beget syphilitic children unless exceptionally, as we have seen. It would appear, on the one hand, that syphilis in the man provokes more frequently in the children different diseases to what syphilis in the female does. Altogether, the facts we possess are much too few to authorise conclusions, but they may serve to fix our attention to this point. As syphilis in the man does not exercise any great influence upon the descendants, it naturally follows that it is not much worse for the children when both parents have suffered from constitutional syphilis than when only the mother has."—P. 508.

We cannot better conclude this notice of Dr. Boeck's book than by presenting our readers with the following summary of the results of his treatment of syphilis, as given at the close of the work. It will appear from this that his conclusions are based upon observations sufficiently numerous to give them a value for all time,—a value quite independent of any theory which the author may have taken up, but which will, like all other conclusions, be accurately assessed by the labours of other observers in the same field, who may have the opportunity and who have the patience to follow out a similar method of inquiry, and to pursue it for a sufficiently lengthened period of time. The following, then, are the most important of his numbers:—

" 1083 primary cases were treated by mercury, the mean duration of the treatment was 60 days. (We omit the fractions throughout.)

" 626 primary cases were treated without mercury, the mean duration of the treatment was 40 days; and from 1852 to 1861 inclusive, 254 were treated by external remedies, and during this period no case (with scarcely an exception) was treated in the Hospital by other remedies, the mean time of treatment was 37 days.

" 24 per cent. of those treated by mercury for primary syphilis have had constitutional syphilis.

" 14 per cent. of those treated from 1826 to 1852 without mercury for primary syphilis, have had constitutional syphilis.

" 11 per cent. of those treated, from 1852 to 1861 inclusive, without mercury for primary syphilis, have had constitutional syphilis. It is, however, proper to add that it is possible that constitutional syphilis became manifested during treatment in the Hospital in a larger number of patients treated by external remedies only for primary syphilis, than of those who had undergone mercurial treatment. It is possible, then, that the difference of the per-centage may not be so great as it appears to be.

" 3200 persons were treated for constitutional syphilis by mercury, the mean time of treatment was 125 days. But 77 persons treated in 6251 days, who died during the first treatment, ought not to be counted, and consequently the true result is that 3123 persons were treated, and that the mean duration of the treatment was 126 days.

" 1036 of the above 3123 have had returns of the disease, that is, 33 per cent., but a good number having had several returns, the total number of returns is 1615.

" 108 persons died, 77 during the first treatment.

" 316 persons were treated without mercury (by the old methods), the mean time of treatment was 101 days. But 33 persons treated in 1303 days, who died during the first treatment, ought not to be counted, and consequently the true result is that 283 persons were treated, and that the mean duration of the treatment was 106 days.

" 82 of the 283 had returns of the disease, *i.e.*, 28 per cent. many of them had several returns; the total number of returns, then is, 119.

" 265 persons were treated for the first constitutional affection by syphilisation, the mean time of treatment was 134 days.

" 22 of the 265 (19 of whom were infants with hereditary syphilis) treated in 858 days, and dying during the first treatment, ought not to be counted, and the true result consequently is that 243 individuals were treated, and that the mean duration of the treatment was 143 days. The treatment by syphilisation was begun in 1852.

" 27 persons of the 243 had returns of the disease, *i.e.*, 11 per cent.

" 77 persons were treated by derivation, the mean time of the treatment was 184 days. The treatment by derivation was commenced in 1856.

" 19 persons have had returns, *i.e.*, 24 per cent.

" 22 persons have been treated by the sudorific method conjointly with strict regimen and decoction of sarsaparilla; the mean duration of the treatment was 107 days. The sudorific treatment was commenced in 1861.

" 7 of these have had returns, *i.e.*, 31 per cent.

" 237 primary affections, acquired after a constitutional syphilis previously treated by mercury or by one of the old methods, have demanded for their treatment a mean time of 41 days.

" 5 primary affections acquired after a constitutional syphilis treated by syphilisation, have demanded for treatment a mean time of 12 days.

" 10 primary affections acquired after a constitutional syphilis previously treated by derivation, have demanded for treatment a mean time of 48 days."—P. 508.

We cannot conclude without again expressing our admiration of the patience and care exhibited by M. Boeck in the preparation of this work, and our sense of the liberality of his Government in its publication. It constitutes a real addition to our stock of knowledge upon a subject than which none is

MEDICAL NEWS.

Royal College of Physicians of London.—At the Comitia Majora, held on Wednesday, June 25, the following gentlemen, having undergone the necessary Examination, were duly admitted Members of the College:—

Messrs. George Haro Philipson, M.B., Newcastle-on-Tyne; Francis Willis, M.B., Braceborough, Stamford; John Taylor, M.D., 64, Queen's-road, Bayswater.

At this Comitia the following officers were elected for the ensuing year:—

Censors—Dr. Budd, Dr. A. Farre, Dr. Birkett, and Dr. Monro; *Treasurer*—Dr. Alderson; *Registrar*—Dr. Pitman.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 19, 1862:—

George Annesley Derville Mahon, Aspley, Woburn, Beds.; George Brown, Colchester; Matthew James Robson, North Shields; Thomas King, Guy's Hospital; John Dee Shapland, Oakford, North Molton; Samuel Nelson, Acomb, near York; Lewis Carter Badcock, 3, Crescent-place, Camberwell-grove; James Edmund Anthonisz, Colombo, Ceylon.

The following gentlemen also on the same day passed their First Examination:—

William Jones, St. Bartholomew's Hospital; William Geo. Hayden, Charing-cross Hospital.

APPOINTMENTS.

Bothwell.—George Granville Bothwell, M.R.C.S. Eng., L.A.H. Dub., has been appointed Resident Medical Officer to the Guildford and West Surrey Dispensary, *vice* John Moaburn Bright, M.R.C.S. Eng., L.S.A. Lond., resigned.

Crockatt.—William Crockatt, M.D. St. And., F.R.C.S. Edin., has been appointed attending Surgeon to the Dundee Royal Infirmary.

Dodgson.—Henry Dodgson, M.D. Univ. Edin., L.R.C.S. Edin., L.S.A. Lond., whose term of office has just expired, has been re-elected Medical Officer for the Cockermouth No. 2 District of the Cockermouth Union, Cumberland.

Gray.—Thomas Scott Gray, M.D. Univ. Edin. L.R.C.S. Edin., has been elected Surgeon to the Middle District of the Royal Infirmary and Dispensary, Dundee, *vice* George Clarke Pirie, M.D. Univ. Edin., L.R.C.S. Edin, resigned.

Harris.—Arthur Ben Harris, L.R.C.P. Edin. (exam). M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Royal Cornwall Sailors' Home, Falmouth.

Hyslop.—Assistant-Surgeon J. Mc A. Hyslop, M.D., has been appointed to act as Secretary to the Principal Inspector-General Medical Department, Bombay, during the absence on leave of Surgeon W. C. Coles, M.D., or until further orders.

Mann.—Robert Manners Mann, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the London-road District of the Manchester Union, *vice* Robert Heywood McKeand, M.R.C.S. Eng., L.S.A. Lond., resigned; and for the Deansgate District of the same Union, *vice* William Barton Stott, M.R.C.S. Eng., L.S.A. Lond., resigned.

Phillips.—William Weld Phillips, M.R.C.S. Eng., L.S.A. Lond., F.C.S. Lond., has been elected Medical Officer and Public Vaccinator for the Northern District of the Whittlesey Union, Cambridgeshire, *vice* Peter Vincent Timothy, M.R.C.S. Eng., L.S.A. Lond., resigned.

Pirie.—George Clark Pirie, M.D. Univ. Edin., L.R.C.S. Edin., has been appointed Physician to the Dundee Royal Infirmary.

Tate.—David D. Tate, L.A.H., Dub., has been appointed Resident Medical Officer to the North Union Workhouse, Dublin, *vice* Gerrard Brown, L.A.H. Dub., deceased.

Tucker.—Owen Tucker, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Bath Lying-in Charity, *vice* Hugh Massy, M.R.C.S. Eng., L.S.A. Lond., resigned.

Wood.—W. E. Wood, Assistant-Surgeon of the Bombay Medical Establishment, has been appointed Civil Surgeon at Bagdad, in succession to Dr. Hyslop.

York.—George Billing York, L.R.C.P. Edin., M.R.C.S. Eng. L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the No. 6 District of the Upton-upon-Severn Union, Worcestershire, *vice* Charles John Axford, M.R.C.S. Eng, L.S.A. Lond., resigned.

DEATHS.

Adams.—June 18, John Adams, of Uttoxeter, Staffordshire, formerly of the Potteries.

Bligh.—June 2, at the Vicarage, Riccall, Yorkshire, Robert Bligh, L.S.A. Lond., aged 62.

Jessop.—June 21, at No. 4, Royal-crescent, Cheltenham, Walter Jessop, M.R.C.S. Eng., Surgeon to the Cheltenham General Hospital and Dispensary, Cheltenham Dispensary for Diseases of Women and Children, and Cheltenham Ophthalmic Hospital, aged 34.

Macrae.—June 23, at No. 3, Edwardes-place, Kensington, Alexander Macrae, M.D. Univ. King's College, Aberd., L.R.C.S. Edin., Surgeon (January 26, 1858) to H.M.'s 97th Regiment of Foot, aged 34.

Maxwell.—May 8, at Happy Hut, Metcalfe, Jamaica, James Maxwell, M.D., late of Evandale, aged 67.

McSwiney.—June 16, at Charlotte Quay, Cork, Valentine McSwiney, of Macroom, Co. Cork, M.D. Univ. Edin., L.R.C.S. Edin., aged 55.

LONDON GAZETTE.

June 20.

19th Lanarkshire Rifle Volunteer Corps.—Thomas Johnstone, Esq., to be Surgeon; dated June 2, 1862.—James MacPherson, Esq., to be Assistant-Surgeon; dated June 2, 1862.

1st Sussex Artillery Volunteer Corps.—Thomas B. Simonds to be Surgeon; dated June 7, 1862.—Crawford Pocock to be Honorary Assistant-Surgeon; dated June 7, 1862.

The following appointment is substituted for that which appeared in the *Gazette* of May 20 last:—

2nd Regiment of King's Own Staffordshire Militia.—Assistant-Surgeon Cooper Hayes Crawford to be Surgeon, *vice* Whyte, removed; dated May 8, 1862.

June 24.

3rd Dragoon Guards.—Veterinary Surgeon Edwin Thomas Cheeseman, from the Royal Artillery, to be Veterinary Surgeon, *vice* Hurford, appointed to the 7th Dragoon Guards; dated June 24, 1862.

6th Dragoon Guards.—Surgeon Richard Gilborne, from the 89th Foot, to be Surgeon, *vice* Smith, appointed to the Staff; dated June 24, 1862.

7th Dragoon Guards.—First-class Veterinary Surgeon Richard John Gedaliah Hurford, from the 3rd Dragoon Guards, to be Veterinary Surgeon, *vice* Varley, appointed to the 13th Hussars; dated June 24, 1862.

13th Hussars.—Veterinary Surgeon William Varley, from the 7th Dragoon Guards, to be Veterinary Surgeon, *vice* Thomas John Towers, deceased; dated June 24, 1862.

47th Foot.—Staff Assistant-Surgeon James Jameson, M.D., to be Assistant-Surgeon, *vice* Henry Grange, dismissed the service by the sentence of a general court-martial; dated April 17, 1862.

83rd Foot.—Staff Assistant-Surgeon Caleb Shera Wills to be Assistant-Surgeon, *vice* Sharp, appointed to the Staff; dated June 24, 1862.

89th Foot.—Staff-Surgeon Joshua Henry Porter to be Surgeon, *vice* Gilborne, appointed to the 6th Dragoon Guards; dated June 24, 1862.

2nd West India Regiment.—Staff Assistant-Surgeon John Greig, M.D., to be Assistant-Surgeon, *vice* Macaulay, deceased; dated June 24, 1862.

Medical Department.—Surgeon Donald Sinclair Smith, from the 6th Dragoon Guards, to be Staff-Surgeon, *vice* Edward Walker Skues, M.D., deceased; dated June 24, 1862.

Assistant-Surgeon William Sharp, from the 83rd Foot, to be Staff Assistant-Surgeon, *vice* J. Jameson, M.D., appointed to the 47th Foot; dated June 24, 1862.

The restoration to full pay of Staff Assistant-Surgeon Henry Offley Harvey to bear date March 29, 1802, instead of April 11, 1862, as stated in the *Gazette* of the latter date.

Veterinary Department.—William Albert Russell, Gent, to be Acting Veterinary-Surgeon; dated June 24, 1862.

Edward Stanley, Gent, to be Acting Veterinary Surgeon; dated June 24 1862.

25th Company of Surrey Rifle Volunteers.—O'Brien Jones, Gent, to be Honorary Assistant-Surgeon; dated June 14, 1862.

Her Majesty has been graciously pleased to accept the resignation of the Commission held by Surgeon William Bourne in the 2nd Administrative Battalion, Northumberland Rifle Volunteers.

The late Professor Pittard.—This estimable gentleman, who expired in August last, at Sydney, has left a widow and eight children quite unprovided for. In addition to the list of subscribers published in this Journal a few weeks since, Mr. Stone, of the College of Surgeons, requests us to announce that he has received the following, viz.—from Charles Downes, Esq., M.R.C.S., White-street, Southwark, £5 5s.; Henry Smith, Esq., F.R.C.S., Caroline-street, Bedford-square, £2 2s.; and Henry Stevens, Esq., M.D., Grosvenor-street, Grosvenor-square, £1 1s.

Honours to Medical Men.—The Queen has been pleased to give orders for the appointment of Rutherford Alcock, G.C.B., Her Majesty's Envoy Extraordinary and Minister Plenipotentiary in Japan, to be an Ordinary Member of the Civil Division of the Second Class or Knight s Commanders of the most Honourable Order of the Bath. Her Majesty has also been pleased to appoint Claudius Francis DuPasquier to be Surgeon-Apothecary to Her Majesty, in the vacancy occasioned by the decease of John Nussey, Esq. Both these gentlemen are Fellows of the College of Surgeons.

Parliamentary.—In the House of Commons, on June 20, Mr. Torrens inquired of the Secretary of State for India as to the truth of the alleged failure of the opium crop in India, and its probable effect on the revenue in that country. Sir Charles Wood said that he had received no official information. He had, however, reason to believe that there had been some failure in the opium crop, but it by no means followed that there would be a loss of revenue, because the sale of a smaller quantity at a higher price might produce as good a revenue as that of a larger quantity at a lower rate. Mr. Hennessy inquired of the Under Secretary for Foreign Affairs whether the murderer of Dr. M'Carthy at Pisa had been brought to justice, and, if so, with what result. Mr. Layard said that the murderer of Dr. M'Carthy was brought to trial on March 10, and sentenced to ten years' confinement, logist taking the occasion of pointing out the insensibility of the organ. Surely the Academy will at once order so offensive a picture to be removed.

STRYCHNIA AND MORPHIA.—Mr. John Horsley, Analyst for the county of Gloucester, has lately drawn attention to an observation originally made by Dr. Letheby, and confirmed by Dr. Reese and Professor Thomas, of Philadelphia, that morphia has the power of disguising and destroying the coloured reactions by which strychnia is recognised. His investigations have led him to the discovery of a method by which the difficulty thus arising may be overcome, and also to a new test for strychnia. He writes:—"I have, however, satisfied myself of another very important fact, viz., that it need not create any alarm or uneasiness in the public mind, for the difficulty in question is more apparent than real; since, in any case where both active principles are capable of extraction from a dead body, the strychnia is effectually separated from the morphia in a form admirably fitted for identification by adopting the following simple method which I had the honour of submitting to the British Association for 1856, viz., to convert the strychnia into a chromic salt by the addition to the pure and concentrated liquid of a few grains of the neutral chromate of potash and briskly agitating the mixture with a glass stirrer for a minute or so, when, if strychnia be present, a more or less flocculent but crystalline precipitate of a golden colour will separate and collect at the bottom of the vessel. In the course of a few minutes the supernatant liquor containing the morphia (which is much longer in precipitating) must be carefully decanted. If now a drop or two of the residue containing the golden coloured strychnian salt be taken up with a pipette and projected into a small white porcelain dish, and touched with strong sulphuric acid, the usual purple and violet coloured indications of strychnia will be most marked. In this way a very small quantity of the poison will suffice for numerous chemical experiments, as demonstrated by me before the Chemical Section of the British Association. A similar precipitate of morphia does not react in this way, but is turned of a green colour; hence, when morphia is in excess, it has the power of completely masking the coloured reaction of strychnia, which, though present, remains passive and unelicited; but, by the process described, the strychnia can be easily separated from the morphia, or any other active vegetable poison with which it may be associated, when once these have been extracted from a dead body in a sufficiently palpable form. Thus much for the method of separating strychnia when present with morphia; but beautiful and delicate as is this method of detection, yet it is very far inferior to a new reagent I have just discovered, viz., the nitroprusside of sodium, which enables me to detect the 100,000th of a grain with the greatest ease! These may be considered large figures, but are arrived at thus: One grain of strychnia is first dissolved in 100 grains of water; then one drop of this solution is mixed with 999 more of water, and a fragment of the nitroprusside of soda added. When dissolved and well mixed by agitation, a single drop of this solution, equal to the 100,000th of the original grain of strychnia, is let fall into a small white ware dish, and, after evaporation to dryness over a steam bath, is fit for the development of the characteristic colour by merely drawing a glass rod dipped in sulphuric acid across the spot. The 3000th part only, with the best experiment, being the limit of the ordinary process, the new test, therefore, exceeds the old by 97,000 times the intensity; in other words, it is about 30 times more delicate."

ON Saturday last, the members of the South Hants Medico-Chirurgical Society held their annual picnic at the Royal Victoria Hospital, Netly. With the open-hearted hospitality which characterises the better part of our Profession, the President, Dr. Wiblin, and the Council had invited a large number of their London brethren to enjoy with them a day's fresh air and the pleasures of social intercourse. Accordingly, the eleven o'clock train brought down a large party of Londoners, including the well-known names of Samuel Solly, John Adams, Haynes Walton, R. Druitt, T. Carr Jackson, Alexander Ure, Henry Smith, Luther Holden, William Adams, Spencer Wells, John Bishop, Thos. Peregrine, G. P. Rugg, G. Beaman, J. L. Milton, and Mr. Churchill. They were cordially welcomed on the Southampton platform by Drs. Wiblin and Dusautoy, and were soon joined by R. Elliott, Esq., F.R.C.S., Chichester Infirmary; E. O. Spooner, Esq., F.R.C.S., Blandford; John Winzar, Esq., Salisbury; J. Candell, Esq., F.R.C.S., Salisbury; L. O. Fox, Esq., F.R.C.S., Broughton; Dr. J. W. Bowler, R.N., Portsmouth; J. Andrews, Esq., R.N., Haslar Hospital; J. H. Anderson, Esq., R.N., H.M.S. *Dauntless*; Dr. J. W. West, Poole; E. A. Smith, Esq., Bitterne; Dr. C. J. White, Brighton; R. Rugg, Esq., Brighton; Richard White, Esq., Portsmouth; H. J. Wharton, Esq., Portsmouth; T. B. Rake, Esq., Fordingbridge; Dr. William Spear, Totton; J. Osborne, Esq., M.D., Bitterne; Dr. Cheeseman, Southampton; Dr. R. Welch, Southampton; Dr. R. Wake, Tatchbury; Dr. Schuyler, Woolston; H. Y. Chapman, Esq., Woolston; Geo. Nunn, Esq., Lyndhurst; H. Palk, Esq., M.D., Southampton; H. Bencraft, Esq., Southampton; and the County Members, conspicuous for their rosy cheeks and general appearance of *bien être*. Amongst them were Mr. Mayo, the venerable Surgeon to the Winchester Hospital; Dr. Bushnan, whose name is familiar to the literary Medical world; Mr. Gibson, of Cowes; and Dr. Richardson, Surgeon to H.M. training-ship *Boscawen*. Besides these the party was joined by the Mayor of Southampton; T. Falvey, Esq., of Southampton; Mr. Todd, Coroner for Hants; Mr. Haynes, of Salisbury; and Mr. Wooldridge, of Bitterne. Having proceeded to Netly, the party were conducted over the Royal Victoria Hospital by Major Ravenhill, C.E. There was but one opinion as to the salubrity of the spot, and elevated plateau of gravel, with a capital view and abundance of pure air, close to Southampton water, the emanations from which, so far as the beauty of the neighbourhood and health of the inhabitants are a test, is unwholesome only in hypothesis. The solidity of the building, and the perfect finish of every part of it, commanded unanimous admiration; and if there were some doubts as to the beauty of its style of architecture, or as to preference of the "corridor" over the "block" method of Hospital construction, it was felt that criticism would be out of place in presence of so much that was admirable, exhibited as it was with such genuine courtesy. The party afterwards partook of a capital dinner in the officers' mess-room attached to the Hospital, the use of which was kindly granted by Sir G. C. Lewis, the Secretary of State for War, on the application of Major Ravenhill. The viands were first-rate, the wine above praise, and both were enjoyed with appetites truly Homeric. After dinner the "usual toasts" followed, and we must give to the oratory the same meed of excellency which characterised the rest of the entertainment. Major Ravenhill and the Mayor of Southampton are capital unaffected speakers; Mr. Falvey, a visitor, who proposed the health of the Association, deserves the title of "orator;" whilst both Dr. Wiblin, who occupied the chair, and Dr. Osborn, the Vice-President, spoke with a weight and fluency which would make them desirable members of any society where extemporaneous speaking is a part of the proceedings. The latter gentleman pronounced an elaborate vindication of the Victoria Hospital, which scarcely, for the lateness of the hour, received the attention it deserved. "The testimony of the inhabitants of this district," he observed, "and the united experience of the Professional men of Southampton and its neighbourhood, combine to show that malarious diseases are almost unknown here. My own observations, extending over a period of nearly twenty years, enable me to state, in the most unqualified manner, that ague is of the rarest occurrence, so rare, that I have not met with twenty indigenous cases during this long period; nor have I, in the course of my practice, ever had reason to believe that any particular type has been imparted to other diseases by malarious emanations." We must not omit to mention that the Rev. Dr. Bearshaw, D.D., acted as honorary chaplain on the occasion, and contributed to throw over the proceedings just that halo of gravity and decorum which the presence of a venerable and pious clergyman is certain to produce. Altogether the picnic was so successful that we hope it will become a settled institution.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 21, 1862.

BIRTHS.

Births of Boys, 942; Girls, 971; Total, 1913.
Average of 10 corresponding weeks, 1852–61, 1658·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	575	529	1104
Average of the ten years 1852–61	531·7	496·3	1028·0
Average corrected to increased population..	..	..	1131
Deaths of people above 90	1	..	1
Deaths in 15 General Hospitals	[illegible]	..	[illegible]

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1861.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	463,388	1	..	4	1	5	7	5
North ..	618,210	..	6	9	4	8	10	6
Central ..	378,058	..	16	5	3	3	7	2
East	571,158	3	18	14	1	7	14	1
South ..	773,175	..	5	12	3	1	11	6
Total.. ..	2,803,989	4	45	44	12	24	49	20

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·780 in.
Mean temperature	54·9
Highest point of thermometer	69·3
Lowest point of thermometer	45·5
Mean dew-point temperature	48·8
General direction of wind	N.W.
Whole amount of rain in the week	0·60 in.

NOTES, QUERIES, AND REPLIES.

◆

He that questioneth much shall learn much.—*Bacon.*

Hay Fever.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I noticed in your Journal of the 7th inst., a letter inquiring for information as to the pathology and treatment of what is called "Hay Fever," and as I have not observed any very satisfactory reply to either question, will you kindly allow me space for a few observations?

Hay fever, the symptoms of which have been so accurately described by Mr. Sutton, I consider to be produced by irritation from the *pollen* or dust from the ripe grasses, which float about in the air at this particular season of the year, acting mechanically upon the mucous membranes of such unfortunate beings who from a peculiar idiosyncrasy are susceptible of its influence.

I have suffered much for several years from the so-called "Hay Fever" during the few weeks that the grass is ripening; and each year the symptoms became more aggravated until I adopted the simple plan of wearing a veil. I use one of green crape or gossamer, which I have carefully stitched inside the rim of my hat for about three-fourths of its circumference. I pop this veil out of sight, inside my hat, while I am passing through a village or walking about a town, to escape observation, and draw it carefully down as soon as I get on the high road, or rather, I should say, within the limits of those spots where ripe grasses abound.

The veil acts as a respirator or percolator, and completely prevents the ingress of those irritating particles in the air which produce the distressing symptoms; and were it not for its use, I firmly believe that during the hay season I should be totally unable to pursue my avocations as a Country Practitioner.

The Turkish bath, recommended as a remedy for hay fever by one of your correspondents, is not within the reach of every one.

I am, &c.

Oundle, June 22. Wallis B. Calcott.

Echidna Hystrix.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the last Number of the *Medical Times and Gazette* appears a letter from Dr. Maysmor, in which the testimony of several zoological compilations is adduced as tending to invalidate the observations made in a recent paragraph in your Journal.

Those observations were founded on the personal notes taken by the Superintendent of the Zoological Society's Gardens, in which he stated that during the period of time that the *Echidna* was under his care, he did not once observe it to roll itself in a ball. Frequently, however, the spines existing on the dorsal surface were erected, so as to form an impenetrable *cheveaux-de-frise*, wherewith to resist the assaults of any Thylacine, *Sarcophilus*, or Dasyure that might attack it.

I do not, however, wish to disguise the fact that the *Echidna* possesses, like the hedgehog, a powerful series of cutaneous muscles, which so far as problematic function can be legitimately inferred from known form, may subserve the purpose of enrolment. But whether they may not rather be the means by which the aculeate organs are elevated for defence or offence, is a question which can only be solved when we have more reliable information of a number of instances as to the mode and period at which the Echidna is said to roll itself up in a ball, and whether such enrolment is coincident with the act of sleep, or is a defensive act.

The position of the *Echidna setosa* observed by MM. Quoy and Gaimard, was during the day partially rolled up, having its head bent forwards between its forelegs, but not "like a hedgehog," in a compact ball.

The fact that the Echidna (sp. ?) which was brought to London in 1845, was observed to roll itself up "like a hedgehog," as described by Prof. Owen ("Proc. Zool. Soc" July, 1845) and Mr. G. R. Waterhouse ("Natural History of Mammalia," vol. i. p. 46), is not conclusive as to the present instance, the constancy of the act of enrolment in the genus being alone called in question.

That such a function may be exercised by the *Echidna* as that of defensive enrolment, is possible or even probable; that it is demonstrably ascertained, and placed "in the treasury of accepted truths," is as yet unproven.

I am, &c. 'Ακανθίων.

The Queen's Colleges, Ireland.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I was sorry to see in your Journal, usually remarkable for its truth and liberality, an article headed, "Queen's Colleges, Ireland," which certainly, to use the very mildest terms, contained incorrect statements. Acting, therefore, on the motto, "*Audi alteram partem,*" you ought o insert the following reply:—

Now, taking up your first statement, you say, "that the Queen's University has turned out only ninety-eight Doctors in Medicine since its foundation;" true, only ninety-eight Medical students from the Queen's Colleges have taken the degree of M.D. at the Queen's University, Dublin Castle; but if you take the trouble to inquire the number of men who have finished their Professional education at Queen's Colleges, and then taken out their degrees at some other College or University, where the examination was less difficult or the rules less strict, you will find the number very different from ninety eight.

You next state, "that the Colleges were not wanted; that there were sufficient Medical schools without them;" this I also deny; there may have been in England, but certainly not in Ireland, where there was no proper Medical school outside Dublin, and it may not suit every man to send his son to that city, where he would be far from his home and from paternal care, independent of the expense even.

Your next statement is, "that a poor country farmer has only to send his son to a Queen's College, and he will get a State endowment of £20 a-year, will only have to pay £7 or £8 per annum College fees, and can live for 1s. a-day, and lodge for 2s. 6d. a-week." Now, all these statements are incorrect. First. It is most difficult to obtain a Medical scholarship, as there are but two Medical scholarships for the second year, and there are this year over forty second-years men, and a great number always compete. Next, the College fees are £10 per annum, and the Hospital's £8 8s., making over £18 fees, instead of £7 or £8 as you stated. And, lastly, the least that a man can board and lodge for (at least in Cork) respectably, is £1 a-week.

In the latter part of the article you say, "that a complete Medical and Surgical education cannot be obtained at these Colleges; that there are no Hospitals or clinical lectures." Now, you surely must be aware that there are first-rate Hospitals both in Belfast, Galway, and Cork, and clinical instruction also. And, in conclusion, I certainly think that your statement that there were no "eminent Practitioners" in either Belfast, Galway, or Cork, was, to say the least of it, very discourteous, and has taken me not a little by surprise.

Hoping, therefore, that when next you speak of the Queen's Colleges you will at least state fact, I am, &c.

A Medical Student of Queen's College, Cork.

P.S.—Would you kindly let me know against next Session where one can live respectably, and board into the bargain, for 3s. 6d. a-week, as you would thus enable me to pocket a clear 16s. 6d. a-week?

COMMUNICATIONS have been received from:—

Mr. Fletcher; Dr. Ussher; Mr. J. Adams; Dr. Conolly; Mr. P. C. Price; Dr. Wilde; Dr. Laycock; Dr. Duckworth; Mr. F. W. Clarke; Mr. Horsley; Mr. Eli Hall; Mr. F. H. Hall.

APPOINTMENTS FOR THE WEEK.

June 28. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-cross, 1 p.m.

30. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital, 1½ p.m.

July 1. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Ethnological Society, 8 p.m. Professor Huxley, "On the Human Remains Found in the Shell Mounds of the Malay Peninsula." Mr. Mackie, "On Some Human Remains from the Valley of the Trent and from Weardale." Mr. Bailey, "On the Veddahs of Ceylon." Mr Clarke, "On Some Drawings from Sierra Leone." Dr. Knox, "An Inquiry into the Influence of Climate and of Hybridite over Man."

Junior Medical Society of London, 8 p.m., at Westminster Hospital. Mr. Mark Tanner, "On Uterine Hæmorrhage, especially in Regard to Placenta Prævia, and its Treatment." The Paper will be preceded by the exhibition of Pathological Specimens by the Members.

Royal Medical and Chirurgical Society, 8½ p.m. Additional Meeting to receive the Report of the Committee "On Suspended Animation."

2. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Metropolitan Association of Medical Officers of Health, 4 p.m. Election of Officers.

Obstetrical Society of London, 8 p.m. Dr. M'Clintock (Dublin), "Clinical Report on Turning in Cases of Disproportion." Also, Papers by Dr. Harley, Dr. Braxton Hicks, and Dr. Tilbury Fox.

3. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2 p.m.; Surgical Home, 2 p.m.

4. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed on Saturday (to-day) at 2 p.m.:—

By Mr. Fergusson—Examination of Diseased Knee.

By Mr. Wood—Removal of Wen; Radical Cure of Hernia (2 cases); Stricture of Urethra (2 cases); Ligature of Nævus; Epithelial Growth of Tongue.

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ERRATA.

Page 68, col. 2, line 33, *for* "Verchere," *read* "Verchère."

Page 201, col. 2, line 25 from bottom, *for* "1802," *read* "1798."

Page 274, col. 2, line 13 from bottom, *for* "Orton," *read* "Horton."

Page 288, the two first woodcuts are printed upside down.

Page 541, col. 2, line 22 from bottom, *for* "cauliculus," *read* "canaliculus."

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